



**Rates for Effective Date - 4/1/2018 - 5/1/2018 - 6/1/2018**

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

<b>Platinum</b>	<b>BENEFIT HIGHLIGHTS*</b> IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Healthfirst Platinum Pro EPO	PCP/Specialist: \$20/\$35 Deductible, Coinsurance: \$0, 0% (10% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	\$885.33	\$1,765.71	\$1,501.60	\$2,514.03
Oscar Classic Platinum EPO 2K	PCP/Specialist: \$10/\$25 Deductible, Coinsurance: \$0, 0% Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$75	\$845.93	\$1,686.90	\$1,434.61	\$2,401.74
Oscar Classic Platinum EPO 3K	PCP/Specialist: \$10/\$25 Deductible, Coinsurance: \$0, 0% Max OOP: \$3,000/\$6,000 Rx: \$10/\$30/\$75	\$840.00	\$1,675.05	\$1,424.54	\$2,384.84
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)	\$1,008.62	\$2,012.29	\$1,711.19	\$2,865.41
<b>Gold</b>	<b>BENEFIT HIGHLIGHTS*</b> IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Healthfirst Gold Pro EPO	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$0, 0% (15% DME) Max OOP: \$5,000/\$10,000 Rx: \$10/\$50/\$85	\$754.09	\$1,503.24	\$1,278.49	\$2,140.01
Oscar Classic Gold EPO	PCP/Specialist: \$25/\$50 Deductible, Coinsurance: \$0, 0% Max OOP: \$5,000/\$10,000 Rx: \$10/\$50/\$100	\$757.66	\$1,510.38	\$1,284.56	\$2,150.18
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	\$714.82	\$1,424.67	\$1,211.72	\$2,028.06
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	\$697.69	\$1,390.43	\$1,182.61	\$1,979.26
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)	\$872.44	\$1,739.93	\$1,479.68	\$2,477.30
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)	\$830.90	\$1,656.84	\$1,409.06	\$2,358.91
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)	\$768.33	\$1,531.72	\$1,302.70	\$2,180.60
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	\$726.24	\$1,447.53	\$1,231.14	\$2,060.61

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	\$648.66	\$1,292.37	\$1,099.26	\$1,839.52
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	\$630.45	\$1,255.95	\$1,068.30	\$1,787.63
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	\$573.07	\$1,141.19	\$970.75	\$1,624.09
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	\$604.38	\$1,203.83	\$1,023.99	\$1,713.35
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)	\$690.97	\$1,377.00	\$1,171.19	\$1,960.11
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)	\$753.72	\$1,502.51	\$1,277.87	\$2,138.96
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)	\$721.84	\$1,438.73	\$1,223.67	\$2,048.09
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	\$623.49	\$1,242.03	\$1,056.47	\$1,767.80
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%	\$543.14	\$1,081.33	\$919.86	\$1,538.79
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	\$511.28	\$1,017.61	\$865.71	\$1,447.99
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	\$498.52	\$992.09	\$844.02	\$1,411.63
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%	\$657.59	\$1,310.25	\$1,114.45	\$1,865.00
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	\$525.53	\$1,046.12	\$889.94	\$1,488.61

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.