



Rates for Effective Date - 12/1/2017
Four Tier - Suffolk

Platinum	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Oscar Market Platinum EPO	PCP/Specialist: \$15/\$35 Deductible, Coinsurance: \$0, Negotiated Rate Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$60	\$935.10	\$1,865.25	\$1,586.21	\$2,655.88
Oscar Simple Platinum EPO	PCP/Specialist: \$10/\$50 Deductible, Coinsurance: \$1,500/\$3,000, n/a Max OOP: \$1,500/\$3,000 Rx: \$0/\$50/Deductible then Negotiated Rate	\$875.90	\$1,746.85	\$1,485.57	\$2,487.16
Oxford Freedom Platinum EPO 5/15	PCP/Specialist: \$5/\$15 Deductible, Coinsurance: \$0, 0% Max OOP: \$3,000/\$6,000 Rx: \$5/\$30/\$60 after \$100/member Rx deductible (N/A Tier 1)	\$1,060.13	\$2,115.31	\$1,798.75	\$3,012.20
Gold	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Oscar Market Gold EPO	PCP/Specialist: Deductible then \$25/\$40 Deductible, Coinsurance: \$600/\$1,200, Negotiated Rate Max OOP: \$4,000/\$8,000 Rx: \$10/\$35/\$70	\$810.65	\$1,616.34	\$1,374.63	\$2,301.19
Oscar Simple Gold EPO	PCP/Specialist: \$10/\$50 Deductible, Coinsurance: \$3,000/\$6,000, n/a Max OOP: \$3,000/\$6,000 Rx: \$0/\$50/Deductible then Negotiated Rate	\$751.55	\$1,498.15	\$1,274.17	\$2,132.76
Oxford Freedom Gold EPO 15/30	PCP/Specialist: \$15/\$30 Deductible, Coinsurance: \$800/\$1,600, 10% Max OOP: \$4,000/\$8,000 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (N/A Tier 1)	\$910.79	\$1,816.63	\$1,544.88	\$2,586.59
Oxford Liberty Gold EPO 30/60**	PCP/Specialist: \$30/\$60 <i>Referral Required</i> 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)	\$850.86	\$1,696.77	\$1,443.00	\$2,415.79
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)	\$769.41	\$1,533.88	\$1,304.54	\$2,183.67
Oxford Metro Gold EPO 25/40**	PCP/Specialist: \$25/\$40 <i>Referral Required</i> Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$4,500/\$9,000 Rx: \$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
Oscar Market Silver EPO	PCP/Specialist: Deductible then \$30/\$50 Deductible, Coinsurance: \$2,000/\$4,000, Negotiated Rate Max OOP: \$6,750/\$13,500 Rx: \$10/\$35/\$70	\$639.45	\$1,273.95	\$1,083.60	\$1,813.28
Oscar Simple Silver EPO	PCP/Specialist: \$10/\$50 Deductible, Coinsurance: \$7,150/\$14,300, n/a Max OOP: \$7,150/\$14,300 Rx: \$0/\$50/Deductible then Negotiated Rate	\$561.75	\$1,118.56	\$951.52	\$1,591.84
Oxford Freedom Silver PPO 40/70	PCP/Specialist: \$40/\$70 Ded, Coins: IN \$2,500/\$5,000, 30%; OON \$4,000/\$8,000, 50% Max OOP: IN \$6,850/\$13,700 OON \$10,000/\$20,000 Rx: \$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	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$6,850/\$13,700 Rx: \$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%	PCP/Specialist: Deductible then \$25/\$50 Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$5,500/\$11,000 Rx: Deductible then \$15/\$35/\$75	\$714.79	\$1,424.62	\$1,211.67	\$2,027.98
Oxford Metro Silver EPO 30/60**	PCP/Specialist: \$30/\$60 <i>Referral Required</i> Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$6,850/\$13,700 Rx: \$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
Oscar Market Bronze EPO	PCP/Specialist: Deductible then 50% coinsurance Deductible, Coinsurance: \$4,000/\$8,000, 50% Max OOP: \$7,150/\$14,300 Rx: Deductible then \$10/\$35/\$70	\$502.36	\$999.78	\$850.55	\$1,422.58
Oscar Simple Bronze EPO	PCP/Specialist: Covered in full after deductible Deductible, Coinsurance: \$7,150/\$14,300, n/a Max OOP: \$7,150/\$14,300 Rx: \$5/Deductible/Deductible	\$495.53	\$986.11	\$838.93	\$1,403.10
Oxford Metro Bronze EPO HSA 100%**	PCP/Specialist: Deductible then 0% coinsurance <i>Referral Required</i> Deductible, Coinsurance: \$6,550/\$13,100, 0% Max OOP: \$6,550/\$13,100, 0% Rx: 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.

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