

## 2018 New York Small Group (1-100) Oxford Products: Q1 2018 Rates

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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. Please note that Healthy NY eligibility is 50 or fewer employees.



### Platinum Plans

EPO \$20/\$40 Non-Gated (Freedom Network)		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,135.39	\$15.50
Ded and Coinsurance:	\$0	Parent/Child(ren)	\$1,930.16	\$26.35
Out-of-Pocket Limit:	In: \$2,500/\$5,000	Employee/Spouse*	\$2,270.78	\$31.00
Rx Plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,235.86	\$44.18
EPO \$5/\$15 Non-Gated (Freedom Network)				
PCP/Spec:	\$5/\$15	Single	\$1,152.68	\$15.50
Ded and Coinsurance:	\$0	Parent/Child(ren)	\$1,959.55	\$26.35
Out-of-Pocket Limit:	In: \$2,500/\$5,000	Employee/Spouse*	\$2,305.35	\$31.00
Rx Plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,285.13	\$44.18
PPO \$20/\$40 Non-Gated (Freedom Network)				
PCP/Spec:	\$20/\$40	Single	\$1,204.18	\$15.50
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 30%	Parent/Child(ren)	\$2,047.11	\$26.35
Out-of-Pocket Limit:	In: \$2,500/\$5,000 Out: \$7,500/\$15,000	Employee/Spouse*	\$2,408.37	\$31.00
Rx Plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,431.92	\$44.18
PPO \$20/\$40 FAIR Non-Gated (Freedom Network)				
PCP/Spec:	\$20/\$40	Single	\$1,385.48	\$15.50
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 20%	Parent/Child(ren)	\$2,355.31	\$26.35
Out-of-Pocket Limit:	In: \$2,500/\$5,000 Out: \$7,500/\$15,000	Employee/Spouse*	\$2,770.96	\$31.00
Rx Plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,948.61	\$44.18
PPO \$5/\$15 Non-Gated (Freedom Network)				
PCP/Spec:	\$5/\$15	Single	\$1,226.05	\$15.50
Ded and Coinsurance:	In: \$0 Out: \$2,000/\$4,000, 30%	Parent/Child(ren)	\$2,084.29	\$26.35
Out-of-Pocket Limit:	In: \$2,500/\$5,000 Out: \$5,000/\$10,000	Employee/Spouse*	\$2,452.11	\$31.00
Rx Plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,494.25	\$44.18
EPO \$15/\$30 Gated (Metro Network)				
PCP/Spec:	\$15/\$30	Single	\$935.10	\$15.50
Ded and Coinsurance:	\$0	Parent/Child(ren)	\$1,589.67	\$26.35
Out-of-Pocket Limit:	In: \$2,500/\$5,000	Employee/Spouse*	\$1,870.20	\$31.00
Rx Plan:	\$5/\$65/50%, max \$800	Family	\$2,665.04	\$44.18
EPO \$15/\$35 Gated (Liberty Network)				
PCP/Spec:	\$15/\$35	Single	\$1,049.83	\$15.50
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child(ren)	\$1,784.71	\$26.35
Out-of-Pocket Limit:	In: \$3,000/\$6,000	Employee/Spouse*	\$2,099.65	\$31.00
Rx Plan:	Non-T1 Ded \$150 then \$5/\$30/\$60	Family	\$2,992.01	\$44.18
EPO \$10/\$30 Non-Gated (Freedom Network)				
PCP/Spec:	\$10/\$30	Single	\$1,099.41	\$15.50
Ded and Coinsurance:	In: \$500/\$1,000, 10%	Parent/Child(ren)	\$1,869.00	\$26.35
Out-of-Pocket Limit:	In: \$3,000/\$6,000	Employee/Spouse*	\$2,198.82	\$31.00
Rx Plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,133.32	\$44.18

## 2018 New York Small Group (1-100) Oxford Products: Q1 2018 Rates

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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. Please note that Healthy NY eligibility is 50 or fewer employees.



