



**Rates for Effective Date - 12/1/2017**  
**Four Tier - Nassau**

<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>Healthfirst Platinum Pro EPO</b>	<b>PCP/Specialist:</b> \$20/\$35 <b>Deductible, Coinsurance:</b> \$0, 0% (15% DME) <b>Max OOP:</b> \$2,000/\$4,000 <b>Rx:</b> \$10/\$50/50% Coins up to \$500	\$869.70	\$1,734.44	\$1,475.02	\$2,469.48
<b>Oscar Market Platinum EPO</b>	<b>PCP/Specialist:</b> \$15/\$35 <b>Deductible, Coinsurance:</b> \$0, Negotiated Rate <b>Max OOP:</b> \$2,000/\$4,000 <b>Rx:</b> \$10/\$30/\$60	\$935.10	\$1,865.25	\$1,586.21	\$2,655.88
<b>Oscar Simple Platinum EPO</b>	<b>PCP/Specialist:</b> \$10/\$50 <b>Deductible, Coinsurance:</b> \$1,500/\$3,000, n/a <b>Max OOP:</b> \$1,500/\$3,000 <b>Rx:</b> \$0/\$50/Deductible then Negotiated Rate	\$875.90	\$1,746.85	\$1,485.57	\$2,487.16
<b>Oxford Freedom Platinum EPO 5/15</b>	<b>PCP/Specialist:</b> \$5/\$15 <b>Deductible, Coinsurance:</b> \$0, 0% <b>Max OOP:</b> \$3,000/\$6,000 <b>Rx:</b> \$5/\$30/\$60 after \$100/member Rx deductible (N/A Tier 1)	\$1,060.13	\$2,115.31	\$1,798.75	\$3,012.20
<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>Healthfirst Gold Pro EPO</b>	<b>PCP/Specialist:</b> \$25/\$40 <b>Deductible, Coinsurance:</b> \$1,000/\$2,000, 20% <b>Max OOP:</b> \$3,500/\$7,000 <b>Rx:</b> \$20/\$50/50% Coins up to \$500	\$740.79	\$1,476.62	\$1,255.86	\$2,102.07
<b>Oscar Market Gold EPO</b>	<b>PCP/Specialist:</b> Deductible then \$25/\$40 <b>Deductible, Coinsurance:</b> \$600/\$1,200, Negotiated Rate <b>Max OOP:</b> \$4,000/\$8,000 <b>Rx:</b> \$10/\$35/\$70	\$810.65	\$1,616.34	\$1,374.63	\$2,301.19
<b>Oscar Simple Gold EPO</b>	<b>PCP/Specialist:</b> \$10/\$50 <b>Deductible, Coinsurance:</b> \$3,000/\$6,000, n/a <b>Max OOP:</b> \$3,000/\$6,000 <b>Rx:</b> \$0/\$50/Deductible then Negotiated Rate	\$751.55	\$1,498.15	\$1,274.17	\$2,132.76
<b>Oxford Freedom Gold EPO 15/30</b>	<b>PCP/Specialist:</b> \$15/\$30 <b>Deductible, Coinsurance:</b> \$800/\$1,600, 10% <b>Max OOP:</b> \$4,000/\$8,000 <b>Rx:</b> \$15/\$35/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$910.79	\$1,816.63	\$1,544.88	\$2,586.59
<b>Oxford Liberty Gold EPO 30/60**</b>	<b>PCP/Specialist:</b> \$30/\$60 <i>Referral Required</i> <b>Deductible, Coinsurance:</b> \$1,000/\$2,000, 0% <b>Max OOP:</b> \$4,000/\$8,000 <b>Rx:</b> \$15/\$35/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$850.86	\$1,696.77	\$1,443.00	\$2,415.79
<b>Oxford Metro Gold EPO 25/40 NG</b>	<b>PCP/Specialist:</b> \$25/\$40 <b>Deductible, Coinsurance:</b> \$1,250/\$2,500, 20% <b>Max OOP:</b> \$5,000/\$10,000 <b>Rx:</b> \$10/\$65/\$90 after \$100/member Rx deductible (N/A Tier 1)	\$769.41	\$1,533.88	\$1,304.54	\$2,183.67
<b>Oxford Metro Gold EPO 25/40**</b>	<b>PCP/Specialist:</b> \$25/\$40 <i>Referral Required</i> <b>Deductible, Coinsurance:</b> \$1,250/\$2,500, 20% <b>Max OOP:</b> \$4,500/\$9,000 <b>Rx:</b> \$10/\$65/50%, max \$800 per script	\$733.79	\$1,462.63	\$1,243.98	\$2,082.15

