

2018 New York Small Group (1-100) Oxford Products: Q2 2018 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Region 3** in the Oxford service area, which includes: Dutchess, Orange, Putnam, Sullivan, and Ulster counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Platinum Plans

| | | Tier | Rate (select counties) | Dep 29 Rider |
|--|---|--------------------|------------------------|--------------|
| EPO \$20/\$40 Non-Gated (Freedom Network) | | Single | \$1,161.53 | \$15.86 |
| PCP/Spec: | \$20/\$40 | Parent/Child (ren) | \$1,974.61 | \$26.96 |
| Ded and Coinsurance: | \$0 | Employee/ Spouse* | \$2,323.07 | \$31.72 |
| Max out of Pocket: | In: \$2,500/\$5,000 | Family | \$3,310.37 | \$45.20 |
| RX plan: | Non-T1 Ded \$50 then \$5/\$30/\$60 | | | |
| EPO \$5/\$15 Non-Gated (Freedom Network) | | Single | \$1,179.22 | \$15.86 |
| PCP/Spec: | \$5/\$15 | Parent/Child (ren) | \$2,004.67 | \$26.96 |
| Ded and Coinsurance: | \$0 | Employee/ Spouse* | \$2,358.43 | \$31.72 |
| Max out of Pocket: | In: \$2,500/\$5,000 | Family | \$3,360.77 | \$45.20 |
| RX plan: | Non-T1 Ded \$50 then \$5/\$30/\$60 | | | |
| PPO \$20/\$40 Non-Gated (Freedom Network) | | Single | \$1,231.91 | \$15.86 |
| PCP/Spec: | \$20/\$40 | Parent/Child (ren) | \$2,094.24 | \$26.96 |
| Ded and Coinsurance: | In: \$0 Out: \$3,000/\$6,000, 30% | Employee/ Spouse* | \$2,463.82 | \$31.72 |
| Max out of Pocket: | In: \$2,500/\$5,000 Out: \$7,500/\$15,000 | Family | \$3,510.94 | \$45.20 |
| RX plan: | Non-T1 Ded \$50 then \$5/\$30/\$60 | | | |
| PPO \$20/\$40 FAIR Non-Gated (Freedom Network) | | Single | \$1,417.38 | \$15.86 |
| PCP/Spec: | \$20/\$40 | Parent/Child (ren) | \$2,409.54 | \$26.96 |
| Ded and Coinsurance: | In: \$0 Out: \$3,000/\$6,000, 20% | Employee/ Spouse* | \$2,834.76 | \$31.72 |
| Max out of Pocket: | In: \$2,500/\$5,000 Out: \$7,500/\$15,000 | Family | \$4,039.53 | \$45.20 |
| RX plan: | Non-T1 Ded \$50 then \$5/\$30/\$60 | | | |
| PPO \$5/\$15 Non-Gated (Freedom Network) | | Single | \$1,254.28 | \$15.86 |
| PCP/Spec: | \$5/\$15 | Parent/Child (ren) | \$2,132.28 | \$26.96 |
| Ded and Coinsurance: | In: \$0 Out: \$2,000/\$4,000, 30% | Employee/ Spouse* | \$2,508.56 | \$31.72 |
| Max out of Pocket: | In: \$2,500/\$5,000 Out: \$5,000/\$10,000 | Family | \$3,574.71 | \$45.20 |
| RX plan: | Non-T1 Ded \$50 then \$5/\$30/\$60 | | | |
| EPO \$15/\$30 Gated (Metro Network) | | Single | \$956.63 | \$15.86 |
| PCP/Spec: | \$15/\$30 | Parent/Child (ren) | \$1,626.27 | \$26.96 |
| Ded and Coinsurance: | \$0 | Employee/ Spouse* | \$1,913.26 | \$31.72 |
| Max out of Pocket: | In: \$2,500/\$5,000 | Family | \$2,726.40 | \$45.20 |
| RX plan: | \$5/\$65/50%, max \$800 | | | |
| EPO \$15/\$35 Gated (Liberty Network) | | Single | \$1,074.00 | \$15.86 |
| PCP/Spec: | \$15/\$35 | Parent/Child (ren) | \$1,825.80 | \$26.96 |