<b>Gold Plans</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
<b>EPO \$50 Non-Gated (Freedom Network)</b>		Single	\$968.57	\$15.50
PCP/Spec:	\$50/\$50	Parent/Child(ren)	\$1,646.56	\$26.35
Ded and Coinsurance:	In: \$750/\$1,500, 10%	Employee/Spouse*	\$1,937.13	\$31.00
Out-of-Pocket Limit:	In: \$4,000/\$8,000	Family	\$2,760.41	\$44.18
Rx Plan:	Non-T1 Ded \$100 then \$10/\$35/\$75			
<b>EPO \$15/\$35 Non-Gated (Freedom Network)</b>		Single	\$971.01	\$15.50
PCP/Spec:	\$15/\$35	Parent/Child(ren)	\$1,650.72	\$26.35
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Employee/Spouse*	\$1,942.03	\$31.00
Out-of-Pocket Limit:	In: \$4,000/\$8,000	Family	\$2,767.39	\$44.18
Rx Plan:	Non-T1 Ded \$100 then \$15/\$35/\$75			
<b>EPO \$25/\$45 \$1,500 Gated (Liberty Network)</b>		Single	\$863.93	\$15.50
PCP/Spec:	\$25/\$45	Parent/Child(ren)	\$1,468.68	\$26.35
Ded and Coinsurance:	In: \$1,500/\$3,000, 20%	Employee/Spouse*	\$1,727.86	\$31.00
Out-of-Pocket Limit:	In: \$6,000/\$12,000	Family	\$2,462.20	\$44.18
Rx Plan:	Non-T1 Ded \$150 then \$5/\$45/\$75			
<b>EPO \$25/\$40 Non-Gated (Freedom Network)</b>		Single	\$941.98	\$15.50
PCP/Spec:	\$25/\$40	Parent/Child(ren)	\$1,601.36	\$26.35
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Employee/Spouse*	\$1,883.95	\$31.00
Out-of-Pocket Limit:	In: \$5,000/\$10,000	Family	\$2,684.63	\$44.18
Rx Plan:	Non-T1 Ded \$100 then \$15/\$35/\$75			
<b>EPO \$25/\$40 Gated (Metro Network)</b>		Single	\$754.46	\$15.50
PCP/Spec:	\$25/\$40	Parent/Child(ren)	\$1,282.58	\$26.35
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Employee/Spouse*	\$1,508.91	\$31.00
Out-of-Pocket Limit:	In: \$5,500/\$11,000	Family	\$2,150.20	\$44.18
Rx Plan:	\$10/\$65/50%, max \$800			
<b>EPO \$30/\$60 Gated (Liberty Network)</b>		Single	\$907.38	\$15.50
PCP/Spec:	\$30/\$60	Parent/Child(ren)	\$1,542.54	\$26.35
Ded and Coinsurance:	In: \$1,000/\$2,000, 0%	Employee/Spouse*	\$1,814.75	\$31.00
Out-of-Pocket Limit:	In: \$4,000/\$8,000	Family	\$2,586.02	\$44.18
Rx Plan:	Non-T1 Ded \$100 then \$15/\$35/\$75			
<b>EPO HSA \$1,500 Non-Gated (Freedom Network)</b>		Single	\$937.80	\$15.50
PCP/Spec:	Deductible and Coinsurance	Parent/Child(ren)	\$1,594.26	\$26.35
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Employee/Spouse*	\$1,875.60	\$31.00
Out-of-Pocket Limit:	In: \$4,000/\$8,000	Family	\$2,672.73	\$44.18
Rx Plan:	Ded Med/Rx then \$10/\$35/\$75			
<b>PPO \$25/\$40 Non-Gated (Freedom Network)</b>		Single	\$1,048.40	\$15.50
PCP/Spec:	\$25/\$40	Parent/Child(ren)	\$1,782.28	\$26.35
Ded and Coinsurance:	In: \$1,000/\$2,000, 20% Out: \$3,000/\$6,000, 40%	Employee/Spouse*	\$2,096.80	\$31.00
Out-of-Pocket Limit:	In: \$4,500/\$9,000 Out: \$7,500/\$15,000	Family	\$2,987.94	\$44.18
Rx Plan:	Non-T1 Ded \$100 then \$10/\$35/\$75			
<b>PPO HSA \$1,500 Non-Gated (Freedom Network)</b>		Single	\$998.76	\$15.50
PCP/Spec:	Deductible and Coinsurance	Parent/Child(ren)	\$1,697.89	\$26.35
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Employee/Spouse*	\$1,997.51	\$31.00
Out-of-Pocket Limit:	In: \$4,000/\$8,000 Out: \$7,500/\$15,000	Family	\$2,846.46	\$44.18
Rx Plan:	Ded Med/Rx then \$10/\$35/\$75			
<b>EPO \$25/\$40 Non-Gated (Metro Network)</b>		Single	\$798.49	\$15.50
PCP/Spec:	\$25/\$40	Parent/Child(ren)	\$1,357.43	\$26.35
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Employee/Spouse*	\$1,596.97	\$31.00
Out-of-Pocket Limit:	In: \$5,000/\$10,000	Family	\$2,275.69	\$44.18
Rx Plan:	Non-T1 Ded \$100 then \$10/\$65/\$90			
