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2019 SMALL GROUP HEALTH INSURANCE RATES

3Q - NYC - For New Groups Starting Third Quarter 2019

	Aetna Gold OAEPO 1000 90% ID: 14041846* (EPOc) (UCR=N/A)	EmblemHealth EH Gold Premier NG Prime* (HMOc) (UCR=N/A)	EmblemHealth EH Gold Choice NG Select Care* (HMOc) (UCR=N/A)	Empire Blue Access Gold Blue Access EPO 35/10%/5850* (EPOc) (UCR=N/A)	Empire EPO/PPO Gold EPO 35/10%/5850* (EPOc) (UCR=N/A)	HealthFirst Gold 25/50/0 Pro EPO* (EPO) (UCR=N/A)	Oscar Circle Circle Gold $0* (EPOc) (UCR=N/A)	Oscar Circle Plus Circle Plus Gold $0* (EPOc) (UCR=N/A)
Prescription Drugs								
Drug Card	15/65/50%/TCS/100 ded T2-4	10/30/70	20/45/75 IntDed T2-3	10/50/75	10/50/75	10/50/85	10/25/100	10/25/100
In-Network								
Ind/Fam Deductible	$1,000/$2,000 embedded	$450/$900	$750/$1,500	N/A	N/A	N/A	N/A	N/A
Ind/Fam OOP Limit	$6,000/$12,000 (incl ded)	$4,000/$8,000 (incl ded)	$5,000/$10,000 (incl ded)	$5,850/$11,700	$5,850/$11,700	$7,000/$14,000 (incl ded)	$5,000/$10,000	$5,000/$10,000
Co-Insurance	10%	0%	0%	10%	10%	0%	20%	20%
Primary Care	$30 ded waived	No charge visits 1-3; $30 ded waived visits 4+	No charge visits 1-3; $30 ded waived visits 4+	$35	$35	$25	$25	$25
Specialist	$60 ded waived	$50 ded waived	$50 ded waived	$50	$50	$50	$50	$50
Inpatient Hospital	10% after ded	$1,000/admit after ded	$2,000/admit after ded	$500/day; 4 days/admit	$500/day; 4 days/admit	$500/admit	$500/day; 5 days/admit	$500/day; 5 days/admit
Out-Network								
Ind/Fam Deductible								
Ind/Fam OOP Limit								
Co-Insurance								
Primary Care								
Specialist								
Inpatient Hospital								

Single	**0 x**	**$1,041.86**	**0 x**	**$937.16**	**0 x**	**$797.73**	**0 x**	**$924.00**	**0 x**	**$994.26**	**0 x**	**$756.06**	**0 x**	**$745.03**	**0 x**	**$831.47**
EE with Spouse	**0 x**	**$2,083.72**	**0 x**	**$1,874.30**	**0 x**	**$1,595.45**	**0 x**	**$1,848.00**	**0 x**	**$1,988.52**	**0 x**	**$1,512.12**	**0 x**	**$1,490.07**	**0 x**	**$1,662.94**
EE with Child(ren)	**0 x**	**$1,771.17**	**0 x**	**$1,593.16**	**0 x**	**$1,356.14**	**0 x**	**$1,570.80**	**0 x**	**$1,690.24**	**0 x**	**$1,285.30**	**0 x**	**$1,266.56**	**0 x**	**$1,413.50**
Family	**0 x**	**$2,969.31**	**0 x**	**$2,670.88**	**0 x**	**$2,273.52**	**0 x**	**$2,633.40**	**0 x**	**$2,833.64**	**0 x**	**$2,154.77**	**0 x**	**$2,123.34**	**0 x**	**$2,369.69**
Monthly Cost	**0**	**$0.00**	**0**	**$0.00**	**0**	**$0.00**	**0**	**$0.00**	**0**	**$0.00**	**0**	**$0.00**	**0**	**$0.00**	**0**	**$0.00**
Annual Cost		**$0.00**		**$0.00**		**$0.00**		**$0.00**		**$0.00**		**$0.00**		**$0.00**		**$0.00**

