






12/1/2017 Summary of Benefits

	 Health Insurance for New Yorkers Platinum Pro EPO	 Market Platinum EPO	 Simple Platinum EPO
	In-Network	In-Network	In-Network
Prescription Drugs			
Drug Card	10/50/50%to\$500	10/30/60/60	0/50/0%/0% IntDed T3-4
Cost Share Information			
Individual/Family Deductible	N/A	N/A	\$1,500/\$3,000
Individual/Family OOP Limit	\$2,000/\$4,000	\$2,000/\$4,000	\$1,500/\$3,000 (incl ded)
Co-Insurance	15%	N/A	0%
Office Visits			
Primary Care	\$20	\$15	\$10 ded waived
Specialist	\$35	\$35	\$50 ded waived
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$35	\$35	\$50 ded waived
Inpatient Services			
Inpatient Hospital	\$500/admit	\$500/admit	0% after ded
Mental Health Inpatient	\$500/admit	\$500/admit	0% after ded
Substance Abuse Inpatient	\$500/admit	\$500/admit	0% after ded
Outpatient Services			
Outpatient Facility	\$200	\$100	0% after ded
Lab/X-Ray	PCP-\$20; SP-\$35	\$35	Lab-\$25 ded waived; X-ray-0% after ded
Advanced Radiology	\$35	\$35	0% after ded
Mental Health Outpatient	\$20	\$15	\$50 ded waived
Substance Abuse Outpatient	\$20	\$15	\$50 ded waived
Emergency Care			
Emergency Room	\$250 (waived if admitted)	\$100	0% after ded
Ambulance	\$150	\$100	0% after ded
Urgent Care	\$50	\$55	\$100 ded waived
Recovery/Special Needs			
Home Health Care	\$20; 40 visits/plan yr	\$15; 40 visits/plan yr	\$50 ded waived; 40 visits/plan yr
Skilled Nursing	\$500/admit; 200 days/plan yr	\$500/admit; 200 days/plan yr	0% after ded; 200 days/plan yr
Durable Medical Equipment	15%	10%	0% after ded

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.

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



12/1/2017 Summary of Benefits

	 Freedom Platinum EPO 5/15	 Gold Pro EPO	 Market Gold EPO
	In-Network	In-Network	In-Network
Prescription Drugs			
Drug Card	5/30/60/100 ded T2-3	20/50/50%to\$500	10/35/70/70
Cost Share Information			
Individual/Family Deductible	N/A	\$1,000/\$2,000	\$600/\$1,200
Individual/Family OOP Limit	\$3,000/\$6,000	\$3,500/\$7,000 (incl ded)	\$4,000/\$8,000 (incl ded)
Co-Insurance	0%	20%	N/A
Office Visits			
Primary Care	\$5	\$25 ded waived	\$25 after ded
Specialist	\$15	\$40 ded waived	\$40 after ded
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$15	\$40 ded waived	\$40 after ded
Inpatient Services			
Inpatient Hospital	\$200/admit	20% after ded	\$1,000/admit after ded
Mental Health Inpatient	\$200/admit	20% after ded	\$1,000/admit after ded
Substance Abuse Inpatient	Rehab-\$200/admit	20% after ded	\$1,000/admit after ded
Outpatient Services			
Outpatient Facility	Hosp-\$100; FS-\$50	\$300 after ded	\$100 after ded
Lab/X-Ray	Lab-No charge; X-ray-\$90	PCP-\$25 ded waived; SP- \$40 ded waived	\$40 after ded
Advanced Radiology	Hosp-\$100; FS-No charge	\$40 after ded	\$40 after ded
Mental Health Outpatient	\$15	\$25 ded waived	\$25 after ded
Substance Abuse Outpatient	Rehab-\$15	\$25 ded waived	\$25 after ded
Emergency Care			
Emergency Room	\$200 (waived if admitted)	\$300 (waived if admitted) after ded	\$150 after ded
Ambulance	No charge	\$150 after ded	\$150 after ded
Urgent Care	\$50	\$60 ded waived	\$60 after ded
Recovery/Special Needs			
Home Health Care	\$15; 40 visits/contr yr	\$25 after ded; 40 visits/plan yr	\$25 after ded; 40 visits/plan yr
Skilled Nursing	\$200/admit; 200 days/contr yr	20% after ded; 200 days/plan yr	\$1,000/admit after ded; 200 days/plan yr
Durable Medical Equipment	No charge	20% after ded	20% after ded