| Ded and Coinsurance: | In: \$250/\$500, 10% | Employee/ Spouse* | \$2,148.00 | \$31.72 |
| Max out of Pocket: | In: \$3,000/\$6,000 | Family | \$3,060.89 | \$45.20 |
| RX plan: | Non-T1 Ded \$150 then \$5/\$30/\$60 | | | |
| EPO \$10/\$30 Non-Gated (Freedom Network) | | Single | \$1,124.73 | \$15.86 |
| PCP/Spec: | \$10/\$30 | Parent/Child (ren) | \$1,912.04 | \$26.96 |
| Ded and Coinsurance: | In: \$500/\$1000, 10% | Employee/ Spouse* | \$2,249.46 | \$31.72 |
| Max out of Pocket: | In: \$3,000/\$6,000 | Family | \$3,205.47 | \$45.20 |
| RX plan: | Non-T1 Ded \$50 then \$5/\$30/\$60 | | | |

2018 New York Small Group (1-100) Oxford Products: Q2 2018 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Region 3** in the Oxford service area, which includes: Dutchess, Orange, Putnam, Sullivan, and Ulster counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



| Gold Plans | | Tier | Rate (select counties) | Dep 29 Rider |
|--|--|--------------------|------------------------|--------------|
| EPO \$50 Non-Gated (Freedom Network) | | Single | \$990.87 | \$15.86 |
| PCP/Spec: \$50/\$50 | | Parent/Child (ren) | \$1,684.48 | \$26.96 |
| Ded and Coinsurance: In: \$750/\$1,500, 10% | | Employee/ Spouse* | \$1,981.74 | \$31.72 |
| Max out of Pocket: In: \$4,000/\$8,000 | | Family | \$2,823.98 | \$45.20 |
| RX plan: Non-T1 Ded \$100 then \$10/\$35/\$75 | | | | |
| EPO \$15/\$35 Non-Gated (Freedom Network) | | Single | \$993.38 | \$15.86 |
| PCP/Spec: \$15/\$35 | | Parent/Child (ren) | \$1,688.74 | \$26.96 |
| Ded and Coinsurance: In: \$1,000/\$2,000, 10% | | Employee/ Spouse* | \$1,986.75 | \$31.72 |
| Max out of Pocket: In: \$4,000/\$8,000 | | Family | \$2,831.12 | \$45.20 |
| RX plan: Non-T1 Ded \$100 then \$15/\$35/\$75 | | | | |
| EPO \$25/\$45 \$1,500 Gated (Liberty Network) | | Single | \$883.82 | \$15.86 |
| PCP/Spec: \$25/\$45 | | Parent/Child (ren) | \$1,502.49 | \$26.96 |
| Ded and Coinsurance: In: \$1,500/\$3,000, 20% | | Employee/ Spouse* | \$1,767.64 | \$31.72 |
| Max out of Pocket: In: \$6,000/\$12,000 | | Family | \$2,518.88 | \$45.20 |
| RX plan: Non-T1 Ded \$150 then \$5/\$45/\$75 | | | | |
| EPO 25/40 Non-Gated (Freedom Network) | | Single | \$963.67 | \$15.86 |
| PCP/Spec: \$25/\$40 | | Parent/Child (ren) | \$1,638.24 | \$26.96 |
| Ded and Coinsurance: In: \$1,250/\$2,500, 20% | | Employee/ Spouse* | \$1,927.34 | \$31.72 |
| Max out of Pocket: In: \$5,000/\$10,000 | | Family | \$2,746.46 | \$45.20 |
| RX plan: Non-T1 Ded \$100 then \$15/\$35/\$75 | | | | |
| EPO 25/40 Gated (Metro Network) | | Single | \$771.83 | \$15.86 |
| PCP/Spec: \$25/\$40 | | Parent/Child (ren) | \$1,312.11 | \$26.96 |
| Ded and Coinsurance: In: \$1,250/\$2,500, 20% | | Employee/ Spouse* | \$1,543.66 | \$31.72 |
| Max out of Pocket: In: \$5,500/\$11,000 | | Family | \$2,199.72 | \$45.20 |
