



**Rates for Effective Date - 1/1/2019 - 2/1/2019 - 3/1/2019**

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

<b>Platinum</b>	<b>BENEFIT HIGHLIGHTS*</b> IN=In Network; OON=Out of Network; OOP=Out of Pocket	<b>Employee</b>	<b>Emp/Spouse</b>	<b>Emp/Child(ren)</b>	<b>Family</b>
<b>Oxford Liberty Advantage Platinum EPO 15/35 G</b>	<b>PCP/Specialist: \$15/\$35 Referral Required</b> <b>Deductible, Coinsurance: \$250/\$500, 10%</b> <b>Max OOP: \$3,000/\$6,000</b> <b>Rx: \$5/\$30/\$60 after \$150/member Rx deductible (n/a Tier 1)</b>	\$1,067.25	\$2,129.55	\$1,810.87	\$3,032.50
<b>Gold</b>	<b>BENEFIT HIGHLIGHTS*</b> IN=In Network; OON=Out of Network; OOP=Out of Pocket	<b>Employee</b>	<b>Emp/Spouse</b>	<b>Emp/Child(ren)</b>	<b>Family</b>
<b>Oxford Liberty Gold EPO 30/60 NG</b>	<b>PCP/Specialist: \$30/\$60</b> <b>Deductible, Coinsurance: \$2,000/\$4,000, 30%</b> <b>Max OOP: \$7,900/\$15,800</b> <b>Rx: \$15/\$45/\$75 after \$100/member Rx deductible (n/a Tier 1)</b>	\$893.28	\$1,781.61	\$1,515.11	\$2,536.69
<b>Oxford Liberty Gold EPO 30/60 G</b>	<b>PCP/Specialist: \$30/\$60 Referral Required</b> <b>Deductible, Coinsurance: \$1,000/\$2,000, 0%</b> <b>Max OOP: \$4,500/\$9,000</b> <b>Rx: \$15/\$35/\$75 after \$100/member Rx deductible (n/a Tier 1)</b>	\$936.45	\$1,867.94	\$1,588.50	\$2,659.72
<b>Oxford Metro Gold EPO 25/40 NG</b>	<b>PCP/Specialist: \$25/\$40</b> <b>Deductible, Coinsurance: \$1,250/\$2,500, 20%</b> <b>Max OOP: \$5,000/\$10,000</b> <b>Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)</b>	\$819.21	\$1,633.46	\$1,389.18	\$2,325.57
<b>Oxford Metro Gold EPO 25/40 G</b>	<b>PCP/Specialist: \$25/\$40 Referral Required</b> <b>Deductible, Coinsurance: \$1,250/\$2,500, 20%</b> <b>Max OOP: \$5,500/\$11,000</b> <b>Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)</b>	\$786.60	\$1,568.26	\$1,333.77	\$2,232.66
<b>Silver</b>		<b>Employee</b>	<b>Emp/Spouse</b>	<b>Emp/Child(ren)</b>	<b>Family</b>
<b>Oxford Liberty Silver EPO 40/70 NG</b>	<b>PCP/Specialist: \$40/\$70</b> <b>Deductible, Coinsurance: \$2,500/\$5,000, 30%</b> <b>Max OOP: \$7,900/\$15,800</b> <b>Rx: \$15/\$45/\$75 after \$200/member Rx deductible (n/a Tier 1)</b>	\$813.36	\$1,621.78	\$1,379.24	\$2,308.92
<b>Oxford Liberty Advantage Silver EPO 30/70 G</b>	<b>PCP/Specialist: \$30/\$70 Referral Required</b> <b>Deductible, Coinsurance: \$4,000/\$8,000, 40%</b> <b>Max OOP: \$7,350/\$14,700</b> <b>Rx: \$15/\$50/\$90 after \$150/member Rx deductible (n/a Tier 1)</b>	\$739.86	\$1,474.77	\$1,254.30	\$2,099.45
<b>Oxford Metro Silver EPO 30/80 NG</b>	<b>PCP/Specialist: \$30/\$80</b> <b>Deductible, Coinsurance: \$3,000/\$6,000, 30%</b> <b>Max OOP: \$7,900/\$15,800</b> <b>Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)</b>	\$691.57	\$1,378.20	\$1,172.22	\$1,961.82
<b>Oxford Metro Silver EPO 30/80 G</b>	<b>PCP/Specialist: \$30/\$80 Referral Required</b> <b>Deductible, Coinsurance: \$3,000/\$6,000, 30%</b> <b>Max OOP: \$7,900/\$15,800</b> <b>Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)</b>	\$668.46	\$1,331.97	\$1,132.91	\$1,895.95
<b>Bronze</b>	<b>BENEFIT HIGHLIGHTS*</b> IN=In Network; OON=Out of Network; OOP=Out of Pocket	<b>Employee</b>	<b>Emp/Spouse</b>	<b>Emp/Child(ren)</b>	<b>Family</b>
<b>Oxford Liberty Bronze EPO HSA 3300 NG</b>	<b>PCP/Specialist: \$25/\$75 after deductible</b> <b>Deductible, Coinsurance: \$3,300/\$6,600, 30%</b> <b>Max OOP: \$6,700/\$13,400</b> <b>Rx: Deductible then 30%/30%/30%</b>	\$697.88	\$1,390.81	\$1,182.92	\$1,979.80
<b>Oxford Metro Bronze EPO HSA 6550 G</b>	<b>PCP/Specialist: Ded then 0% coins, Referral Required</b> <b>Deductible, Coinsurance: \$6,550/\$13,100, 0%</b> <b>Max OOP: \$6,700/\$13,400</b> <b>Rx: Deductible then 0%/0%/0%</b>	\$550.87	\$1,096.79	\$933.02	\$1,560.82

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](http://www.healthpass.com/forms).