



Rates for Effective Date - 4/1/2019 - 5/1/2019 - 6/1/2019

Four Tier - Westchester & Rockland

Platinum	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Oscar Circle Platinum	PCP/Specialist: \$10/\$25 (EPO) Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$2,000/\$4,000 Rx: \$10/\$30/\$75	\$851.63	\$1,698.32	\$1,444.32	\$2,418.01
Oscar Circle Plus Platinum		\$947.08	\$1,889.21	\$1,606.57	\$2,690.02
Oxford Liberty Advantage Platinum EPO 15/35 G [^]	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)	\$991.53	\$1,978.13	\$1,682.16	\$2,816.73
Gold	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
Oscar Circle Gold	PCP/Specialist: \$25/\$50 (EPO) Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$5,000/\$10,000 Rx: \$10/\$25/\$100	\$760.26	\$1,515.57	\$1,288.98	\$2,157.59
Oscar Circle Plus Gold		\$847.89	\$1,690.83	\$1,437.95	\$2,407.33
Oscar Circle Gold 750	PCP/Specialist: \$25/\$50 (EPO) Deductible, Coinsurance: \$750/\$1,500, 20% Max OOP: \$7,500/\$15,000 Rx: \$15/\$50 after ded/\$100 after ded (Rx ded \$100/\$200)	\$715.07	\$1,425.20	\$1,212.15	\$2,028.80
Oscar Circle Plus Gold 750		\$797.18	\$1,589.40	\$1,351.74	\$2,262.80
Oscar Circle Gold 2000	PCP/Specialist: \$25/\$50 (EPO) Deductible, Coinsurance: \$2,000/\$4,000, 20% Max OOP: \$7,000/\$14,000 Rx: \$10/\$50 after ded/\$100 after ded (Rx ded \$150/\$300)	\$692.65	\$1,380.35	\$1,174.04	\$1,964.90
Oscar Circle Plus Gold 2000		\$772.96	\$1,540.98	\$1,310.58	\$2,193.79
Oxford Liberty Gold EPO 30/60 NG [^]	PCP/Specialist: \$30/\$60 Deductible, Coinsurance: \$2,000/\$4,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$15/\$45/\$75 after \$100/member Rx deductible (n/a Tier 1)	\$829.97	\$1,654.99	\$1,407.48	\$2,356.26
Oxford Liberty Gold EPO 30/60 G [^]	PCP/Specialist: \$30/\$60 Referral Required Deductible, Coinsurance: \$1,000/\$2,000, 0% Max OOP: \$4,500/\$9,000 Rx: \$15/\$35/\$75 after \$100/member Rx deductible (n/a Tier 1)	\$870.05	\$1,735.16	\$1,475.64	\$2,470.51
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)	\$761.17	\$1,517.38	\$1,290.52	\$2,160.17
Oxford Metro Gold EPO 25/40 G	PCP/Specialist: \$25/\$40 Referral Required Deductible, Coinsurance: \$1,250/\$2,500, 20% Max OOP: \$5,500/\$11,000 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$730.90	\$1,456.85	\$1,239.06	\$2,073.90

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.