| RX plan: \$10/\$65/50%, max \$800 | | | | |
| EPO 30/60 Gated (Liberty Network) | | Single | \$928.27 | \$15.86 |
| PCP/Spec: \$30/\$60 | | Parent/Child (ren) | \$1,578.07 | \$26.96 |
| Ded and Coinsurance: In: \$1,000/\$2,000, 0% | | Employee/ Spouse* | \$1,856.55 | \$31.72 |
| Max out of Pocket: In: \$4,000/\$8,000 | | Family | \$2,645.58 | \$45.20 |
| RX plan: Non-T1 Ded \$100 then \$15/\$35/\$75 | | | | |
| EPO HSA \$1500 Non-Gated (Freedom Network) | | Single | \$959.40 | \$15.86 |
| PCP/Spec: Deductible and Coinsurance | | Parent/Child (ren) | \$1,630.98 | \$26.96 |
| Ded and Coinsurance: In: \$1,500/\$3,000, 10% | | Employee/ Spouse* | \$1,918.80 | \$31.72 |
| Max out of Pocket: In: \$4,000/\$8,000 | | Family | \$2,734.28 | \$45.20 |
| RX plan: Ded Med/Rx then \$10/\$35/\$75 | | | | |
| PPO \$25/\$40 Non-Gated (Freedom Network) | | Single | \$1,072.53 | \$15.86 |
| PCP/Spec: \$25/\$40 | | Parent/Child (ren) | \$1,823.30 | \$26.96 |
| Ded and Coinsurance: In: \$1,000/\$2,000, 20% Out: \$3,000/\$6,000, 40% | | Employee/ Spouse* | \$2,145.06 | \$31.72 |
| Max out of Pocket: In: \$4,500/\$9,000 Out: \$7,500/\$15,000 | | Family | \$3,056.71 | \$45.20 |
| RX plan: Non-T1 Ded \$100 then \$10/\$35/\$75 | | | | |
| PPO HSA \$1,500 Non-Gated (Freedom Network) | | Single | \$1,021.75 | \$15.86 |
| PCP/Spec: Deductible and Coinsurance | | Parent/Child (ren) | \$1,736.98 | \$26.96 |
| Ded and Coinsurance: In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40% | | Employee/ Spouse* | \$2,043.51 | \$31.72 |
| Max out of Pocket: In: \$4,000/\$8,000 Out: \$7,500/\$15,000 | | Family | \$2,911.99 | \$45.20 |
| RX plan: Ded Med/Rx then \$10/\$35/\$75 | | | | |
| EPO \$25/\$40 Non-Gated (Metro Network) | | Single | \$816.87 | \$15.86 |
| PCP/Spec: \$25/\$40 | | Parent/Child (ren) | \$1,388.68 | \$26.96 |
| Ded and Coinsurance: In: \$1,250/\$2,500, 20% | | Employee/ Spouse* | \$1,633.74 | \$31.72 |
| Max out of Pocket: In: \$5,000/\$10,000 | | Family | \$2,328.08 | \$45.20 |
| RX plan: Non-T1 Ded \$100 then \$10/\$65/\$90 | | | | |
| EPO Healthy NY Gated (Metro Network); Eligibility: 50 or fewer employees | | Single | \$684.55 | \$15.86 |
| PCP/Spec: \$25/\$40 after Deductible | | Parent/Child (ren) | \$1,163.73 | \$26.96 |
| Ded and Coinsurance: In: \$600/\$1,200, 20% | | Employee/ Spouse* | \$1,369.10 | \$31.72 |
| Max out of Pocket: In: \$4,000/\$8,000 | | Family | \$1,950.96 | \$45.20 |
| RX plan: \$10/\$35/\$70 | | | | |
| EPO \$30/\$60 Non-Gated (Freedom Network) | | Single | \$910.05 | \$15.86 |
| PCP/Spec: \$30/\$60 | | Parent/Child (ren) | \$1,547.08 | \$26.96 |
| Ded and Coinsurance: In: \$2,000/\$4,000, 30% | | Employee/ Spouse* | \$1,820.09 | \$31.72 |
| Max out of Pocket: In: \$6,850/\$13,700 | | Family | \$2,593.63 | \$45.20 |