<b>EPO Healthy NY Gated (Metro Network); Eligibility: 50 or fewer employees</b>		Single	\$669.14	\$15.50
PCP/Spec:	\$25/\$40 after Deductible	Parent/Child(ren)	\$1,137.53	\$26.35
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Employee/Spouse*	\$1,338.27	\$31.00
Out-of-Pocket Limit:	In: \$4,000/\$8,000	Family	\$1,907.04	\$44.18
Rx Plan:	\$10/\$35/\$70			
<b>EPO \$30/\$60 Non-Gated (Freedom Network)</b>		Single	\$889.57	\$15.50
PCP/Spec:	\$30/\$60	Parent/Child(ren)	\$1,512.26	\$26.35
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Employee/Spouse*	\$1,779.13	\$31.00
Out-of-Pocket Limit:	In: \$6,850/\$13,700	Family	\$2,535.26	\$44.18
Rx Plan:	Non-T1 Ded \$100 then \$15/\$45/\$75			
<b>EPO \$30/\$60 Non-Gated (Liberty Network)</b>		Single	\$850.00	\$15.50
PCP/Spec:	\$30/\$60	Parent/Child(ren)	\$1,445.01	\$26.35
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Employee/Spouse*	\$1,700.01	\$31.00
Out-of-Pocket Limit:	In: \$6,850/\$13,700	Family	\$2,422.51	\$44.18
Rx Plan:	Non-T1 Ded \$100 then \$15/\$45/\$75			
<b>PPO \$30/\$60 Non-Gated (Freedom Network)</b>		Single	\$950.77	\$15.50
PCP/Spec:	\$30/\$60	Parent/Child(ren)	\$1,616.30	\$26.35
Ded and Coinsurance:	In: \$2,000/\$4,000, 30% Out: \$4,000/\$8,000, 50%	Employee/Spouse*	\$1,901.53	\$31.00
Out-of-Pocket Limit:	In: \$6,850/\$13,700 Out: \$10,000/\$20,000	Family	\$2,709.68	\$44.18
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)				
PCP/Spec:	\$25/\$50	Single	\$746.49	\$15.50
Ded and Coinsurance:	In: \$3,000/\$6,000, 50%	Parent/Child(ren)	\$1,269.04	\$26.35
Out-of-Pocket Limit:	In: \$7,150/\$14,300	Employee/Spouse*	\$1,492.99	\$31.00
Rx Plan:	Non-T1 Ded \$100 then \$15/\$65/\$85	Family	\$2,127.51	\$44.18
EPO \$30/\$75 Non-Gated (Liberty Network)				
PCP/Spec:	\$30/\$75	Single	\$740.63	\$15.50
Ded and Coinsurance:	In: \$3,000/\$6,000, 40%	Parent/Child(ren)	\$1,259.07	\$26.35
Out-of-Pocket Limit:	In: \$7,150/\$14,300	Employee/Spouse*	\$1,481.26	\$31.00
Rx Plan:	Non-T1 Ded \$100 then \$15/\$65/50%, max \$800	Family	\$2,110.79	\$44.18
EPO \$40/\$70 Non-Gated (Freedom Network)				
PCP/Spec:	\$40/\$70	Single	\$819.67	\$15.50
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child(ren)	\$1,393.43	\$26.35
Out-of-Pocket Limit:	In: \$7,150/\$14,300	Employee/Spouse*	\$1,639.33	\$31.00
Rx Plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,336.05	\$44.18
EPO \$40/\$70 Non-Gated (Liberty Network)				
PCP/Spec:	\$40/\$70	Single	\$783.21	\$15.50
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child(ren)	\$1,331.46	\$26.35
Out-of-Pocket Limit:	In: \$7,150/\$14,300	Employee/Spouse*	\$1,566.42	\$31.00
Rx Plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,232.15	\$44.18
EPO HSA \$2,000 \$25/\$50 Non-Gated (Freedom Network)				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$814.11	\$15.50
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child(ren)	\$1,383.99	\$26.35
Out-of-Pocket Limit:	In: \$5,500/\$11,000	Employee/Spouse*	\$1,628.22	\$31.00
Rx Plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,320.22	\$44.18
EPO HSA \$2,000 \$25/\$50 Non-Gated (Liberty Network)				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$777.90	\$15.50
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child(ren)	\$1,322.43	\$26.35
Out-of-Pocket Limit:	In: \$5,500/\$11,000	Employee/Spouse*	\$1,555.80	\$31.00
Rx Plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,217.01	\$44.18