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



12/1/2017 Summary of Benefits

	 Simple Gold EPO	 Freedom Gold EPO 15/30	 Liberty Gold EPO 30/60**
	In-Network	In-Network	In-Network
Prescription Drugs			
Drug Card	0/50/0%/0% IntDed T3-4	15/35/75/100 ded T2-3	15/35/75/100 ded T2-3
Cost Share Information			
Individual/Family Deductible	\$3,000/\$6,000	\$800/\$1,600	\$1,000/\$2,000
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$4,000/\$8,000 (incl ded)
Co-Insurance	0%	10%	0%
Office Visits			
Primary Care	\$10 ded waived	\$15 ded waived	\$30 ded waived
Specialist	\$50 ded waived	\$30 ded waived	\$60 ded waived
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$50 ded waived	\$30 ded waived	\$60 ded waived
Inpatient Services			
Inpatient Hospital	0% after ded	10% after ded	\$500/day after ded; \$2,000 max/admit
Mental Health Inpatient	0% after ded	10% after ded	\$500/day after ded; \$2,000 max/admit
Substance Abuse Inpatient	0% after ded	Rehab-10% after ded	Rehab-\$500/day after ded; \$2,000 max/admit
Outpatient Services			
Outpatient Facility	0% after ded	Hosp-\$300 after ded; FS- \$150 after ded	Hosp-\$250 after ded; FS- \$150 after ded
Lab/X-Ray	Lab-\$25 ded waived; X-ray-0% after ded	Lab-No charge; X-ray-\$80 after ded	Lab-No charge; X-ray-\$35 after ded
Advanced Radiology	0% after ded	\$150 after ded	\$100 after ded
Mental Health Outpatient	\$50 ded waived	\$30 ded waived	\$60 ded waived
Substance Abuse Outpatient	\$50 ded waived	Rehab-\$30 ded waived	Rehab-\$60 ded waived
Emergency Care			
Emergency Room	0% after ded	\$400 (waived if admitted) ded waived	\$200 (waived if admitted) ded waived
Ambulance	0% after ded	No charge	No charge
Urgent Care	\$100 ded waived	\$75 ded waived	\$75 ded waived
Recovery/Special Needs			
Home Health Care	\$50 ded waived; 40 visits/plan yr	\$30 ded waived; 40 visits/contr yr	\$60 ded waived; 40 visits/contr yr
Skilled Nursing	0% after ded; 200 days/plan yr	10% after ded; 200 days/contr yr	\$500/day after ded; \$2,000 max/admit; 200 days/contr yr
Durable Medical Equipment	0% after ded	10% after ded	0% after ded

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



12/1/2017 Summary of Benefits

	 Metro Gold EPO 25/40 NG	 Metro Gold EPO 25/40**	 Healthfirst Silver Pro EPO
	In-Network	In-Network	In-Network
Prescription Drugs			
Drug Card	10/65/90/100 ded T2-3	10/65/50%to\$800	25/50/50%to\$500
Cost Share Information			
Individual/Family Deductible	\$1,250/\$2,500	\$1,250/\$2,500	\$2,000/\$4,000
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	\$4,500/\$9,000 (incl ded)	\$6,000/\$12,000 (incl ded)
Co-Insurance	20%	20%	25%
Office Visits			
Primary Care	\$25 ded waived	\$25 ded waived	\$30 ded waived
Specialist	\$40 ded waived	\$40 ded waived	\$60 ded waived
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$40 ded waived	\$40 ded waived	\$60 ded waived
Inpatient Services			
Inpatient Hospital	20% after ded	20% after ded	25% after ded
Mental Health Inpatient	20% after ded	20% after ded	25% after ded
Substance Abuse Inpatient	Rehab-20% after ded	Rehab-20% after ded	25% after ded
Outpatient Services			
Outpatient Facility	Hosp-\$500 after ded; FS- \$200 after ded	Hosp-\$500 after ded; FS- \$200 after ded	25% after ded
Lab/X-Ray	Lab-No charge; X-ray-\$50 after ded	Lab-No charge; X-ray-\$50 after ded	PCP-\$30 ded waived; SP- \$60 ded waived
Advanced Radiology	\$150 after ded	\$150 after ded	\$60 after ded
Mental Health Outpatient	\$40 ded waived	\$40 ded waived	\$30 ded waived
Substance Abuse Outpatient	Rehab-\$40 ded waived	Rehab-\$40 ded waived	\$30 ded waived
Emergency Care			
Emergency Room	\$400 (waived if admitted) ded waived	\$500 (waived if admitted) ded waived	\$500 (waived if admitted) after ded
Ambulance	No charge	No charge	\$300 after ded
Urgent Care	\$65 ded waived	\$65 ded waived	\$70 ded waived
Recovery/Special Needs			
Home Health Care	\$40 ded waived; 40 visits/contr yr	\$40 ded waived; 40 visits/contr yr	\$30 after ded; 40 visits/plan yr
Skilled Nursing	20% after ded; 200 days/contr yr	20% after ded; 200 days/contr yr	25% after ded; 200 days/plan yr
Durable Medical Equipment	20% after ded	20% after ded	25% after ded

