



Monthly Rates for Effective Date - 7/1/2019 - 8/1/2019 - 9/1/2019
Four Tier - Ulster, Sullivan, Putnam, Dutchess & Orange

Platinum	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
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)	\$1,115.87	\$2,226.80	\$1,893.51	\$3,171.07
Gold	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
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)	\$933.93	\$1,862.92	\$1,584.22	\$2,652.56
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)	\$979.08	\$1,953.21	\$1,660.98	\$2,781.22
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)	\$856.46	\$1,707.98	\$1,452.52	\$2,431.75
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)	\$822.38	\$1,639.79	\$1,394.57	\$2,334.62
Silver		Employee	Emp/Spouse	Emp/Child(ren)	Family
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)	\$850.37	\$1,695.78	\$1,442.15	\$2,414.38
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)	\$773.49	\$1,542.03	\$1,311.47	\$2,195.29
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)	\$723.00	\$1,441.05	\$1,225.63	\$2,051.39
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)	\$698.83	\$1,392.70	\$1,184.53	\$1,982.49
Bronze	BENEFIT HIGHLIGHTS* IN=In Network; OON=Out of Network; OOP=Out of Pocket	Employee	Emp/Spouse	Emp/Child(ren)	Family
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%	\$729.58	\$1,454.22	\$1,236.83	\$2,070.16
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%	\$575.85	\$1,146.76	\$975.49	\$1,632.03

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.