



Rates for Effective Dates - 4/1/2017 - 5/1/2017 - 6/1/2017
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	\$742.74	\$1,480.54	\$1,259.30	\$2,107.20
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	\$717.02	\$1,429.09	\$1,215.05	\$2,034.14
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)	\$1,015.48	\$2,026.01	\$1,722.86	\$2,884.96
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: \$7,150/\$14,300 Rx: \$15/\$35/\$75 after \$100/\$300 Rx deductible (N/A Tier 1)	\$632.64	\$1,260.33	\$1,072.02	\$1,794.38
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	\$611.03	\$1,217.11	\$1,034.98	\$1,732.64
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)	\$872.47	\$1,739.99	\$1,479.73	\$2,477.38
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>	\$815.07	\$1,625.19	\$1,382.15	\$2,313.80
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)	\$737.06	\$1,469.18	\$1,249.55	\$2,091.47
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>	\$702.96	\$1,400.97	\$1,191.57	\$1,994.28
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: \$4,250/\$8,500, 20% Max OOP: \$7,150/\$14,300 Rx: \$15/\$35/\$75 after \$100/\$300 Rx deductible (N/A Tier 1)	\$592.51	\$1,180.07	\$1,004.11	\$1,679.13
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	\$551.35	\$1,097.75	\$934.14	\$1,561.83
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	\$544.15	\$1,083.34	\$921.79	\$1,541.25
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)	\$797.58	\$1,590.21	\$1,352.42	\$2,263.94
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)	\$715.61	\$1,426.27	\$1,213.07	\$2,030.33
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	\$684.75	\$1,364.55	\$1,160.61	\$1,942.37
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>	\$609.51	\$1,214.07	\$1,032.69	\$1,727.94
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: \$4,000/\$8,000, 50% Max OOP: \$7,150/\$14,300 Rx: \$10/\$35/\$70 after deductible	\$473.15	\$941.34	\$801.40	\$1,339.56
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	\$460.80	\$916.64	\$779.79	\$1,304.58
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>	\$490.65	\$976.35	\$830.64	\$1,389.19

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.