Use the table below to review monthly rates for New York small group Oxford products. Rates are for **Regions 4/8** in the Oxford service area, which includes Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, and Westchester 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				
EPO \$20/\$40 Non-Gate	d (Freedom Network)	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,138.82	\$ 15.23
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$1,935.99	\$ 25.89
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,277.64	\$ 30.46
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,245.63	\$ 43.41
EPO \$5/\$15 Non-Gated	(Freedom Network)			
PCP/Spec:	\$5/\$15	Single	\$1,157.92	\$ 15.23
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$1,968.46	\$ 25.89
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,315.83	\$ 30.46
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,300.06	\$ 43.41
PPO \$20/\$40 Non-Gate	d (Freedom Network)			
PCP/Spec:	\$20/\$40	Single	\$1,207.88	\$ 15.23
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,053.40	\$ 25.89
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,415.76	\$ 30.46
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,442.45	\$ 43.41
PPO \$20/\$40 FAIR Non	-Gated (Freedom Network)			
PCP/Spec:	\$20/\$40	Single	\$1,389.06	\$ 15.23
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$2,361.41	\$ 25.89
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,778.13	\$ 30.46
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,958.83	\$ 43.41
PPO \$5/\$15 Non-Gated	(Freedom Network)			
PCP/Spec:	\$5/\$15	Single	\$1,231.27	\$ 15.23
Ded and Coinsurance:	In: \$0 Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,093.15	\$ 25.89
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$2,462.53	\$ 30.46
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,509.10	\$ 43.41
EPO \$15/\$30 Gated (Me	etro Network)			
PCP/Spec:	\$15/\$30	Single	\$859.65	\$ 15.23
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$1,461.41	\$ 25.89
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$1,719.30	\$ 30.46
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$2,450.01	\$ 43.41
EPO \$15/\$35 Gated (Lit	perty Network)			
PCP/Spec:	\$15/\$35	Single	\$980.48	\$ 15.23
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,666.81	\$ 25.89
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$1,960.96	\$ 30.46
RX plan:	Non-T1 Ded \$150 then \$5/\$30/\$60	Family	\$2,794.37	\$ 43.41
EPO \$10/\$30 Non-Gate	d (Freedom Network)			
PCP/Spec:	\$10/\$30	Single	\$1,081.30	\$ 15.23
Ded and Coinsurance:	In: \$500/\$1000, 10%	Parent/Child (ren)	\$1,838.20	\$ 25.89
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$2,162.59	\$ 30.46
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,081.70	\$ 43.41

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Gold Plans					
EPO \$50 Non-Gated (Fre		Tier	Rate (select counties)	Dep	29 Rider
PCP/Spec:	\$50/\$50	Single	\$962.13	\$	15.23
Ded and Coinsurance:	In: \$750/\$1,500, 10%	Parent/Child (ren)	\$1,635.63	\$	25.89
Max out of Pocket: RX plan:	In: \$4,750/\$9,500 Non-T1 Ded \$100 then \$10/\$35/\$75	Employee/ Spouse* Family	\$1,924.27 \$2,742.08	\$	30.46 43.41
EPO \$15/\$35 Non-Gated		railly	\$2,742.00	Φ	43.41
PCP/Spec:	\$15/\$35	Single	\$957.92	\$	15.23
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,628.46	\$	25.89
Max out of Pocket:	ln: \$5,250/\$10,500	Employee/ Spouse*	\$1,915.84	\$	30.46
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$2,730.07	\$	43.41
EPO \$25/\$45 \$1,500 Ga		<u> </u>			
PCP/Spec:	\$25/\$45	Single	\$810.44	\$	15.23
Ded and Coinsurance:	In: \$1,500/\$3,000, 20%	Parent/Child (ren)	\$1,377.75	\$	25.89
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$1,620.88	\$	30.46 43.41
RX plan: EPO 25/40 Non-Gated (F	Non-T1 Ded \$150 then \$5/\$45/\$75	Family	\$2,309.76	\$	43.41
PCP/Spec:	\$25/\$40	Single	\$935.19	\$	15.23
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,589.82	\$	25.89
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$1,870.38	\$	30.46
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$2,665.29	\$	43.41
EPO 25/40 Gated (Metro	Network)				