| RX plan: Non-T1 Ded \$100 then \$15/\$45/\$75 | | | | |
| EPO \$30/\$60 Non-Gated (Liberty Network) | | Single | \$869.58 | \$15.86 |
| PCP/Spec: \$30/\$60 | | Parent/Child (ren) | \$1,478.29 | \$26.96 |
| Ded and Coinsurance: In: \$2,000/\$4,000, 30% | | Employee/ Spouse* | \$1,739.16 | \$31.72 |
| Max out of Pocket: In: \$6,850/\$13,700 | | Family | \$2,478.31 | \$45.20 |
| RX plan: Non-T1 Ded \$100 then \$15/\$45/\$75 | | | | |
| PPO \$30/\$60 Non-Gated (Freedom Network) | | Single | \$972.65 | \$15.86 |
| PCP/Spec: \$30/\$60 | | Parent/Child (ren) | \$1,653.51 | \$26.96 |
| Ded and Coinsurance: In: \$2,000/\$4,000, 30% Out: \$4,000/\$8,000, 50% | | Employee/ Spouse* | \$1,945.31 | \$31.72 |
| Max out of Pocket: In: \$6,850/\$13,700 Out: \$10,000/\$20,000 | | Family | \$2,772.06 | \$45.20 |
| RX plan: Non-T1 Ded \$100 then \$15/\$45/\$75 | | | | |

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Silver Plans

| | | Tier | Rate (select counties) | Dep 29 Rider |
|---|--|--------------------|------------------------|--------------|
| EPO \$25/\$50 Gated (Liberty Network) | | Single | \$763.68 | \$15.86 |
| PCP/Spec: | \$25/\$50 | Parent/Child (ren) | \$1,298.26 | \$26.96 |
| Ded and Coinsurance: | In: \$3,000/\$6,000, 50% | Employee/ Spouse* | \$1,527.37 | \$31.72 |
| Max out of Pocket: | In: \$7,150/\$14,300 | Family | \$2,176.50 | \$45.20 |
| RX plan: | Non-T1 Ded \$100 then \$15/\$65/\$85 | | | |
| EPO \$30/\$75 Non-Gated (Liberty Network) | | Single | \$757.69 | \$15.86 |
| PCP/Spec: | \$30/\$75 | Parent/Child (ren) | \$1,288.07 | \$26.96 |
| Ded and Coinsurance: | In: \$3,000/\$6,000, 40% | Employee/ Spouse* | \$1,515.38 | \$31.72 |
| Max out of Pocket: | In: \$7,150/\$14,300 | Family | \$2,159.42 | \$45.20 |
| RX plan: | Non-T1 Ded \$100 then \$15/\$65/50%, max \$800 | | | |
| EPO \$40/\$70 Non-Gated (Freedom Network) | | Single | \$838.54 | \$15.86 |
| PCP/Spec: | \$40/\$70 | Parent/Child (ren) | \$1,425.53 | \$26.96 |
| Ded and Coinsurance: | In: \$2,500/\$5,000, 30% | Employee/ Spouse* | \$1,677.09 | \$31.72 |
| Max out of Pocket: | In: \$7,150/\$14,300 | Family | \$2,389.85 | \$45.20 |
| RX plan: | Non-T1 Ded \$200 then \$15/\$45/\$75 | | | |
| EPO \$40/\$70 Non-Gated (Liberty Network) | | Single | \$801.24 | \$15.86 |
| PCP/Spec: | \$40/\$70 | Parent/Child (ren) | \$1,362.12 | \$26.96 |
| Ded and Coinsurance: | In: \$2,500/\$5,000, 30% | Employee/ Spouse* | \$1,602.49 | \$31.72 |
| Max out of Pocket: | In: \$7,150/\$14,300 | Family | \$2,283.55 | \$45.20 |
| RX plan: | Non-T1 Ded \$200 then \$15/\$45/\$75 | | | |
| EPO HSA \$2,000 \$25/\$50 Non-Gated (Freedom Network) | | Single | \$832.86 | \$15.86 |
| PCP/Spec: | \$25/\$50 after Deductible | Parent/Child (ren) | \$1,415.87 | \$26.96 |
| Ded and Coinsurance: | In: \$2,000/\$4,000, 20% | Employee/ Spouse* | \$1,665.73 | \$31.72 |