EPO HSA \$2,000 Non-Gated (Freedom Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$791.50	\$15.50
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child(ren)	\$1,345.56	\$26.35
Out-of-Pocket Limit:	In: \$6,550/\$13,100	Employee/Spouse*	\$1,583.01	\$31.00
Rx Plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,255.79	\$44.18
Prim Adv EPO \$2,000 Non-Gated (Liberty Network)				
PCP/Spec:	\$25/\$50 - Spec. after Deductible	Single	\$749.85	\$15.50
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child(ren)	\$1,274.75	\$26.35
Out-of-Pocket Limit:	In: \$6,000/\$12,000	Employee/Spouse*	\$1,499.71	\$31.00
Rx Plan:	Non-T1 Ded Med/Rx then \$15/\$35/\$75	Family	\$2,137.08	\$44.18
PPO \$40/\$70 Non-Gated (Freedom Network)				
PCP/Spec:	\$40/\$70	Single	\$880.11	\$15.50
Ded and Coinsurance:	In: \$2,500/\$5,000, 30% Out: \$4,000/\$8,000, 50%	Parent/Child(ren)	\$1,496.18	\$26.35
Out-of-Pocket Limit:	In: \$7,150/\$14,300 Out: \$10,000/\$20,000	Employee/Spouse*	\$1,760.22	\$31.00
Rx Plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,508.31	\$44.18
PPO HSA \$2,000 \$30/\$60 Non-Gated (Freedom Network)				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$880.39	\$15.50
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child(ren)	\$1,496.66	\$26.35
Out-of-Pocket Limit:	In: \$5,500/\$11,000 Out: \$10,000/\$20,000	Employee/Spouse*	\$1,760.78	\$31.00
Rx Plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,509.11	\$44.18
EPO \$30/\$60 Gated (Metro Network)				
PCP/Spec:	\$30/\$60	Single	\$646.99	\$15.50
Ded and Coinsurance:	In: \$3,000/\$6,000, 30%	Parent/Child(ren)	\$1,099.88	\$26.35
Out-of-Pocket Limit:	In: \$7,150/\$14,300	Employee/Spouse*	\$1,293.97	\$31.00
Rx Plan:	\$10/\$65/50%, max \$800	Family	\$1,843.91	\$44.18
EPO HSA \$1,500 \$35/\$50 Gated (Metro Network)				
PCP/Spec:	\$35/\$50 after Deductible	Single	\$679.52	\$15.50
Ded and Coinsurance:	In: \$1,500/\$3,000, 30%	Parent/Child(ren)	\$1,155.18	\$26.35
Out-of-Pocket Limit:	In: \$6,550/\$13,100	Employee/Spouse*	\$1,359.04	\$31.00
Rx Plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,936.62	\$44.18
EPO \$30/\$60 Non-Gated (Metro Network)				
PCP/Spec:	\$30/\$60	Single	\$689.43	\$15.50
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child(ren)	\$1,172.04	\$26.35
Out-of-Pocket Limit:	In: \$7,150/\$14,300	Employee/Spouse*	\$1,378.86	\$31.00
Rx Plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$1,964.88	\$44.18
Prim Adv EPO \$2,000 Gated (Metro Network)				
PCP/Spec:	\$30/\$60 - Spec. after Deductible	Single	\$666.82	\$15.50
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child(ren)	\$1,133.59	\$26.35
Out-of-Pocket Limit:	In: \$6,500/\$13,000	Employee/Spouse*	\$1,333.63	\$31.00
Rx Plan:	Non-T1 Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,900.42	\$44.18
EPO \$30/\$70 \$4,000 Gated (Liberty Network)				
PCP/Spec:	\$30/\$70	Single	\$717.57	\$15.50
Ded and Coinsurance:	In: \$4,000/\$8,000, 40%	Parent/Child(ren)	\$1,219.88	\$26.35
Out-of-Pocket Limit:	In: \$7,350/\$14,700	Employee/Spouse*	\$1,435.15	\$31.00
Rx Plan:	Non-T1 Ded \$150 then \$15/\$50/\$90	Family	\$2,045.09	\$44.18
Prim Adv EPO \$4,000 Gated (Liberty Network)				
PCP/Spec:	\$20/\$60 - Spec. after Deductible	Single	\$685.49	\$15.50
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Parent/Child(ren)	\$1,165.33	\$26.35
Out-of-Pocket Limit:	In: \$7,350/\$14,700	Employee/Spouse*	\$1,370.98	\$31.00
Rx Plan:	Non-T1 Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,953.65	\$44.18

