



Rates for Effective Date - 10/1/2018 - 11/1/2018 - 12/1/2018

Four Tier - Manhattan, Brooklyn, Queens, Staten Island & Bronx

Platinum		Employee	Emp/Spouse	Emp/Child(ren)	Family
Healthfirst Platinum Pro EPO	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	\$911.94	\$1,818.93	\$1,546.83	\$2,589.88
Oscar Classic Platinum EPO 2K	PCP/Specialist: \$10/\$25 Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$75	\$879.90	\$1,754.86	\$1,492.37	\$2,498.57
Oscar Classic Platinum EPO 3K	PCP/Specialist: \$10/\$25 Deductible, Coinsurance: \$0, 0% Max OOP: \$3,000/\$6,000 Rx: \$10/\$30/\$75	\$873.73	\$1,742.52	\$1,481.88	\$2,480.99
Oxford Liberty Advantage Platinum EPO 15/35**	PCP/Specialist: \$15/\$35 Referral Required Deductible, Coinsurance: \$250/\$500, 10% Max OOP: \$3,000/\$6,000 Rx: \$5/\$30/\$60 after \$150/member Rx deductible (n/a Tier 1)	\$1,055.37	\$2,105.80	\$1,790.67	\$2,998.66
Gold		Employee	Emp/Spouse	Emp/Child(ren)	Family
Healthfirst Gold Pro EPO	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$5,000/\$10,000 Rx: \$10/\$50/\$85	\$776.73	\$1,548.51	\$1,316.98	\$2,204.53
Oscar Classic Gold EPO	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50/\$100	\$788.07	\$1,571.19	\$1,336.26	\$2,236.85
Oscar Classic Gold EPO 1K	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$1,000/\$2,000, 20% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50/\$100	\$743.49	\$1,482.03	\$1,260.47	\$2,109.79
Oscar Simple Gold EPO	PCP/Specialist: \$10/\$50 Deductible, Coinsurance: \$4,000/\$8,000, n/a Max OOP: \$4,000/\$8,000 Rx: \$10/\$50/Deductible	\$725.68	\$1,446.40	\$1,230.19	\$2,059.02
Oxford Liberty Gold EPO 30/60**	PCP/Specialist: \$30/\$60 Referral Required 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)	\$912.85	\$1,820.74	\$1,548.38	\$2,592.46
Oxford Liberty Advantage Gold EPO 25/45**	PCP/Specialist: \$25/\$45 Referral Required Deductible, Coinsurance: \$1,500/\$3,000, 20% Max OOP: \$6,000/\$12,000 Rx: \$5/\$45/\$75 after \$150/member Rx deductible (n/a Tier 1)	\$869.37	\$1,733.79	\$1,474.46	\$2,468.55
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)	\$803.89	\$1,602.83	\$1,363.15	\$2,281.93
Oxford Metro Gold EPO 25/40**	PCP/Specialist: \$25/\$40 Referral Required Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,500/\$11,000 Rx: \$10/\$65/50%, max \$800 per script	\$759.84	\$1,514.73	\$1,288.27	\$2,156.39

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	PCP/Specialist: \$35/\$70 Deductible, Coinsurance: \$2,600/\$5,200, 30% Max OOP: \$7,300/\$14,600 Rx: \$20/\$60/\$110	\$668.11	\$1,331.27	\$1,132.32	\$1,894.96	
Oscar Classic Silver EPO 3K	PCP/Specialist: \$25/\$75 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$7,350/\$14,700 Rx: \$20/\$50/\$100	\$655.72	\$1,306.49	\$1,111.26	\$1,859.65	
Oscar Classic Silver EPO 4.5K	PCP/Specialist: \$25/\$75 Deductible, Coinsurance: \$4,500/\$9,000, 50% Max OOP: \$7,350/\$14,700 Rx: \$10/D&C/D&C	\$596.02	\$1,187.10	\$1,009.77	\$1,689.51	
Oscar Simple Silver EPO	PCP/Specialist: \$10/\$50 Deductible, Coinsurance: \$7,000/\$14,000, n/a Max OOP: \$7,000/\$14,000 Rx: \$10/Deductible/Deductible	\$628.61	\$1,252.25	\$1,065.16	\$1,782.36	
Oxford Liberty Advantage Silver EPO 30/70**	PCP/Specialist: \$30/\$70 Referral Required Deductible, Coinsurance: \$4,000/\$8,000, 40% Max OOP: \$7,350/\$14,700 Rx: \$15/\$50/\$90 after \$150/member Rx deductible (n/a Tier 1)	\$722.93	\$1,440.91	\$1,225.52	\$2,051.19	
Oxford Liberty Silver EPO 40/70	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$7,150/\$14,300 Rx: \$15/\$45/\$75 after \$200/member Rx deductible (n/a Tier 1)	\$788.62	\$1,572.27	\$1,337.18	\$2,238.38	
Oxford Liberty Prim Adv Silver EPO 2K	PCP/Specialist: \$25/\$50 after deductible (n/a PCP) Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$6,000/\$12,000 Rx: \$15/\$35/\$75 after deductible (n/a Tier 1)	\$755.24	\$1,505.52	\$1,280.44	\$2,143.26	
Oxford Metro Silver EPO 30/60**	PCP/Specialist: \$30/\$60 Referral Required Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$7,150/\$14,300 Rx: \$10/\$65/50%, max \$800 per script	\$652.30	\$1,299.66	\$1,105.44	\$1,849.91	
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 HSA	PCP/Specialist: Deductible then 20% coinsurance Deductible, Coinsurance: \$5,000/\$10,000, 20% Max OOP: \$6,550/\$13,100 Rx: Deductible then 20%/20%/20%	\$559.41	\$1,113.86	\$947.52	\$1,585.15	
Oscar Classic Bronze EPO	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$4,000/\$8,000, 50% Max OOP: \$7,350/\$14,700 Rx: Deductible then \$20/\$50/\$100	\$531.74	\$1,058.52	\$900.49	\$1,506.28	
Oscar Simple Bronze EPO	PCP/Specialist: Covered in full after deductible Deductible, Coinsurance: \$7,350/\$14,700, n/a Max OOP: \$7,350/\$14,700 Rx: Deductible/Deductible/Deductible	\$518.46	\$1,031.97	\$877.92	\$1,468.46	
Oxford Liberty Bronze EPO HSA 70%	PCP/Specialist: \$25/\$75 after deductible Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$6,550/\$13,100, 0% Rx: Deductible then 30%/30%/30%	\$688.01	\$1,371.06	\$1,166.15	\$1,951.65	
Oxford Metro Bronze EPO HSA 100%**	PCP/Specialist: Ded then 0% coins, Referral Required Deductible, Coinsurance: \$6,550/\$13,100, 0% Max OOP: \$6,550/\$13,100, 0% Rx: Deductible then \$0/\$0/\$0	\$549.77	\$1,094.61	\$931.15	\$1,557.71	

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.

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