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2019 SMALL GROUP HEALTH INSURANCE RATES

3Q - NYC - For New Groups Starting Third Quarter 2019

	Oxford Metro M Gold EPO 25/40 Gated OHI CNT* (EPOc) (UCR=N/A)	Oxford Liberty L Gold EPO 30/60 Gated OHI CNT* (EPOc) (UCR=N/A)	Oxford Freedom F Gold EPO 15/35 Non-Gated OHI CNT* (EPOc) (UCR=N/A)
Prescription Drugs			
Drug Card	10/65/90/100 ded T2-3	15/35/75/100 ded T2-3	15/35/75/100 ded T2-3
In-Network			
Ind/Fam Deductible	$1,250/$2,500	$1,000/$2,000	$1,000/$2,000
Ind/Fam OOP Limit	$5,500/$11,000 (incl ded)	$4,500/$9,000 (incl ded)	$5,250/$10,500 (incl ded)
Co-Insurance	20%	0%	10%
Primary Care	$25 ded waived	$30 ded waived	$15 ded waived
Specialist	$40 ded waived	$60 ded waived	$35 ded waived
Inpatient Hospital	20% after ded	$500/day after ded; $2,000 max/admit	10% after ded
Out-Network			
Ind/Fam Deductible			
Ind/Fam OOP Limit			
Co-Insurance			
Primary Care			
Specialist			
Inpatient Hospital			
Single	**0 x $721.45**	**0 x $859.76**	**0 x $957.92**
EE with Spouse	**0 x $1,442.89**	**0 x $1,719.51**	**0 x $1,915.84**
EE with Child(ren)	**0 x $1,226.46**	**0 x $1,461.58**	**0 x $1,628.46**
Family	**0 x $2,056.13**	**0 x $2,450.31**	**0 x $2,730.07**
Monthly Cost	**0 $0.00**	**0 $0.00**	**0 $0.00**
Annual Cost	**$0.00**	**$0.00**	**$0.00**

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2019 SMALL GROUP HEALTH INSURANCE RATES

3Q - NYC - For New Groups Starting Third Quarter 2019

	Aetna Gold OAEPO 1000 90% ID: 14041846* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	15/65/50%/TCS/100 ded T2-4	
Cost Share Information		
Individual/Family Deductible	$1,000/$2,000 embedded	
Individual/Family OOP Limit	$6,000/$12,000 (incl ded)	
Co-Insurance	10%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$30 ded waived	
Specialist	$60 ded waived	
Adult Preventive Care	No charge; visit limits apply	
Child Preventive Care	No charge; visit limits apply	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier	
Rehabilitation Services	$60 ded waived; visit limits apply	
Chiropractic Care	$60 ded waived	
Inpatient Services		
Inpatient Hospital	10% after ded	
Inpatient Surgery	Refer to Inpatient Hospital	
Maternity Delivery/Inpatient	10% after ded	
Mental Health Inpatient	10% after ded	
Substance Abuse Inpatient	10% after ded	
Outpatient Services		
Outpatient Facility	Refer to Outpatient Surgery	
Outpatient Surgery	10% after ded	
Lab/X-Ray	10% after ded	
Advanced Radiology	10% after ded	
Mental Health Outpatient	$60 ded waived	
Substance Abuse Outpatient	$60 ded waived	
Emergency Care		
Emergency Room	$750 (waived if admitted) ded waived	
Ambulance	10% after ded	
Urgent Care	$75 ded waived	
Recovery/Special Needs		
Home Health Care	25% ded waived; 40 visits/cal yr	
Habilitation services	$60 ded waived; visit limits apply	
Skilled Nursing	10% after ded	
Durable Medical Equipment	50% after ded	
Hospice Services	10% after ded	
Miscellaneous Services		
Pediatric Vision Exam	50% after ded; 1 exam/12 mo	
Pediatric Vision Hardware	50% after ded; 1 pair/12 mo	
Pediatric Dental Check-Up	0% after ded; 1 exam/6 mo	