| Max out of Pocket: | In: \$5,500/\$11,000 | Family | \$2,373.66 | \$45.20 |
| RX plan: | Ded Med/Rx then \$15/\$35/\$75 | | | |
| EPO HSA \$2,000 \$25/\$50 Non-Gated (Liberty Network) | | Single | \$795.82 | \$15.86 |
| PCP/Spec: | \$25/\$50 after Deductible | Parent/Child (ren) | \$1,352.89 | \$26.96 |
| Ded and Coinsurance: | In: \$2,000/\$4,000, 20% | Employee/ Spouse* | \$1,591.63 | \$31.72 |
| Max out of Pocket: | In: \$5,500/\$11,000 | Family | \$2,268.08 | \$45.20 |
| RX plan: | Ded Med/Rx then \$15/\$35/\$75 | | | |
| EPO HSA \$2,000 Non-Gated (Freedom Network) | | Single | \$809.72 | \$15.86 |
| PCP/Spec: | Deductible and Coinsurance | Parent/Child (ren) | \$1,376.53 | \$26.96 |
| Ded and Coinsurance: | In: \$2,000/\$4,000, 30% | Employee/ Spouse* | \$1,619.45 | \$31.72 |
| Max out of Pocket: | In: \$6,550/\$13,100 | Family | \$2,307.71 | \$45.20 |
| RX plan: | Ded Med/Rx then \$15/\$35/\$75 | | | |
| Prim Adv EPO \$2,000 Non-Gated (Liberty Network) | | Single | \$767.12 | \$15.86 |
| PCP/Spec: | \$25/\$50 - Spec. after Deductible | Parent/Child (ren) | \$1,304.10 | \$26.96 |
| Ded and Coinsurance: | In: \$2,000/\$4,000, 30% | Employee/ Spouse* | \$1,534.24 | \$31.72 |
| Max out of Pocket: | In: \$6,000/\$12,000 | Family | \$2,186.29 | \$45.20 |
| RX plan: | Non-T1 Ded Med/Rx then \$15/\$35/\$75 | | | |
| PPO \$40/\$70 Non-Gated (Freedom Network) | | Single | \$900.37 | \$15.86 |
| PCP/Spec: | \$40/\$70 | Parent/Child (ren) | \$1,530.64 | \$26.96 |
| Ded and Coinsurance: | In: \$2,500/\$5,000, 30% Out: \$4,000/\$8,000, 50% | Employee/ Spouse* | \$1,800.75 | \$31.72 |
| Max out of Pocket: | In: \$7,150/\$14,300 Out: \$10,000/\$20,000 | Family | \$2,566.07 | \$45.20 |
| RX plan: | Non-T1 Ded \$200 then \$15/\$45/\$75 | | | |
| PPO HSA \$2,000 \$30/\$60 Non-Gated (Freedom Network) | | Single | \$900.66 | \$15.86 |
| PCP/Spec: | \$30/\$60 after Deductible | Parent/Child (ren) | \$1,531.12 | \$26.96 |
| Ded and Coinsurance: | In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% | Employee/ Spouse* | \$1,801.31 | \$31.72 |
| Max out of Pocket: | In: \$5,500/\$11,000 Out: \$10,000/\$20,000 | Family | \$2,566.87 | \$45.20 |
| RX plan: | Ded Med/Rx then \$15/\$35/\$75 | | | |
| EPO \$30/\$60 Gated (Metro Network) | | Single | \$661.88 | \$15.86 |
| PCP/Spec: | \$30/\$60 | Parent/Child (ren) | \$1,125.20 | \$26.96 |
| Ded and Coinsurance: | In: \$3,000/\$6,000, 30% | Employee/ Spouse* | \$1,323.76 | \$31.72 |
| Max out of Pocket: | In: \$7,150/\$14,300 | Family | \$1,886.36 | \$45.20 |
| RX plan: | \$10/\$65/50%, max \$800 | | | |
| EPO HSA \$1,500 \$35/\$50 Gated (Metro Network) | | Single | \$695.17 | \$15.86 |
| PCP/Spec: | \$35/\$50 after Deductible | Parent/Child (ren) | \$1,181.79 | \$26.96 |