## 2018 New York Small Group (1-100) Oxford Products: Q1 2018 Rates

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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. Please note that Healthy NY eligibility is 50 or fewer employees.



### Bronze Plans

		Tier	Rate (select counties)	Dep 29 Rider
EPO HSA \$5,500 Non-Gated (Freedom Network)		Single	\$676.54	\$15.50
PCP/Spec:	Deductible and Coinsurance	Parent/Child(ren)	\$1,150.11	\$26.35
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Employee/Spouse*	\$1,353.07	\$31.00
Out-of-Pocket Limit:	In: \$6,550/\$13,100	Family	\$1,928.13	\$44.18
Rx Plan:	Ded Med/Rx then \$10/\$40/\$80			
EPO HSA \$5,500 Non-Gated (Liberty Network)		Single	\$646.45	\$15.50
PCP/Spec:	Deductible and Coinsurance	Parent/Child(ren)	\$1,098.97	\$26.35
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Employee/Spouse*	\$1,292.90	\$31.00
Out-of-Pocket Limit:	In: \$6,550/\$13,100	Family	\$1,842.39	\$44.18
Rx Plan:	Ded Med/Rx then \$10/\$40/\$80			
PPO HSA \$6,000 \$30/\$60 Non-Gated (Liberty Network)		Single	\$685.72	\$15.50
PCP/Spec:	\$30/\$60 after Deductible	Parent/Child(ren)	\$1,165.73	\$26.35
Ded and Coinsurance:	In: \$6,000/\$12,000, 20% Out: \$10,000/\$20,000, 20%	Employee/Spouse*	\$1,371.45	\$31.00
Out-of-Pocket Limit:	In: \$6,550/\$13,100 Out: \$25,000/\$50,000	Family	\$1,954.31	\$44.18
Rx Plan:	Ded Med/Rx then \$15/\$35/\$75			
EPO HSA \$5,750 \$40/\$75 Gated (Metro Network)		Single	\$550.56	\$15.50
PCP/Spec:	\$40/\$75 after Deductible	Parent/Child(ren)	\$935.94	\$26.35
Ded and Coinsurance:	In: \$5,750/\$11,500, 50%	Employee/Spouse*	\$1,101.11	\$31.00
Out-of-Pocket Limit:	In: \$6,550/\$13,100	Family	\$1,569.08	\$44.18
Rx Plan:	Ded Med/Rx then \$10/\$65/50%, max \$800			
EPO HSA \$6,550 100% Non-Gated (Liberty Network)		Single	\$638.26	\$15.50
PCP/Spec:	Deductible and Coinsurance	Parent/Child(ren)	\$1,085.03	\$26.35
Ded and Coinsurance:	In: \$6,550/\$13,100, 0%	Employee/Spouse*	\$1,276.51	\$31.00
Out-of-Pocket Limit:	In: \$6,550/\$13,100	Family	\$1,819.03	\$44.18
Rx Plan:	Ded Med/Rx then 0%/0%/0%			
EPO HSA \$6,550 100% Gated (Metro Network)		Single	\$544.52	\$15.50
PCP/Spec:	Deductible and Coinsurance	Parent/Child(ren)	\$925.69	\$26.35
Ded and Coinsurance:	In: \$6,550/\$13,100, 0%	Employee/Spouse*	\$1,089.05	\$31.00
Out-of-Pocket Limit:	In: \$6,550/\$13,100	Family	\$1,551.90	\$44.18
Rx Plan:	Ded Med/Rx then 0%/0%/0%			
EPO HSA \$3,000 \$25/\$75 Non-Gated (Liberty Network)		Single	\$682.66	\$15.50
PCP/Spec:	\$25/\$75 after Deductible	Parent/Child(ren)	\$1,160.53	\$26.35
Ded and Coinsurance:	In: \$3,000/\$6,000, 30%	Employee/Spouse*	\$1,365.33	\$31.00
Out-of-Pocket Limit:	In: \$6,550/\$13,100	Family	\$1,945.59	\$44.18
Rx Plan:	Ded Med/Rx then 30%/30%/30%			
EPO HSA \$5,500 Gated (Metro Network)		Single	\$551.86	\$15.50
PCP/Spec:	Deductible and Coinsurance	Parent/Child(ren)	\$938.16	\$26.35
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Employee/Spouse*	\$1,103.71	\$31.00
Out-of-Pocket Limit:	In: \$6,550/\$13,100	Family	\$1,572.79	\$44.18
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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