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2019 SMALL GROUP HEALTH INSURANCE RATES

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	EmblemHealth EH Gold Premier NG Prime* (HMOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/30/70	
Cost Share Information		
Individual/Family Deductible	$450/$900	
Individual/Family OOP Limit	$4,000/$8,000 (incl ded)	
Co-Insurance	0%	
Lifetime Maximum	None	
Office Visits		
Primary Care	No charge visits 1-3; $30 ded waived visits 4+	
Specialist	$50 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$50 after ded; 90 visits/cond/plan yr comb PT/OT/ST	
Chiropractic Care	$50 ded waived	
Inpatient Services		
Inpatient Hospital	$1,000/admit after ded	
Inpatient Surgery	$150 after ded	
Maternity Delivery/Inpatient	$1,000/admit after ded	
Mental Health Inpatient	$1,000/admit after ded	
Substance Abuse Inpatient	$1,000/admit after ded	
Outpatient Services		
Outpatient Facility	$150 after ded	
Outpatient Surgery	$150 after ded	
Lab/X-Ray	Lab-PCP-$30 ded waived; SP-$50 ded waived; X-ray-PCP-$30 after ded; SP-$50 after ded	
Advanced Radiology	$50 after ded	
Mental Health Outpatient	$30 ded waived	
Substance Abuse Outpatient	$30 ded waived	
Emergency Care		
Emergency Room	$300 (waived if admitted) after ded	
Ambulance	$150 after ded	
Urgent Care	$75 ded waived	
Recovery/Special Needs		
Home Health Care	$50 after ded; 40 visits/plan yr	
Habilitation services	$50 after ded; 90 visits/cond/plan yr comb PT/OT/ST	
Skilled Nursing	$1,000/admit after ded; 200 days/plan yr	
Durable Medical Equipment	20% after ded	
Hospice Services	$1,000/admit after ded; 210 days/plan yr	
Miscellaneous Services		
Pediatric Vision Exam	No charge; 1 exam/12 mo	
Pediatric Vision Hardware	20% ded waived; 1 pair/12 mo	
Pediatric Dental Check-Up	No charge; 1 exam/6 mo	

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2019 SMALL GROUP HEALTH INSURANCE RATES

3Q - NYC - For New Groups Starting Third Quarter 2019

	EmblemHealth EH Gold Choice NG Select Care* (HMOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	20/45/75 IntDed T2-3	
Cost Share Information		
Individual/Family Deductible	$750/$1,500	
Individual/Family OOP Limit	$5,000/$10,000 (incl ded)	
Co-Insurance	0%	
Lifetime Maximum	None	
Office Visits		
Primary Care	No charge visits 1-3; $30 ded waived visits 4+	
Specialist	$50 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$50 after ded; 90 visits/cond/plan yr comb PT/OT/ST	
Chiropractic Care	$50 ded waived	
Inpatient Services		
Inpatient Hospital	$2,000/admit after ded	
Inpatient Surgery	$150 after ded	
Maternity Delivery/Inpatient	$2,000/admit after ded	
Mental Health Inpatient	$2,000/admit after ded	
Substance Abuse Inpatient	$2,000/admit after ded	
Outpatient Services		
Outpatient Facility	$150 after ded	
Outpatient Surgery	$150 after ded	
Lab/X-Ray	Lab-PCP-$30 ded waived; SP-$50 ded waived; X-ray-PCP-$30 after ded; SP-$50 after ded	
Advanced Radiology	$50 after ded	
Mental Health Outpatient	$30 ded waived	
Substance Abuse Outpatient	$30 ded waived	
Emergency Care		
Emergency Room	$300 (waived if admitted) after ded	
Ambulance	$150 after ded	
Urgent Care	$75 ded waived	
Recovery/Special Needs		
Home Health Care	$50 after ded; 40 visits/plan yr	
Habilitation services	$50 after ded; 90 visits/cond/plan yr comb PT/OT/ST	
Skilled Nursing	$2,000/admit after ded; 200 days/plan yr	
Durable Medical Equipment	20% after ded	
Hospice Services	$2,000/admit after ded; 210 days/plan yr	
Miscellaneous Services		
Pediatric Vision Exam	No charge; 1 exam/12 mo	
Pediatric Vision Hardware	20% ded waived; 1 pair/12 mo	
Pediatric Dental Check-Up	No charge; 1 exam/6 mo	