| Ded and Coinsurance: | In: \$1,500/\$3,000, 30% | Employee/ Spouse* | \$1,390.34 | \$31.72 |
| Max out of Pocket: | In: \$6,550/\$13,100 | Family | \$1,981.24 | \$45.20 |
| RX plan: | Ded Med/Rx then \$10/\$65/50%, max \$800 | | | |
| EPO \$30/\$60 Non-Gated (Metro Network) | | Single | \$705.31 | \$15.86 |
| PCP/Spec: | \$30/\$60 | Parent/Child (ren) | \$1,199.03 | \$26.96 |
| Ded and Coinsurance: | In: \$2,500/\$5,000, 30% | Employee/ Spouse* | \$1,410.62 | \$31.72 |
| Max out of Pocket: | In: \$7,150/\$14,300 | Family | \$2,010.13 | \$45.20 |
| RX plan: | Non-T1 Ded \$100 then \$10/\$65/\$90 | | | |
| Prim Adv EPO \$2,000 Gated (Metro Network) | | Single | \$682.18 | \$15.86 |
| PCP/Spec: | \$30/\$60 - Spec. after Deductible | Parent/Child (ren) | \$1,159.70 | \$26.96 |
| Ded and Coinsurance: | In: \$2,000/\$4,000, 30% | Employee/ Spouse* | \$1,364.36 | \$31.72 |
| Max out of Pocket: | In: \$6,500/\$13,000 | Family | \$1,944.21 | \$45.20 |
| RX plan: | Non-T1 Ded \$150 then \$15/\$50/\$90 | | | |
| EPO \$30/\$70 \$4,000 Gated (Liberty Network) | | Single | \$734.09 | \$15.86 |
| PCP/Spec: | \$30/\$70 | Parent/Child (ren) | \$1,247.96 | \$26.96 |
| Ded and Coinsurance: | In: \$4,000/\$8,000, 40% | Employee/ Spouse* | \$1,468.19 | \$31.72 |
| Max out of Pocket: | In: \$7,350/\$14,700 | Family | \$2,092.17 | \$45.20 |
| RX plan: | Non-T1 Ded \$150 then \$15/\$50/\$90 | | | |
| Prim Adv EPO \$4,000 Gated (Liberty Network) | | Single | \$701.28 | \$15.86 |
| PCP/Spec: | \$20/\$60 - Spec. after Deductible | Parent/Child (ren) | \$1,192.18 | \$26.96 |
| Ded and Coinsurance: | In: \$4,000/\$8,000, 30% | Employee/ Spouse* | \$1,402.56 | \$31.72 |
| Max out of Pocket: | In: \$7,350/\$14,700 | | | |

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| | | | | |
|----------|---|--------|------------|---------|
| RX plan: | Non-T1 Ded Med/Rx then \$10/\$65/50%, max \$800 | Family | \$1,998.65 | \$45.20 |
|----------|---|--------|------------|---------|

2018 New York Small Group (1-100) Oxford Products: Q2 2018 Rates

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Bronze Plans

| | | Tier | Rate (select counties) | Dep 29 Rider |
|---|---|--------------------|------------------------|--------------|
| EPO HSA \$5,500 Non-Gated (Freedom Network) | | Single | \$692.12 | \$15.86 |
| PCP/Spec: | Deductible and Coinsurance | Parent/Child (ren) | \$1,176.61 | \$26.96 |
| Ded and Coinsurance: | In: \$5,500/\$11,000, 30% | Employee/ Spouse* | \$1,384.24 | \$31.72 |
| Max out of Pocket: | In: \$6,550/\$13,100 | Family | \$1,972.55 | \$45.20 |
| RX plan: | Ded Med/Rx then \$10/\$40/\$80 | | | |
| EPO HSA \$5,500 Non-Gated (Liberty Network) | | Single | \$661.34 | \$15.86 |
| PCP/Spec: | Deductible and Coinsurance | Parent/Child (ren) | \$1,124.28 | \$26.96 |
