



**Rates for Effective Dates - 1/1/2017 - 2/1/2017 - 3/1/2017**  
**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>
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	\$729.37	\$1,453.78	\$1,236.66	\$2,069.12
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	\$703.64	\$1,402.33	\$1,192.42	\$1,996.07
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)	\$993.87	\$1,982.79	\$1,686.12	\$2,823.37
<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>
CareConnect Tradition Gold Copay EPO	PCP/Specialist: \$30/\$50 Deductible, Coinsurance: \$0, 0% (20% Ped Glasses) Max OOP: \$7,150/\$14,300 Rx: \$15/\$35/\$75 after \$100/\$300 Rx deductible (N/A Tier 1)	\$620.29	\$1,235.63	\$1,051.44	\$1,758.37
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	\$599.71	\$1,194.47	\$1,016.46	\$1,699.71
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)	\$853.92	\$1,702.88	\$1,448.19	\$2,424.50
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) <i>Referral Required</i>	\$797.74	\$1,590.54	\$1,352.70	\$2,264.41
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)	\$721.41	\$1,437.87	\$1,222.94	\$2,046.87
Oxford Metro Gold EPO 25/40**	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$4,500/\$9,000 Rx: \$10/\$65/50%, max \$800 per script <i>Referral Required</i>	\$688.03	\$1,371.11	\$1,166.19	\$1,951.74
<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>
CareConnect Tradition Silver EPO 40/60 HRx	PCP/Specialist: \$40/\$60 Deductible, Coinsurance: \$4,250/\$8,500, 20% Max OOP: \$7,150/\$14,300 Rx: \$15/\$35/\$75 after \$100/\$300 Rx deductible (N/A Tier 1)	\$581.19	\$1,157.43	\$984.56	\$1,647.23
CareConnect Tradition Silver EPO HSA 100%	PCP/Specialist: Covered in full after deductible Deductible, Coinsurance: \$3,600/\$7,200, 0% Max OOP: \$3,600/\$7,200 Rx: Covered in full after deductible	\$541.06	\$1,077.17	\$916.64	\$1,533.02
CareConnect Value Silver EPO	PCP/Specialist: \$35/\$65 Deductible, Coinsurance: \$2,500/\$5,000, 20% Max OOP: \$7,100/\$14,200 Rx: \$0/\$50/50%, max \$500 per script	\$533.86	\$1,062.76	\$904.30	\$1,512.44
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)	\$780.63	\$1,556.31	\$1,323.60	\$2,215.64
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)	\$700.41	\$1,395.87	\$1,187.23	\$1,987.01
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	\$670.21	\$1,335.47	\$1,135.89	\$1,900.93
Oxford Metro Silver EPO 30/60**	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$6,850/\$13,700 Rx: \$10/\$65/50%, max \$800 per script <i>Referral Required</i>	\$596.57	\$1,188.20	\$1,010.72	\$1,691.08
<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>
CareConnect Standard Bronze EPO	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$4,000/\$8,000, 50% Max OOP: \$7,150/\$14,300 Rx: \$10/\$35/\$70 after deductible	\$464.91	\$924.88	\$786.99	\$1,315.90
CareConnect Tradition Bronze EPO HSA 100%	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$6,350/\$12,700, 0% Max OOP: \$6,350/\$12,700 Rx: Covered in full after deductible	\$452.57	\$900.18	\$766.41	\$1,280.91
Oxford Metro Bronze EPO HSA 100%**	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$6,550/\$13,100, 0% Max OOP: \$6,550/\$13,100, 0% Rx: Deductible then \$0/\$0/\$0 <i>Referral Required</i>	\$480.26	\$955.56	\$812.97	\$1,359.57

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

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