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2019 SMALL GROUP HEALTH INSURANCE RATES

3Q - NYC - For New Groups Starting Third Quarter 2019

	Empire Blue Access Gold Blue Access EPO 35/10%/5850* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/50/75	
Cost Share Information		
Individual/Family Deductible	N/A	
Individual/Family OOP Limit	$5,850/$11,700	
Co-Insurance	10%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$35	
Specialist	$50	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$50; 60 visits/yr comb PT/OT/ST	
Chiropractic Care	$50	
Inpatient Services		
Inpatient Hospital	$500/day; 4 days/admit	
Inpatient Surgery	No charge (physician's charges)	
Maternity Delivery/Inpatient	$500/day; 4 days/admit	
Mental Health Inpatient	$500/day; 4 days/admit	
Substance Abuse Inpatient	$500/day; 4 days/admit	
Outpatient Services		
Outpatient Facility	$500	
Outpatient Surgery	No charge (physician's charges)	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-$100	
Advanced Radiology	Office-$50; OP-$200	
Mental Health Outpatient	$50	
Substance Abuse Outpatient	$50	
Emergency Care		
Emergency Room	$400	
Ambulance	$400	
Urgent Care	$100	
Recovery/Special Needs		
Home Health Care	$50; 40 visits/yr	
Habilitation services	$50; 60 visits/yr comb PT/OT/ST	
Skilled Nursing	$500/day; 4 days/admit	
Durable Medical Equipment	10%	
Hospice Services	10%	
Miscellaneous Services		
Pediatric Vision Exam	No charge	
Pediatric Vision Hardware	No charge	
Pediatric Dental Check-Up	No charge	

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2019 SMALL GROUP HEALTH INSURANCE RATES

3Q - NYC - For New Groups Starting Third Quarter 2019

	Empire EPO/PPO Gold EPO 35/10%/5850* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/50/75	
Cost Share Information		
Individual/Family Deductible	N/A	
Individual/Family OOP Limit	$5,850/$11,700	
Co-Insurance	10%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$35	
Specialist	$50	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$50; 60 visits/yr comb PT/OT/ST	
Chiropractic Care	$50	
Inpatient Services		
Inpatient Hospital	$500/day; 4 days/admit	
Inpatient Surgery	No charge (physician's charges)	
Maternity Delivery/Inpatient	$500/day; 4 days/admit	
Mental Health Inpatient	$500/day; 4 days/admit	
Substance Abuse Inpatient	$500/day; 4 days/admit	
Outpatient Services		
Outpatient Facility	$500	
Outpatient Surgery	No charge (physician's charges)	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-$100	
Advanced Radiology	Office-$50; OP-$200	
Mental Health Outpatient	$50	
Substance Abuse Outpatient	$50	
Emergency Care		
Emergency Room	$400	
Ambulance	$400	
Urgent Care	$100	
Recovery/Special Needs		
Home Health Care	$50; 40 visits/yr	
Habilitation services	$50; 60 visits/yr comb PT/OT/ST	
Skilled Nursing	$500/day; 4 days/admit	
Durable Medical Equipment	10%	
Hospice Services	10%	
Miscellaneous Services		
Pediatric Vision Exam	No charge	
Pediatric Vision Hardware	No charge	
Pediatric Dental Check-Up	No charge	