| Ded and Coinsurance: | In: \$5,500/\$11,000, 30% | Employee/ Spouse* | \$1,322.68 | \$31.72 |
| Max out of Pocket: | In: \$6,550/\$13,100 | Family | \$1,884.81 | \$45.20 |
| RX plan: | Ded Med/Rx then \$10/\$40/\$80 | | | |
| PPO HSA \$6,000 \$30/\$60 Non-Gated (Liberty Network) | | Single | \$701.51 | \$15.86 |
| PCP/Spec: | \$30/\$60 after Deductible | Parent/Child (ren) | \$1,192.57 | \$26.96 |
| Ded and Coinsurance: | In: \$6,000/\$12,000, 20% Out: \$10,000/\$20,000, 20% | Employee/ Spouse* | \$1,403.03 | \$31.72 |
| Max out of Pocket: | In: \$6,550/\$13,100 Out: \$25,000/\$50,000 | Family | \$1,999.31 | \$45.20 |
| RX plan: | Ded Med/Rx then \$15/\$35/\$75 | | | |
| EPO HSA \$5,750 \$40/\$75 Gated (Metro Network) | | Single | \$563.23 | \$15.86 |
| PCP/Spec: | \$40/\$75 after Deductible | Parent/Child (ren) | \$957.49 | \$26.96 |
| Ded and Coinsurance: | In: \$5,750/\$11,500, 50% | Employee/ Spouse* | \$1,126.46 | \$31.72 |
| Max out of Pocket: | In: \$6,550/\$13,100 | Family | \$1,605.20 | \$45.20 |
| RX plan: | Ded Med/Rx then \$10/\$65/50%, max \$800 | | | |
| EPO HSA \$6,550 100% Non-Gated (Liberty Network) | | Single | \$652.95 | \$15.86 |
| PCP/Spec: | Deductible and Coinsurance | Parent/Child (ren) | \$1,110.01 | \$26.96 |
| Ded and Coinsurance: | In: \$6,550/\$13,100, 0% | Employee/ Spouse* | \$1,305.90 | \$31.72 |
| Max out of Pocket: | In: \$6,550/\$13,100 | Family | \$1,860.90 | \$45.20 |
| RX plan: | Ded Med/Rx then 0%/0%/0% | | | |
| EPO HSA \$6,550 100% Gated (Metro Network) | | Single | \$557.06 | \$15.86 |
| PCP/Spec: | Deductible and Coinsurance | Parent/Child (ren) | \$947.01 | \$26.96 |
| Ded and Coinsurance: | In: \$6,550/\$13,100, 0% | Employee/ Spouse* | \$1,114.12 | \$31.72 |
| Max out of Pocket: | In: \$6,550/\$13,100 | Family | \$1,587.63 | \$45.20 |
| RX plan: | Ded Med/Rx then 0%/0%/0% | | | |
| EPO HSA \$3,000 \$25/\$75 Non-Gated (Liberty Network) | | Single | \$698.38 | \$15.86 |
| PCP/Spec: | \$25/\$75 after Deductible | Parent/Child (ren) | \$1,187.24 | \$26.96 |
| Ded and Coinsurance: | In: \$3,000/\$6,000, 30% | Employee/ Spouse* | \$1,396.75 | \$31.72 |
| Max out of Pocket: | In: \$6,550/\$13,100 | Family | \$1,990.37 | \$45.20 |
| RX plan: | Ded Med/Rx then 30%/30%/30% | | | |
| EPO HSA \$5,500 Gated (Metro Network) | | Single | \$564.57 | \$15.86 |
| PCP/Spec: | Deductible and Coinsurance | Parent/Child (ren) | \$959.77 | \$26.96 |
| Ded and Coinsurance: | In: \$5,500/\$11,000, 30% | Employee/ Spouse* | \$1,129.14 | \$31.72 |
| Max out of Pocket: | In: \$6,550/\$13,100 | Family | \$1,609.02 | \$45.20 |
| RX plan: | Ded Med/Rx then \$10/\$65/50%, max \$800 | | | |

* Employee / Spouse rate is the rate for Employee / Domestic Partner coverage if additional coverage is available and purchased by the group.

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