Silver	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Healthfirst Silver Pro EPO	<b>PCP/Specialist:</b> \$30/\$60 <b>Deductible, Coinsurance:</b> \$2,000/\$4,000, 25% <b>Max OOP:</b> \$6,000/\$12,000 <b>Rx:</b> \$25/\$50/50% Coins up to \$500	\$637.23	\$1,269.50	\$1,079.82	\$1,806.93
Oscar Market Silver EPO	<b>PCP/Specialist:</b> Deductible then \$30/\$50 <b>Deductible, Coinsurance:</b> \$2,000/\$4,000, Negotiated Rate <b>Max OOP:</b> \$6,750/\$13,500 <b>Rx:</b> \$10/\$35/\$70	\$639.45	\$1,273.95	\$1,083.60	\$1,813.28
Oscar Simple Silver EPO	<b>PCP/Specialist:</b> \$10/\$50 <b>Deductible, Coinsurance:</b> \$7,150/\$14,300, n/a <b>Max OOP:</b> \$7,150/\$14,300 <b>Rx:</b> \$0/\$50/Deductible then Negotiated Rate	\$561.75	\$1,118.56	\$951.52	\$1,591.84
Oxford Freedom Silver PPO 40/70	<b>PCP/Specialist:</b> \$40/\$70 <b>Ded, Coins:</b> IN \$2,500/\$5,000, 30%; OON \$4,000/\$8,000, 50% <b>Max OOP:</b> IN \$6,850/\$13,700 OON \$10,000/\$20,000 <b>Rx:</b> \$15/\$45/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$832.60	\$1,660.24	\$1,411.94	\$2,363.74
Oxford Liberty Silver EPO 40/70	<b>PCP/Specialist:</b> \$40/\$70 <b>Deductible, Coinsurance:</b> \$2,500/\$5,000, 30% <b>Max OOP:</b> \$6,850/\$13,700 <b>Rx:</b> \$15/\$45/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$747.00	\$1,489.06	\$1,266.44	\$2,119.80
Oxford Liberty Silver EPO HSA 80%	<b>PCP/Specialist:</b> Deductible then \$25/\$50 <b>Deductible, Coinsurance:</b> \$2,000/\$4,000, 20% <b>Max OOP:</b> \$5,500/\$11,000 <b>Rx:</b> Deductible then \$15/\$35/\$75	\$714.79	\$1,424.62	\$1,211.67	\$2,027.98
Oxford Metro Silver EPO 30/60**	<b>PCP/Specialist:</b> \$30/\$60 <i>Referral Required</i> <b>Deductible, Coinsurance:</b> \$2,500/\$5,000, 30% <b>Max OOP:</b> \$6,850/\$13,700 <b>Rx:</b> \$10/\$65/50%, max \$800 per script	\$636.21	\$1,267.47	\$1,078.09	\$1,804.04
Bronze	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Healthfirst Bronze Pro EPO	<b>PCP/Specialist:</b> Deductible then 20% coinsurance <b>Deductible, Coinsurance:</b> \$5,000/\$10,000, 20% <b>Max OOP:</b> \$7,000/\$14,000 <b>Rx:</b> Deductible then \$25/\$50/50% Coins up to \$500	\$533.58	\$1,062.21	\$903.62	\$1,511.55
Oscar Market Bronze EPO	<b>PCP/Specialist:</b> Deductible then 50% coinsurance <b>Deductible, Coinsurance:</b> \$4,000/\$8,000, 50% <b>Max OOP:</b> \$7,150/\$14,300 <b>Rx:</b> Deductible then \$10/\$35/\$70	\$502.36	\$999.78	\$850.55	\$1,422.58
Oscar Simple Bronze EPO	<b>PCP/Specialist:</b> Covered in full after deductible <b>Deductible, Coinsurance:</b> \$7,150/\$14,300, n/a <b>Max OOP:</b> \$7,150/\$14,300 <b>Rx:</b> \$5/Deductible/Deductible	\$495.53	\$986.11	\$838.93	\$1,403.10
Oxford Metro Bronze EPO HSA 100%**	<b>PCP/Specialist:</b> Deductible then 0% coinsurance <i>Referral Required</i> <b>Deductible, Coinsurance:</b> \$6,550/\$13,100, 0% <b>Max OOP:</b> \$6,550/\$13,100, 0% <b>Rx:</b> Deductible then \$0/\$0/\$0	\$512.10	\$1,019.26	\$867.11	\$1,450.33

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).

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