PCP/Spec:	\$25/\$40	Single	\$721.45	\$	15.23
Ded and Coinsurance:	ln: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,226.46	\$	25.89
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,442.89	\$	30.46
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$2,056.13	\$	43.41
EPO 30/60 Gated (Libert	y Network) \$30/\$60	Cia ala	000 70	¢.	45.00
PCP/Spec: Ded and Coinsurance:	In: \$1,000/\$2,000, 0%	Single Parent/Child (ren)	\$859.76 \$1,461.58	\$	15.23 25.89
Max out of Pocket:	In: \$4,500/\$2,000, 0 %	Employee/ Spouse*	\$1,401.56	\$	30.46
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$2,450.31	\$	43.41
EPO HSA \$1500 Non-Ga		,	. ,	,	
PCP/Spec:	Deductible and Coinsurance	Single	\$910.10	\$	15.23
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,547.16	\$	25.89
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,820.20	\$	30.46
RX plan:	Ded Med/Rx then \$10/\$35/\$75	Family	\$2,593.78	\$	43.41
PPO \$25/\$40 Non-Gated		lo:	04.044.04	•	45.00
PCP/Spec:	\$25/\$40	Single	\$1,014.81	\$	15.23
Ded and Coinsurance: Max out of Pocket:	In: \$1,000/\$2,000, 20% Out: \$3,000/\$6,000, 40% In: \$5,000/\$10,000 Out: \$7,500/\$15,000	Parent/Child (ren) Employee/ Spouse*	\$1,725.18 \$2,029.63	\$	25.89 30.46
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75	Family	\$2,892.22	\$	43.41
PPO HSA \$1,500 Non-G		r army	Ψ <u>L</u> ,002.22	Ψ	10.11
PCP/Spec:	Deductible and Coinsurance	Single	\$972.43	\$	15.23
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,653.14	\$	25.89
Max out of Pocket:	In: \$4,000/\$8,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$1,944.87	\$	30.46
RX plan:	Ded Med/Rx then \$10/\$35/\$75	Family	\$2,771.44	\$	43.41
EPO \$25/\$40 Non-Gated					
PCP/Spec:	\$25/\$40	Single	\$751.54	\$	15.23
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,277.62	\$	25.89
Max out of Pocket: RX plan:	In: \$5,000/\$10,000 Non-T1 Ded \$100 then \$10/\$65/\$90	Employee/ Spouse* Family	\$1,503.08 \$2,141.89	\$	30.46 43.41
	Metro Network); Eligibility: 50 or fewer employees	p contrary	Ψ=, ι τι.ου	Ψ	וד.טד
PCP/Spec:	\$25/\$40 after Deductible	Single	\$621.46	\$	15.23
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,056.48	\$	25.89
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,242.92	\$	30.46
RX plan:	\$10/\$35/\$70	Family	\$1,771.16	\$	43.41
EPO \$30/\$60 Non-Gated					
PCP/Spec:	\$30/\$60	Single	\$885.93	\$	15.23
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,506.09	\$	25.89
Max out of Pocket: RX plan:	In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$15/\$45/\$75	Employee/ Spouse* Family	\$1,771.86 \$2,524.90	\$	30.46 43.41
EPO \$30/\$60 Non-Gated		i aililly	ψ ∠ ,∪ ∠4 .ઝ∪	Ψ	43.41
PCP/Spec:	\$30/\$60	Single	\$819.91	\$	15.23
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,393.84	\$	25.89
Max out of Pocket:	ln: \$7,900/\$15,800	Employee/ Spouse*	\$1,639.81	\$	30.46
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$2,336.73	\$	43.41
PPO \$30/\$60 Non-Gated					
PCP/Spec:	\$30/\$60	Single	\$948.39	\$	15.23
Ded and Coinsurance:	In: \$2,000/\$4,000, 30% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,612.27	\$	25.89
Max out of Pocket:	In: \$7,900/\$15,800 Out: \$10,000/\$20,000 Non-T1 Ded \$100 then \$15/\$45/\$75	Employee/ Spouse*	\$1,896.78 \$2,702.91	\$	30.46 43.41
RX plan:	MOII-LL Ded & LOO (HIGH & 19/449/AL9	Family	\$2,702.91	\$	43.41

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Silver Plans EPO \$25/\$50 Gated (Lib	erty Network)	Tier	Rate (select counties)	De	p 29 Rider
PCP/Spec:	\$25/\$50	Single	\$700.20	\$	15.23
Ded and Coinsurance: Max out of Pocket:	In: \$3,500/\$7,000, 50% In: \$7,900/\$15,800	Parent/Child (ren) Employee/ Spouse*	\$1,190.34 \$1,400.40	\$	25.89 30.46
RX plan:	Non-T1 Ded \$100 then \$15/\$65/\$85	Family	\$1,995.57	\$	43.41
EPO \$30/\$75 Non-Gated			\$ 1,000101	•	
PCP/Spec:	\$30/\$75	Single	\$718.48	\$	15.23
Ded and Coinsurance:	In: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,221.41	\$	25.89
Max out of Pocket: RX plan:	In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$15/\$65/50%, max \$800	Employee/ Spouse* Family	\$1,436.96 \$2,047.67	\$	30.46 43.41
EPO \$40/\$70 Non-Gated		I arrilly	Ψ2,047.07	Ψ	45.41