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2019 SMALL GROUP HEALTH INSURANCE RATES

3Q - NYC - For New Groups Starting Third Quarter 2019

	HealthFirst Gold 25/50/0 Pro EPO* (EPO) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/50/85	
Cost Share Information		
Individual/Family Deductible	N/A	
Individual/Family OOP Limit	$7,000/$14,000 (incl ded)	
Co-Insurance	0%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$25	
Specialist	$50	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$50; 60 visits/cond/plan yr comb PT/OT/ST	
Chiropractic Care	$50	
Inpatient Services		
Inpatient Hospital	$500/admit	
Inpatient Surgery	$100	
Maternity Delivery/Inpatient	Delivery-$100; IP-$500/admit	
Mental Health Inpatient	$500/admit	
Substance Abuse Inpatient	$500/admit	
Outpatient Services		
Outpatient Facility	$300	
Outpatient Surgery	$100	
Lab/X-Ray	PCP-$25; SP-$50	
Advanced Radiology	$50	
Mental Health Outpatient	$25	
Substance Abuse Outpatient	$25	
Emergency Care		
Emergency Room	$350 (waived if admitted)	
Ambulance	$150	
Urgent Care	$60	
Recovery/Special Needs		
Home Health Care	$25; 40 visits/plan yr	
Habilitation services	$50; 60 visits/cond/plan yr comb PT/OT/ST	
Skilled Nursing	$500/admit; 200 days/plan yr	
Durable Medical Equipment	15%	
Hospice Services	$500/admit IP; $25 OP; 210 days/plan yr	
Miscellaneous Services		
Pediatric Vision Exam	$10; 1 exam/yr	
Pediatric Vision Hardware	$25; 1 pair/yr	
Pediatric Dental Check-Up	$25; 2 visits/yr	

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3Q - NYC - For New Groups Starting Third Quarter 2019

	Oscar Circle Circle Gold $0* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/25/100	
Cost Share Information		
Individual/Family Deductible	N/A	
Individual/Family OOP Limit	$5,000/$10,000	
Co-Insurance	20%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$25	
Specialist	$50	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$25; 60 visits/cond/plan yr comb PT/OT/ST	
Chiropractic Care	$25	
Inpatient Services		
Inpatient Hospital	$500/day; 5 days/admit	
Inpatient Surgery	$150	
Maternity Delivery/Inpatient	$500/day; 5 days/admit	
Mental Health Inpatient	$500/day; 5 days/admit	
Substance Abuse Inpatient	$500/day; 5 days/admit	
Outpatient Services		
Outpatient Facility	$150	
Outpatient Surgery	$150	
Lab/X-Ray	$50	
Advanced Radiology	$125	
Mental Health Outpatient	$25	
Substance Abuse Outpatient	$25	
Emergency Care		
Emergency Room	$750	
Ambulance	$750	
Urgent Care	$75	
Recovery/Special Needs		
Home Health Care	$50; 40 visits/plan yr	
Habilitation services	$25; 60 visits/cond/plan yr comb PT/OT/ST	
Skilled Nursing	$500/day; 5 days/admit; 200 days/plan yr	
Durable Medical Equipment	20%	
Hospice Services	20%; 210 days/plan yr	
Miscellaneous Services		
Pediatric Vision Exam	$50; 1 exam/12 mo	
Pediatric Vision Hardware	20%; 1 pair/12 mo	
Pediatric Dental Check-Up	No charge; 1 exam/6 mo	

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2019 SMALL GROUP HEALTH INSURANCE RATES