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12/1/2017 Summary of Benefits

	OSCAR Market Silver EPO	OSCAR Simple Silver EPO	 Freedom Silver PPO 40/70	
	In-Network	In-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	10/35/70/70	0/50/0%/0% IntDed T3-4	15/45/75/100 ded T2-3	
Cost Share Information				
Individual/Family Deductible	\$2,000/\$4,000	\$7,150/\$14,300	\$2,500/\$5,000	\$4,000/\$8,000
Individual/Family OOP Limit	\$6,750/\$13,500 (incl ded)	\$7,150/\$14,300 (incl ded)	\$6,850/\$13,700 (incl ded)	\$10,000/\$20,000 (incl ded)
Co-Insurance	N/A	0%	30%	50%
Office Visits				
Primary Care	\$30 after ded	\$10 ded waived	\$40 ded waived	50% after ded
Specialist	\$50 after ded	\$50 ded waived	\$70 ded waived	50% after ded
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge	50% after ded
Chiropractic Care	\$50 after ded	\$50 ded waived	\$70 ded waived; pre-auth req	50% after ded; pre-auth req
Inpatient Services				
Inpatient Hospital	\$1,500/admit after ded	0% after ded	30% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Inpatient	\$1,500/admit after ded	0% after ded	30% after ded; pre-auth req	50% after ded; pre-auth req
Substance Abuse Inpatient	\$1,500/admit after ded	0% after ded	Rehab-30% after ded; pre-auth req	Rehab-50% after ded; pre-auth req
Outpatient Services				
Outpatient Facility	\$100 after ded	0% after ded	30% after ded; pre-auth req	50% after ded; pre-auth req
Lab/X-Ray	\$50 after ded	Lab-\$25 ded waived; X-ray-0% after ded	Lab-No charge; X-ray-30% after ded	50% after ded
Advanced Radiology	\$50 after ded	0% after ded	30% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Outpatient	\$30 after ded	\$50 ded waived	\$70 ded waived	50% after ded
Substance Abuse Outpatient	\$30 after ded	\$50 ded waived	Rehab-\$70 ded waived	Rehab-50% after ded
Emergency Care				
Emergency Room	\$250 after ded	0% after ded	\$500 (waived if admitted) ded waived	Paid as in-network
Ambulance	\$150 after ded	0% after ded	30% after ded	Paid as in-network
Urgent Care	\$70 after ded	\$100 ded waived	\$75 ded waived	50% after ded
Recovery/Special Needs				
Home Health Care	\$30 after ded; 40 visits/plan yr	\$50 ded waived; 40 visits/plan yr	\$70 ded waived; 40 visits/contr yr; pre-auth req	25% ded waived; 40 visits/contr yr; pre-auth req
Skilled Nursing	\$1,500/admit after ded; 200 days/plan yr	0% after ded; 200 days/plan yr	30% after ded; 200 days/contr yr; pre-auth req	50% after ded; 200 days/contr yr; pre-auth req
Durable Medical Equipment	30% after ded	0% after ded	30% after ded; pre-auth req	50% after ded; pre-auth req