PCP/Spec:	\$40/\$70	Single	\$806.24	\$	15.23
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child (ren)	\$1,370.60	\$	25.89
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,612.48	\$	30.46
RX plan: EPO \$40/\$70 Non-Gated	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,297.78	\$	43.41
PCP/Spec:	\$40/\$70	Single	\$746.15	\$	15.23
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child (ren)	\$1,268.45	\$	25.89
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,492.29	\$	30.46
RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,126.52	\$	43.41
PCP/Spec:	0 Non-Gated (Freedom Network) \$25/\$50 after Deductible	Single	\$801.31	\$	15.23
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,362.23	\$	25.89
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,602.62	\$	30.46
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,283.73	\$	43.41
	0 Non-Gated (Liberty Network)	0: 1	4	_	
PCP/Spec:	\$25/\$50 after Deductible	Single	\$741.59	\$	15.23
Ded and Coinsurance: Max out of Pocket:	In: \$2,000/\$4,000, 20% In: \$5,500/\$11,000	Parent/Child (ren) Employee/ Spouse*	\$1,260.70 \$1,483.18	\$	25.89 30.46
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,113.53	\$	43.41
EPO HSA \$2,000 Non-G		,	, ,	·	-
PCP/Spec:	Deductible and Coinsurance	Single	\$771.92	\$	15.23
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,312.27	\$	25.89
Max out of Pocket: RX plan:	In: \$6,550/\$13,100 Ded Med/Rx then \$15/\$35/\$75	Employee/ Spouse* Family	\$1,543.84 \$2,199.98	\$	30.46 43.41
•	0/\$60 Non-Gated (Liberty Network)	raililly	φ2,199.90	Ψ	43.41
PCP/Spec:	\$10/\$60 - Spec. after Deductible	Single	\$728.09	\$	15.23
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,237.74	\$	25.89
Max out of Pocket:	ln: \$7,900/\$15,800	Employee/ Spouse*	\$1,456.17	\$	30.46
RX plan:	Non-T1 Ded Med/Rx then \$5/\$65/\$90	Family	\$2,075.04	\$	43.41
PPO \$40/\$70 Non-Gated PCP/Spec:	(Freedom Network) \$40/\$70	Single	\$866.01	\$	15.23
Ded and Coinsurance:	In: \$2,500/\$5,000, 30% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,472.21	\$	25.89
May and of Dealests					
Max out of Pocket:	In: \$7,900/\$15,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,732.01	\$	30.46
RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75		\$1,732.01 \$2,468.11		30.46 43.41
RX plan: PPO HSA \$2,000 \$30/\$6	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network)	Employee/ Spouse* Family	\$2,468.11	\$	43.41
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible	Employee/ Spouse* Family Single	\$2,468.11 \$858.27	\$ \$	43.41 15.23
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Employee/ Spouse* Family Single Parent/Child (ren)	\$2,468.11 \$858.27 \$1,459.06	\$ \$ \$	43.41 15.23 25.89
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec:	Non-T1 Ded \$200 then \$15/\$45/\$75 O Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000	Employee/ Spouse* Family Single	\$2,468.11 \$858.27	\$ \$	43.41 15.23
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network)	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse*	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55	\$ \$ \$ \$	43.41 15.23 25.89 30.46
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (MePCP/Spec:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08	\$ \$ \$ \$ \$ \$ \$ \$ \$	43.41 15.23 25.89 30.46 43.41 15.23
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) (\$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) (\$30/\$80 In: \$3,000/\$6,000, 30%	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren)	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08	\$ \$ \$ \$ \$	43.41 15.23 25.89 30.46 43.41 15.23 25.89
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse*	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08 \$1,224.81	\$ \$ \$ \$ \$ \$ \$ \$	43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) (\$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) (\$30/\$80 In: \$3,000/\$6,000, 30%	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren)	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08	\$ \$ \$ \$ \$	43.41 15.23 25.89 30.46 43.41 15.23 25.89
