



Rates for Effective Dates - 10/1/2016 - 11/1/2016 - 12/1/2016
Four Tier - Manhattan, Brooklyn, Queens, Staten Island, Bronx & Westchester

Platinum	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
CareConnect Standard Platinum EPO	PCP/Specialist: \$15/\$35 Deductible, Coinsurance: \$0, 0% (10% DME/Ped Glasses) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	\$617.21	\$1,229.46	\$1,046.30	\$1,750.13
CareConnect Value Platinum EPO	PCP/Specialist: \$20/\$30 Deductible, Coinsurance: \$0, 10% In-Out pt Hosp/DME/Ped Glasses Max OOP: \$3,000/\$6,000 Rx: \$0/\$50/50%, max \$500 per script	\$525.62	\$1,046.30	\$889.89	\$1,488.77
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)	\$1,000.33	\$1,995.72	\$1,697.10	\$2,841.78
Oxford Metro Platinum EPO 10/20**	PCP/Specialist: \$10/\$20 Deductible, Coinsurance: \$0, 0% Max OOP: \$3,000/\$6,000 Rx: \$5/\$65/50%, max \$800 per script	\$828.81	\$1,652.68	\$1,405.52	\$2,352.95
Gold	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
CareConnect Tradition Gold Copay EPO	PCP/Specialist: \$30/\$50 Deductible, Coinsurance: \$0, 0% (20% Ped Glasses) Max OOP: \$6,350/\$12,700 Rx: \$15/\$35/\$75 after \$100/\$300 Rx deductible	\$525.62	\$1,046.30	\$889.89	\$1,488.77
CareConnect Value Gold Copay EPO	PCP/Specialist: \$20/\$50 Deductible, Coinsurance: \$500, 20% In-Out pt Hosp/DME/Ped Glasses Max OOP: \$3,750/\$7,500 Rx: \$0/\$50/50%, max \$500 per script	\$447.42	\$889.89	\$757.15	\$1,265.48
Oxford Freedom Gold EPO 15/30	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)	\$858.92	\$1,712.88	\$1,456.70	\$2,438.76
Oxford Liberty Gold EPO 30/60**	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)	\$806.98	\$1,609.01	\$1,368.40	\$2,290.73
Oxford Metro Gold EPO 25/40**	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	\$692.66	\$1,380.37	\$1,174.05	\$1,964.93
Silver	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
CareConnect Tradition Silver EPO 40/60 HRx	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)	\$491.67	\$978.38	\$832.27	\$1,392.04
CareConnect Tradition Silver EPO HSA 100%	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	\$458.74	\$912.53	\$776.70	\$1,299.43
CareConnect Value Silver EPO	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	\$420.67	\$837.41	\$711.87	\$1,190.36
Oxford Freedom Silver PPO 40/70	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)	\$794.92	\$1,584.90	\$1,347.90	\$2,256.37
Oxford Liberty Silver EPO 40/70	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)	\$707.04	\$1,409.12	\$1,198.50	\$2,005.90
Oxford Metro Silver EPO 30/60**	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	\$592.44	\$1,179.92	\$1,003.68	\$1,679.29
Bronze	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
CareConnect Standard Bronze EPO	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	\$401.12	\$797.28	\$677.92	\$1,133.76
CareConnect Tradition Bronze EPO HSA 100%	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	\$384.65	\$765.38	\$651.16	\$1,088.49
Oxford Metro Bronze EPO HSA 70%**	PCP/Specialist: Deductible then 30% coinsurance Deductible, Coinsurance: \$5,000/\$10,000, 30% Max OOP: \$6,450/\$12,900 Rx: \$10/\$65/50%, max \$800 per script	\$468.62	\$932.30	\$793.19	\$1,326.41

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 coverage at www.healthpass.com/forms.

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