



**Rates for Effective Dates - 1.1.2016 / 2.1.2016 / 3.1.2016**  
**Four Tier - Manhattan, Brooklyn, Queens, Staten Island, Bronx & Westchester**

<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>CareConnect Standard Platinum EPO</b>	PCP/Specialist: \$15/\$35 Deductible, Coinsurance: \$0, 10%(on DME/Glasses/Devices/etc.)* Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	\$591.70	\$1,177.45	\$1,002.70	\$1,676.70
<b>CareConnect Value Platinum EPO</b>	PCP/Specialist: \$20/\$30 Deductible, Coinsurance: \$0, 10%(on In & Out pt Hosp/DME)* Max OOP: \$3,000/\$6,000 Rx: \$0/\$50/50%, max \$500 per script	\$504.70	\$1,003.45	\$854.70	\$1,428.70
<b>Oxford Freedom Platinum EPO 5/15</b>	PCP/Specialist: \$5/\$15 Deductible, Coinsurance: \$0 Max OOP: \$3,000/\$6,000 Rx: \$5/\$30/\$60 after \$100/member Rx deductible (N/A Tier 1)	\$927.80	\$1,850.89	\$1,576.21	\$2,636.27
<b>Oxford Metro Platinum EPO 10/20**</b>	PCP/Specialist: \$10/\$20 Deductible, Coinsurance: \$0 Max OOP: \$3,000/\$6,000 Rx: \$5/\$65/50%, max \$800 per script <i>Referral Required</i>	\$771.31	\$1,537.93	\$1,310.19	\$2,190.30
<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>CareConnect Tradition Gold Copay EPO</b>	PCP/Specialist: \$30/\$50 Deductible, Coinsurance: \$0, 20%(on Ped Major Dental/Glasses/Contacts) Max OOP: \$6,350/\$12,700 Rx: \$15/\$35/\$75 after \$100/\$300 Rx deductible	\$504.70	\$1,003.45	\$854.70	\$1,428.70
<b>CareConnect Value Gold Copay EPO</b>	PCP/Specialist: \$20/\$50 Deductible, Coinsurance: \$500, 20% Max OOP: \$3,750/\$7,500 Rx: \$0/\$50/50%, max \$500 per script	\$430.70	\$855.45	\$728.70	\$1,217.70
<b>Oxford Freedom Gold EPO 15/30</b>	PCP/Specialist: \$15/\$30 Deductible, Coinsurance: \$800/\$1,600, 10% Max OOP: \$4,000/\$8,000 Rx: \$10/\$35/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$798.79	\$1,592.88	\$1,356.90	\$2,268.60
<b>Oxford Liberty Gold EPO 30/60**</b>	PCP/Specialist: \$30/\$60 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) <i>Referral Required</i>	\$751.40	\$1,498.11	\$1,276.35	\$2,133.56
<b>Oxford Metro Gold EPO 25/40**</b>	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$4,500/\$9,000 Rx: \$5/\$65/50%, max \$800 per script <i>Referral Required</i>	\$647.12	\$1,289.54	\$1,099.07	\$1,836.34
<b>Silver</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>CareConnect Tradition Silver EPO 40/60 HRx</b>	PCP/Specialist: \$40/\$60 Deductible, Coinsurance: \$4,000/\$8,000, 20% Max OOP: \$6,600/\$13,200 Rx: \$15/\$35/\$75 after \$100/\$300 Rx deductible (N/A Tier 1)	\$472.70	\$939.45	\$800.70	\$1,337.70
<b>CareConnect Tradition Silver EPO HSA 100%</b>	PCP/Specialist: Covered in full after deductible Deductible, Coinsurance: \$3,400/\$6,800, 0% Max OOP: \$3,400/\$6,800 Rx: Covered in full after deductible	\$441.70	\$877.45	\$747.70	\$1,249.70
<b>CareConnect Value Silver EPO</b>	PCP/Specialist: \$35/\$65 Deductible, Coinsurance: \$2,250/\$4,500, 20% Max OOP: \$6,850/\$13,700 Rx: \$0/\$50/50%, max \$500 per script	\$405.70	\$805.45	\$686.70	\$1,146.70
<b>Oxford Freedom Silver PPO 40/70</b>	PCP/Specialist: \$40/\$70 Ded, Coins: IN \$2,000/\$4,000, 30%; OON \$4,000/\$8,000, 50% Max OOP: IN \$6,600/\$13,200 OON \$10,000/\$20,000 Rx: \$15/\$45/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$740.40	\$1,476.10	\$1,257.64	\$2,102.20
<b>Oxford Liberty Silver EPO 40/70</b>	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$6,600/\$13,200 Rx: \$15/\$45/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$660.23	\$1,315.75	\$1,121.34	\$1,873.70
<b>Oxford Metro Silver EPO 30/60**</b>	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$5,600/\$11,200 Rx: \$10/\$65/50%, max \$800 per script <i>Referral Required</i>	\$555.68	\$1,106.65	\$943.61	\$1,575.74
<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>CareConnect Standard Bronze EPO</b>	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$3,500/\$7,000, 50% Max OOP: \$6,850/\$13,700 Rx: \$10/\$35/\$70 after deductible	\$386.70	\$767.45	\$654.70	\$1,092.70
<b>CareConnect Tradition Bronze EPO HSA</b>	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$6,000/\$12,000, 0% Max OOP: \$6,000/\$12,000 Rx: Covered in full after deductible	\$371.70	\$737.45	\$628.70	\$1,049.70
<b>Oxford Metro Bronze EPO HSA 80%**</b>	PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$5,000/\$10,000, 20% Max OOP: \$6,450/\$12,900 Rx: \$10/\$65/50%, max \$800 per script <i>Referral Required</i>	\$442.72	\$880.73	\$751.58	\$1,253.80

All rates include \$4.95 for HealthPass Program Benefits that are not included as part of normal carrier or agent services. Rates are subject to NYS Department of Financial Services approval and final verification at enrollment.

The following billing and administrative fees apply:

CareConnect plans: EE \$6.75, EE/Spouse \$12.50, EE+Child(ren) \$11.75, Family \$18.75.

Oxford plans: EE \$14.75, EE/Spouse \$29.75, EE+Child(ren) \$27.50, Family \$43.25.

Domestic Partner coverage is available through all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family.

\* These are only benefit highlights. Please refer to the official SBC for summary of coverage at [www.healthpass.com/forms](http://www.healthpass.com/forms)

\*\* Gated plan which requires the selection of a Primary Care Physician (PCP) and referrals to see specialists.