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse*	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08 \$1,224.81	\$ \$ \$ \$ \$ \$ \$ \$	43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me) PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$6 PCP/Spec: Ded and Coinsurance:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30%	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse*	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08 \$1,224.81 \$1,745.35 \$611.00 \$1,038.70	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: AX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$1,500/\$3,000, 30% In: \$1,500/\$3,000, 30%	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Employee/ Spouse*	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08 \$1,224.81 \$1,745.35 \$611.00 \$1,038.70 \$1,221.99	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46
RX plan: PPO HSA \$2,000 \$30/86 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 RX plan: EPO HSA \$1,500 \$35/\$5 RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 O Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse*	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08 \$1,224.81 \$1,745.35 \$611.00 \$1,038.70	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network)	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08 \$1,224.81 \$1,745.35 \$611.00 \$1,03.70 \$1,221.99 \$1,741.34	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41
RX plan: PPO HSA \$2,000 \$30/86 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 RX plan: EPO HSA \$1,500 \$35/\$5 RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 O Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Employee/ Spouse*	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08 \$1,224.81 \$1,745.35 \$611.00 \$1,038.70 \$1,221.99	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me) PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO 43,000 \$30/\$80 No) PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No) PCP/Spec: Ded and Coinsurance: Max out of Pocket: Max out of Pocket:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse*	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08 \$1,224.81 \$1,745.35 \$611.00 \$1,038.70 \$1,221.99 \$1,741.34 \$633.74 \$1,077.35 \$1,267.47		43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 Non-Gated (Metro Network) In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90	Employee/ Spouse* Family Single Parent/Child (ren)	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08 \$1,224.81 \$1,745.35 \$611.00 \$1,038.70 \$1,221.99 \$1,741.34 \$633.74 \$1,077.35		43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network)	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08 \$1,224.81 \$1,745.35 \$611.00 \$1,038.70 \$1,221.99 \$1,741.34 \$633.74 \$1,077.35 \$1,267.47 \$1,806.15		43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,040.08 \$1,224.81 \$1,745.35 \$611.00 \$1,038.70 \$1,221.99 \$1,741.34 \$633.74 \$1,077.35 \$1,267.47 \$1,806.15		43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network)	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08 \$1,224.81 \$1,745.35 \$611.00 \$1,038.70 \$1,221.99 \$1,741.34 \$633.74 \$1,077.35 \$1,267.47 \$1,806.15		43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me) PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO #3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 Ded Med/Rx then \$10/\$65/50%, max \$800 Non-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90	Employee/ Spouse* Family Single Parent/Child (ren)	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08 \$1,224.81 \$1,745.35 \$611.00 \$1,038.70 \$1,221.99 \$1,741.34 \$633.74 \$1,077.35 \$1,267.47 \$1,806.15 \$583.56 \$992.04		43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO #30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$7 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$7 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 Ded Med/Rx then \$10/\$65/50%, max \$800 Non-Gated (Metro Network) \$30/\$80 In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded Med/Rx then \$5/\$65/\$90	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,041.08 \$1,224.81 \$1,745.35 \$611.00 \$1,038.70 \$1,221.99 \$1,741.34 \$633.74 \$1,077.35 \$1,267.47 \$1,806.15 \$583.56 \$992.04 \$1,167.11 \$1,663.14		43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 Ga PCP/Spec:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$5,500/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded Med/Rx then \$5/\$65/\$90 ted (Liberty Network)	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,024.08 \$1,224.81 \$1,745.35 \$611.00 \$1,037.00 \$1,221.99 \$1,741.34 \$633.74 \$1,077.35 \$1,267.47 \$1,806.15 \$583.56 \$992.04 \$1,167.11 \$1,663.14		43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 Ga PCP/Spec: Ded and Coinsurance:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 56ated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 55/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 55/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded Med/Rx then \$5/\$65/\$90 ted (Liberty Network) \$30/\$70 In: \$4,000/\$8,000, 40%	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,024.08 \$1,224.81 \$1,745.35 \$611.00 \$1,038.70 \$1,221.99 \$1,741.34 \$633.74 \$1,077.35 \$1,267.47 \$1,806.15 \$583.56 \$992.04 \$1,167.11 \$1,663.14 \$678.31 \$1,153.12		43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 Ga PCP/Spec:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 —Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded Med/Rx then \$5/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$770 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded Med/Rx then \$5/\$65/\$90 ted (Liberty Network) \$30/\$70 In: \$4,000/\$8,000, 40% In: \$7,350/\$15,700	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,024.08 \$1,224.81 \$1,745.35 \$611.00 \$1,037.00 \$1,221.99 \$1,741.34 \$633.74 \$1,077.35 \$1,267.47 \$1,806.15 \$583.56 \$992.04 \$1,167.11 \$1,663.14		43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 Ga PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 Ga PCP/Spec: Ded and Coinsurance: Max out of Pocket:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded Med/Rx then \$5/\$65/\$90 ted (Liberty Network) \$30/\$70 In: \$4,000/\$8,000, 40% In: \$7,350/\$15,700 Non-T1 Ded \$150 then \$15/\$50/\$90	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse*	\$2,468.11 \$858.27 \$1,459.06 \$1,716.65 \$2,446.08 \$612.40 \$1,041.08 \$1,224.81 \$1,745.35 \$611.00 \$1,038.70 \$1,221.99 \$1,741.34 \$633.74 \$1,077.35 \$1,267.47 \$1,806.15 \$583.56 \$992.04 \$1,167.11 \$1,663.14		43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 Ga PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 Ga PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 Ga PCP/Spec:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$113,100 Ded Med/Rx then \$10/\$65/50%, max \$800 —Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Factor (Metro Network) \$30/\$70 In: \$4,000/\$8,000, 40% In: \$7,350/\$15,700 Non-T1 Ded \$150 then \$15/\$50/\$90 ated (Liberty Network) \$30/\$75 - Spec. after Deductible	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,024.08 \$1,224.81 \$1,745.35 \$611.00 \$1,037.00 \$1,221.99 \$1,741.94 \$633.74 \$1,077.35 \$1,267.47 \$1,806.15 \$583.56 \$992.04 \$1,167.11 \$1,663.14 \$678.31 \$1,153.12 \$1,356.61 \$1,933.17		43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 Ga PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 Ga PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$4,000 Ga PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$4,000 Ga PCP/Spec: Ded and Coinsurance:	Non-T1 Ded \$200 then \$15/\$45/\$75 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 to Network \$30/\$80	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,040.08 \$1,224.81 \$1,745.35 \$611.00 \$1,038.70 \$1,221.99 \$1,741.34 \$633.74 \$1,077.35 \$1,267.47 \$1,806.15 \$583.56 \$992.04 \$1,167.11 \$1,663.14 \$678.31 \$1,153.12 \$1,356.61 \$1,933.17 \$654.18 \$1,112.10		43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41