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Silver		Employee	Emp/Spouse	Emp/Child(ren)	Family
Oscar Circle Silver	PCP/Specialist: \$50/\$75 (EPO) Deductible, Coinsurance: \$0, 0% (20% DME) Max OOP: \$7,900/\$15,800	\$657.14	\$1,309.33	\$1,113.68	\$1,863.70
Oscar Circle Plus Silver	Rx: \$20/\$50/Ded then 50% (Rx ded \$100/\$200)	\$736.84	\$1,468.72	\$1,249.16	\$2,090.83
Oscar Circle Silver 2700	PCP/Specialist: \$40/\$70 (EPO) Deductible, Coinsurance: \$2,700/\$5,400, 30%	\$633.67	\$1,262.39	\$1,073.77	\$1,796.80
Oscar Circle Plus Silver 2700	Max OOP: \$7,900/\$15,800 Rx: \$20/\$50/\$100	\$708.69	\$1,412.43	\$1,201.31	\$2,010.60
Oscar Circle Silver 4500	PCP/Specialist: \$25/\$75 (EPO) Deductible, Coinsurance: \$4,500/\$9,000, 50%	\$588.58	\$1,172.21	\$997.11	\$1,668.29
Oscar Circle Plus Silver 4500	Max OOP: \$7,000/\$14,000 Rx: \$10/Ded then 50%/Ded then 50%	\$665.15	\$1,325.35	\$1,127.29	\$1,886.52
Oscar Circle Silver HSA 3000	PCP/Specialist: Deductible then 20% coinsurance (EPO) Deductible, Coinsurance: \$3,000/\$6,000, 20%	\$597.18	\$1,189.42	\$1,011.75	\$1,692.82
Oscar Circle Plus Silver HSA 3000	Max OOP: \$5,000/\$10,000 Rx: Ded then 20%/20%/20%	\$672.34	\$1,339.72	\$1,139.50	\$1,907.01
Oxford Liberty Silver EPO 40/70 NG^	PCP/Specialist: \$40/\$70 Deductible, Coinsurance: \$2,500/\$5,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$15/\$45/\$75 after \$200/member Rx deductible (n/a Tier 1)	\$755.75	\$1,506.54	\$1,281.31	\$2,144.72
Oxford Liberty Advantage Silver EPO 30/70 G^	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)	\$687.49	\$1,370.01	\$1,165.26	\$1,950.17
Oxford Metro Silver EPO 30/80 NG	PCP/Specialist: \$30/\$80 Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$642.64	\$1,280.33	\$1,089.02	\$1,822.36
Oxford Metro Silver EPO 30/80 G	PCP/Specialist: \$30/\$80 Referral Required Deductible, Coinsurance: \$3,000/\$6,000, 30% Max OOP: \$7,900/\$15,800 Rx: \$10/\$65/\$90 after \$100/member Rx deductible (n/a Tier 1)	\$621.18	\$1,237.40	\$1,052.54	\$1,761.20
Bronze		Employee	Emp/Spouse	Emp/Child(ren)	Family
BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket					
Oscar Circle Bronze 4000	PCP/Specialist: Deductible then 50% coinsurance (EPO) Deductible, Coinsurance: \$4,000/\$8,000, 50% Max OOP: \$7,900/\$15,800	\$513.77	\$1,022.60	\$869.95	\$1,455.10
Oscar Circle Plus Bronze 4000	Rx: Ded then \$20/\$50/\$100	\$580.81	\$1,156.68	\$983.92	\$1,646.16
Oscar Circle Bronze 7900	PCP/Specialist: Deductible then \$0 copay (EPO) Deductible, Coinsurance: \$7,900/\$15,800, 0%	\$489.24	\$973.53	\$828.23	\$1,385.17
Oscar Circle Plus Bronze 7900	Max OOP: \$7,900/\$15,800 Rx: Ded then \$0/\$0/\$0	\$556.56	\$1,108.17	\$942.69	\$1,577.05
Oscar Circle Bronze HSA 6650	PCP/Specialist: Deductible then \$0 coinsurance (EPO) Deductible, Coinsurance: \$6,650/\$13,300, 0%	\$514.78	\$1,024.60	\$871.66	\$1,457.95
Oscar Circle Plus Bronze HSA 6650	Max OOP: \$6,650/\$13,300 Rx: Ded then \$0/\$0/\$0	\$583.69	\$1,162.43	\$988.81	\$1,654.35
Oxford Liberty Bronze EPO HSA 3300 NG^	PCP/Specialist: \$25/\$75 after deductible Deductible, Coinsurance: \$3,300/\$6,600, 30% Max OOP: \$6,700/\$13,400 Rx: Deductible then 30%/30%/30%	\$648.50	\$1,292.03	\$1,098.97	\$1,839.05
Oxford Metro Bronze EPO HSA 6550 G	PCP/Specialist: Ded then 0% coins, Referral Required Deductible, Coinsurance: \$6,550/\$13,100, 0% Max OOP: \$6,700/\$13,400 Rx: Deductible then 0%/0%/0%	\$511.97	\$1,018.98	\$866.87	\$1,449.94

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 * These are benefit highlights only. Please refer to the official SBC for summary of benefits at www.healthpass.com/forms.
 ^This plan is not SHOP certified and is not qualified for the Small Business Health Care Tax Credit.