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



12/1/2017 Summary of Benefits




	 Liberty Silver EPO 40/70	 Liberty Silver EPO HSA 80%	 Metro Silver EPO 30/60**
	In-Network	In-Network	In-Network
Prescription Drugs			
Drug Card	15/45/75/100 ded T2-3	15/35/75 Int Ded	10/65/50% to \$800
Cost Share Information			
Individual/Family Deductible	\$2,500/\$5,000	\$2,000/\$4,000	\$2,500/\$5,000
Individual/Family OOP Limit	\$6,850/\$13,700 (incl ded)	\$5,500/\$11,000 (incl ded)	\$6,850/\$13,700 (incl ded)
Co-Insurance	30%	20%	30%
Office Visits			
Primary Care	\$40 ded waived	\$25 after ded	\$30 ded waived
Specialist	\$70 ded waived	\$50 after ded	\$60 ded waived
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$70 ded waived	\$50 after ded	\$60 ded waived
Inpatient Services			
Inpatient Hospital	30% after ded	20% after ded	30% after ded
Mental Health Inpatient	30% after ded	20% after ded	30% after ded
Substance Abuse Inpatient	Rehab-30% after ded	Rehab-20% after ded	Rehab-30% after ded
Outpatient Services			
Outpatient Facility	30% after ded	Hosp-\$250 after ded; FS- \$150 after ded	30% after ded
Lab/X-Ray	Lab-No charge; X-ray-30% after ded	Lab-20% after ded; X-ray- \$90 after ded	Lab-No charge; X-ray-30% after ded
Advanced Radiology	30% after ded	Hosp-\$100 after ded; FS-0% after ded	30% after ded
Mental Health Outpatient	\$70 ded waived	\$50 after ded	\$60 ded waived
Substance Abuse Outpatient	Rehab-\$70 ded waived	Rehab-\$50 after ded	Rehab-\$60 ded waived
Emergency Care			
Emergency Room	\$500 (waived if admitted) ded waived	\$250 (waived if admitted) after ded	30% after ded
Ambulance	No charge	20% after ded	No charge
Urgent Care	\$75 ded waived	\$75 after ded	\$80 ded waived
Recovery/Special Needs			
Home Health Care	\$70 ded waived; 40 visits/contr yr	\$50 after ded; 40 visits/contr yr	\$60 ded waived; 40 visits/contr yr
Skilled Nursing	30% after ded; 200 days/contr yr	20% after ded; 200 days/contr yr	30% after ded; 200 days/contr yr
Durable Medical Equipment	30% after ded	20% after ded	30% after ded

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



12/1/2017 Summary of Benefits

	 Bronze Pro EPO	 Market Bronze EPO	 Simple Bronze EPO
	In-Network	In-Network	In-Network
Prescription Drugs			
Drug Card	25/50/50%to\$500 IntDed	10/35/70/70 IntDed	5/0%/0%/0% IntDed T2-4
Cost Share Information			
Individual/Family Deductible	\$5,000/\$10,000	\$4,000/\$8,000	\$7,150/\$14,300
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)	\$7,150/\$14,300 (incl ded)	\$7,150/\$14,300 (incl ded)
Co-Insurance	20%	50%	0%
Office Visits			
Primary Care	20% after ded	50% after ded	0% after ded
Specialist	20% after ded	50% after ded	0% after ded
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	20% after ded	50% after ded	0% after ded
Inpatient Services			
Inpatient Hospital	20% after ded	50% after ded	0% after ded
Mental Health Inpatient	20% after ded	50% after ded	0% after ded
Substance Abuse Inpatient	20% after ded	50% after ded	0% after ded
Outpatient Services			
Outpatient Facility	20% after ded	50% after ded	0% after ded
Lab/X-Ray	20% after ded	50% after ded	0% after ded
Advanced Radiology	20% after ded	50% after ded	0% after ded
Mental Health Outpatient	20% after ded	50% after ded	0% after ded
Substance Abuse Outpatient	20% after ded	50% after ded	0% after ded
Emergency Care			
Emergency Room	20% after ded	50% after ded	0% after ded
Ambulance	20% after ded	50% after ded	0% after ded
Urgent Care	20% after ded	50% after ded	0% after ded
Recovery/Special Needs			
Home Health Care	20% after ded; 40 visits/plan yr	50% after ded; 40 visits/plan yr	0% after ded; 40 visits/plan yr
Skilled Nursing	20% after ded; 200 days/plan yr	50% after ded; 200 days/plan yr	0% after ded; 200 days/plan yr
Durable Medical Equipment	20% after ded	50% after ded	0% after ded

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



12/1/2017 Summary of Benefits

	 Metro Bronze EPO HSA 100%**
	In-Network
Prescription Drugs	
Drug Card	0%/0%/0% IntDed T2-3
Cost Share Information	
Individual/Family Deductible	\$6,550/\$13,100
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)
Co-Insurance	0%
Office Visits	
Primary Care	0% after ded
Specialist	0% after ded
Maternity Prenatal/Postnatal Care	No charge
Chiropractic Care	0% after ded
Inpatient Services	
Inpatient Hospital	0% after ded
Mental Health Inpatient	0% after ded
Substance Abuse Inpatient	Rehab-0% after ded
Outpatient Services	
Outpatient Facility	0% after ded
Lab/X-Ray	0% after ded
Advanced Radiology	0% after ded
Mental Health Outpatient	0% after ded
Substance Abuse Outpatient	Rehab-0% after ded
Emergency Care	
Emergency Room	0% after ded
Ambulance	0% after ded
Urgent Care	0% after ded
Recovery/Special Needs	
Home Health Care	0% after ded; 40 visits/contr yr
Skilled Nursing	0% after ded; 200 days/contr yr
Durable Medical Equipment	0% after ded

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