RX plan: PPO HSA \$2,000 \$30/\$6 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 No PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 Ga PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 Ga PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 Ga PCP/Spec:	Non-T1 Ded \$200 then \$15/\$45/\$75 0 Non-Gated (Freedom Network) \$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50% In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$113,100 Ded Med/Rx then \$10/\$65/50%, max \$800 —Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Factor (Metro Network) \$30/\$70 In: \$4,000/\$8,000, 40% In: \$7,350/\$15,700 Non-T1 Ded \$150 then \$15/\$50/\$90 ated (Liberty Network) \$30/\$75 - Spec. after Deductible	Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family	\$2,468.11 \$858.27 \$1,459.06 \$1,716.55 \$2,446.08 \$612.40 \$1,024.08 \$1,224.81 \$1,745.35 \$611.00 \$1,037.00 \$1,221.99 \$1,741.94 \$633.74 \$1,077.35 \$1,267.47 \$1,806.15 \$583.56 \$992.04 \$1,167.11 \$1,663.14 \$678.31 \$1,153.12 \$1,356.61 \$1,933.17		43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41 15.23 25.89 30.46 43.41

Use the table below to review monthly rates for New York small group Oxford 1 products. Rates are for **Regions 4/8** in the Oxford service area, which includes Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, and Westchester 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.



Bronze Plans					
EPO HSA \$5,500 Non-C	Sated (Freedom Network)	Tier	Rate (select counties) [Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$664.79	\$	15.23
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Parent/Child (ren)	\$1,130.14	\$	25.89
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$1,329.58	\$	30.46
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$1,894.65	\$	43.41
EPO HSA \$5,500 Non-0	Gated (Liberty Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$615.25	\$	15.23
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Parent/Child (ren)	\$1,045.92	\$	25.89
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$1,230.50	\$	30.46
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$1,753.46	\$	43.41
PPO HSA \$6,000 \$30/\$	60 Non-Gated (Liberty Network)				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$660.69	\$	15.23
Ded and Coinsurance:	In: \$6,000/\$12,000, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,123.17	\$	25.89
Max out of Pocket:	In: \$6,550/\$13,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,321.38	\$	30.46
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$1,882.97	\$	43.41
EPO HSA \$5,750 \$40/\$	75 Gated (Metro Network)				
PCP/Spec:	\$40/\$75 after Deductible	Single	\$504.28	\$	15.23
Ded and Coinsurance:	In: \$5,750/\$11,500, 50%	Parent/Child (ren)	\$857.28	\$	25.89
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$1,008.57	\$	30.46
RX plan:	Ded Med/Rx then \$10/\$65/\$90	Family	\$1,437.21	\$	43.41
	Non-Gated (Liberty Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$611.51	\$	15.23
Ded and Coinsurance:	In: \$6,550/\$13,100, 0%	Parent/Child (ren)	\$1,039.57	\$	25.89
Max out of Pocket:	In: \$6,550/\$13,100	Employee/ Spouse*	\$1,223.02	\$	30.46
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,742.81	\$	43.41
EPO HSA \$6,550 100%					
PCP/Spec:	Deductible and Coinsurance	Single	\$503.87	\$	15.23
Ded and Coinsurance:	In: \$6,550/\$13,100, 0%	Parent/Child (ren)	\$856.59	\$	25.89
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$1,007.75	\$	30.46
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,436.04	\$	43.41
	75 Non-Gated (Liberty Network)				
PCP/Spec:	\$25/\$75 after Deductible	Single	\$639.56	\$	15.23
Ded and Coinsurance:	In: \$3,300/\$6,600, 30%	Parent/Child (ren)	\$1,087.25	\$	25.89
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$1,279.12	\$	30.46
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$1,822.74	\$	43.41
EPO HSA \$5,500 Gated					
PCP/Spec:	Deductible and Coinsurance	Single	\$508.91	\$	15.23
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Parent/Child (ren)	\$865.16	\$	25.89
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$1,017.83	\$	30.46
RX plan:	Ded Med/Rx then \$10/\$65/\$90	Family	\$1,450.41	\$	43.41

^{*} 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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