



Rates for Effective Dates - 9/1/2017

Four Tier - Ulster, Sullivan, Putnam, Dutchess & Orange

Platinum	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Freedom Platinum EPO 5/15	PCP/Specialist: \$5/\$15 Deductible, Coinsurance: \$0, 0% Max OOP: \$3,000/\$6,000 Rx: \$5/\$30/\$60 after \$100/member Rx deductible (N/A Tier 1)	\$1,141.95	\$2,278.96	\$1,937.85	\$3,245.42
Gold	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Freedom Gold EPO 15/30	PCP/Specialist: \$15/\$30 Deductible, Coinsurance: \$800/\$1,600, 10% Max OOP: \$4,000/\$8,000 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$981.05	\$1,957.15	\$1,664.32	\$2,786.83
Oxford Liberty Gold EPO 30/60**	PCP/Specialist: \$30/\$60 <i>Referral Required</i> Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$4,000/\$8,000 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$916.47	\$1,827.99	\$1,554.53	\$2,602.78
Oxford Metro Gold EPO 25/40 NG	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (N/A Tier 1)	\$828.71	\$1,652.46	\$1,405.34	\$2,352.65
Oxford Metro Gold EPO 25/40**	PCP/Specialist: \$25/\$40 <i>Referral Required</i> Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$4,500/\$9,000 Rx: \$10/\$65/50%, max \$800 per script	\$790.32	\$1,575.70	\$1,340.09	\$2,243.26
Silver	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Freedom Silver PPO 40/70	PCP/Specialist: \$40/\$70 Ded, Coins: IN \$2,500/\$5,000, 30%; OON \$4,000/\$8,000, 50% Max OOP: IN \$6,850/\$13,700 OON \$10,000/\$20,000 Rx: \$15/\$45/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$896.78	\$1,788.62	\$1,521.07	\$2,546.68
Oxford Liberty Silver EPO 40/70	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$6,850/\$13,700 Rx: \$15/\$45/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$804.56	\$1,604.16	\$1,364.28	\$2,283.82
Oxford Liberty Silver EPO HSA 80%	PCP/Specialist: Deductible then \$25/\$50 Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$5,500/\$11,000 Rx: Deductible then \$15/\$35/\$75	\$769.84	\$1,534.72	\$1,305.26	\$2,184.88
Oxford Metro Silver EPO 30/60**	PCP/Specialist: \$30/\$60 <i>Referral Required</i> Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$6,850/\$13,700 Rx: \$10/\$65/50%, max \$800 per script	\$685.17	\$1,365.39	\$1,161.33	\$1,943.58
Bronze	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Oxford Metro Bronze EPO HSA 100%**	PCP/Specialist: Deductible then 0% coinsurance <i>Referral Required</i> Deductible, Coinsurance: \$6,550/\$13,100, 0% Max OOP: \$6,550/\$13,100, 0% Rx: Deductible then \$0/\$0/\$0	\$551.43	\$1,097.91	\$933.97	\$1,562.42

Carrier rates are subject to NYS Department of Financial Services approval and final verification at enrollment.
 All plans above include \$4.95 for HealthPass Program Benefits (non-carrier/agent services) and a 2.9% billing and administrative fee.
 Domestic Partner (DP) coverage is available with all carriers. Rates for DP will be the same as rates for Employee/Spouse and Family.
 * These are benefit highlights only. Please refer to the official SBC for summary of benefits at www.healthpass.com/forms.
 ** Gated plan which requires the selection of a Primary Care Physician (PCP) and referrals to see specialists.