



Rates for Effective Dates - 7/1/2016 - 8/1/2016 - 9/1/2016

Four Tier - Nassau & Suffolk

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, 10%(on DME/Glasses/Devices/etc.)* Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	\$628.70	\$1,250.45	\$1,064.70	\$1,780.70
CareConnect Value Platinum EPO	PCP/Specialist: \$20/\$30 Deductible, Coinsurance: \$0, 10%(on In & Out pt Hosp/DME)* Max OOP: \$3,000/\$6,000 Rx: \$0/\$50/50%, max \$500 per script	\$536.70	\$1,067.45	\$908.70	\$1,519.70
Oxford Freedom Platinum EPO 5/15	PCP/Specialist: \$5/\$15 Deductible, Coinsurance: \$0 Max OOP: \$3,000/\$6,000 Rx: \$5/\$30/\$60 after \$100/member Rx deductible (N/A Tier 1)	\$966.86	\$1,929.03	\$1,642.63	\$2,747.61
Oxford Metro Platinum EPO 10/20**	PCP/Specialist: \$10/\$20 Deductible, Coinsurance: \$0 Max OOP: \$3,000/\$6,000 Rx: \$5/\$65/50%, max \$800 per script <i>Referral Required</i>	\$803.66	\$1,602.61	\$1,365.18	\$2,282.47
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, 20%(on Ped Major Dental/Glasses/Contacts) Max OOP: \$6,350/\$12,700 Rx: \$15/\$35/\$75 after \$100/\$300 Rx deductible	\$536.70	\$1,067.45	\$908.70	\$1,519.70
CareConnect Value Gold Copay EPO	PCP/Specialist: \$20/\$50 Deductible, Coinsurance: \$500, 20% Max OOP: \$3,750/\$7,500 Rx: \$0/\$50/50%, max \$500 per script	\$458.70	\$910.45	\$775.70	\$1,296.70
Oxford Freedom Gold EPO 15/30	PCP/Specialist: \$15/\$30 Deductible, Coinsurance: \$800/\$1,600, 10% Max OOP: \$4,000/\$8,000 Rx: \$10/\$35/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$832.30	\$1,659.91	\$1,413.88	\$2,364.12
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>	\$782.88	\$1,561.06	\$1,329.86	\$2,223.26
Oxford Metro Gold EPO 25/40**	PCP/Specialist: \$25/\$40 Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$4,500/\$9,000 Rx: \$5/\$65/50%, max \$800 per script <i>Referral Required</i>	\$674.10	\$1,343.51	\$1,144.94	\$1,913.25
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: \$4,000/\$8,000, 20% Max OOP: \$6,600/\$13,200 Rx: \$15/\$35/\$75 after \$100/\$300 Rx deductible (N/A Tier 1)	\$501.70	\$998.45	\$850.70	\$1,421.70
CareConnect Tradition Silver EPO HSA 100%	PCP/Specialist: Covered in full after deductible Deductible, Coinsurance: \$3,400/\$6,800, 0% Max OOP: \$3,400/\$6,800 Rx: Covered in full after deductible	\$468.70	\$931.45	\$793.70	\$1,325.70
CareConnect Value Silver EPO	PCP/Specialist: \$35/\$65 Deductible, Coinsurance: \$2,250/\$4,500, 20% Max OOP: \$6,850/\$13,700 Rx: \$0/\$50/50%, max \$500 per script	\$430.70	\$855.45	\$729.70	\$1,218.70
Oxford Freedom Silver PPO 40/70	PCP/Specialist: \$40/\$70 Ded. Coins: IN \$2,000/\$4,000, 30%; OON \$4,000/\$8,000, 50% Max OOP: IN \$6,600/\$13,200 OON \$10,000/\$20,000 Rx: \$15/\$45/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$771.41	\$1,538.12	\$1,310.35	\$2,190.57
Oxford Liberty Silver EPO 40/70	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$6,600/\$13,200 Rx: \$15/\$45/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$687.78	\$1,370.87	\$1,168.19	\$1,952.24
Oxford Metro Silver EPO 30/60**	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$5,600/\$11,200 Rx: \$10/\$65/50%, max \$800 per script <i>Referral Required</i>	\$578.73	\$1,152.77	\$982.81	\$1,641.44
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: \$3,500/\$7,000, 50% Max OOP: \$6,850/\$13,700 Rx: \$10/\$35/\$70 after deductible	\$410.70	\$815.45	\$694.70	\$1,160.70
CareConnect Tradition Bronze EPO HSA 100%	PCP/Specialist: Deductible then 0% coinsurance Deductible, Coinsurance: \$6,000/\$12,000, 0% Max OOP: \$6,000/\$12,000 Rx: Covered in full after deductible	\$395.70	\$784.45	\$668.70	\$1,116.70
Oxford Metro Bronze EPO HSA 70%**	PCP/Specialist: Deductible then 30% coinsurance Deductible, Coinsurance: \$5,000/\$10,000, 30% Max OOP: \$6,450/\$12,900 Rx: \$10/\$65/50%, max \$800 per script <i>Referral Required</i>	\$460.92	\$917.13	\$782.52	\$1,305.67

All rates include \$4.95 for HealthPass Program Benefits that are not included as part of normal carrier or agent services. Rates are subject to NYS Department of Financial Services approval and final verification at enrollment.

The following billing and administrative fees apply:

CareConnect plans: EE \$6.75, EE/Spouse \$12.50, EE+Child(ren) \$11.75, Family \$18.75.

Oxford plans: EE \$14.75, EE/Spouse \$29.75, EE+Child(ren) \$27.50, Family \$43.25.

Domestic Partner coverage is available through all carriers. Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family.

* These are only benefit highlights. 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.