3Q - NYC - For New Groups Starting Third Quarter 2019

	Oscar Circle Plus Circle Plus Gold $0* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/25/100	
Cost Share Information		
Individual/Family Deductible	N/A	
Individual/Family OOP Limit	$5,000/$10,000	
Co-Insurance	20%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$25	
Specialist	$50	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$25; 60 visits/cond/plan yr comb PT/OT/ST	
Chiropractic Care	$25	
Inpatient Services		
Inpatient Hospital	$500/day; 5 days/admit	
Inpatient Surgery	$150	
Maternity Delivery/Inpatient	$500/day; 5 days/admit	
Mental Health Inpatient	$500/day; 5 days/admit	
Substance Abuse Inpatient	$500/day; 5 days/admit	
Outpatient Services		
Outpatient Facility	$150	
Outpatient Surgery	$150	
Lab/X-Ray	$50	
Advanced Radiology	$125	
Mental Health Outpatient	$25	
Substance Abuse Outpatient	$25	
Emergency Care		
Emergency Room	$750	
Ambulance	$750	
Urgent Care	$75	
Recovery/Special Needs		
Home Health Care	$50; 40 visits/plan yr	
Habilitation services	$25; 60 visits/cond/plan yr comb PT/OT/ST	
Skilled Nursing	$500/day; 5 days/admit; 200 days/plan yr	
Durable Medical Equipment	20%	
Hospice Services	20%; 210 days/plan yr	
Miscellaneous Services		
Pediatric Vision Exam	$50; 1 exam/12 mo	
Pediatric Vision Hardware	20%; 1 pair/12 mo	
Pediatric Dental Check-Up	No charge; 1 exam/6 mo	

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2019 SMALL GROUP HEALTH INSURANCE RATES

3Q - NYC - For New Groups Starting Third Quarter 2019

	Oxford Metro M Gold EPO 25/40 Gated OHI CNT* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/65/90/100 ded T2-3	
Cost Share Information		
Individual/Family Deductible	$1,250/$2,500	
Individual/Family OOP Limit	$5,500/$11,000 (incl ded)	
Co-Insurance	20%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$25 ded waived	
Specialist	$40 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$40 ded waived; 60 visits/cal yr comb PT/OT/ST	
Chiropractic Care	$40 ded waived	
Inpatient Services		
Inpatient Hospital	20% after ded	
Inpatient Surgery	20% after ded	
Maternity Delivery/Inpatient	20% after ded	
Mental Health Inpatient	20% after ded	
Substance Abuse Inpatient	Rehab-20% after ded	
Outpatient Services		
Outpatient Facility	Hosp-$500 after ded; FS-$200 after ded	
Outpatient Surgery	20% after ded	
Lab/X-Ray	Lab-$15 ded waived; X-ray-$50 after ded	
Advanced Radiology	$150 after ded	
Mental Health Outpatient	$40 ded waived	
Substance Abuse Outpatient	Rehab-$40 ded waived	
Emergency Care		
Emergency Room	$500 (waived if admitted) ded waived	
Ambulance	No charge	
Urgent Care	$65 ded waived	
Recovery/Special Needs		
Home Health Care	$40 ded waived; 40 visits/cal yr	
Habilitation services	$40 ded waived; 60 visits/cal yr comb PT/OT/ST	
Skilled Nursing	20% after ded; 200 days/cal yr	
Durable Medical Equipment	20% after ded	
Hospice Services	20% after ded	
Miscellaneous Services		
Pediatric Vision Exam	$25 ded waived	
Pediatric Vision Hardware	50% ded waived	
Pediatric Dental Check-Up	0% after ded	

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2019 SMALL GROUP HEALTH INSURANCE RATES

3Q - NYC - For New Groups Starting Third Quarter 2019

	Oxford Liberty L Gold EPO 30/60 Gated OHI CNT* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	15/35/75/100 ded T2-3	
Cost Share Information		
Individual/Family Deductible	$1,000/$2,000	
Individual/Family OOP Limit	$4,500/$9,000 (incl ded)	
Co-Insurance	0%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$30 ded waived	
Specialist	$60 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$60 ded waived; 60 visits/cal yr comb PT/OT/ST	
Chiropractic Care	$60 ded waived	
Inpatient Services		
Inpatient Hospital	$500/day after ded; $2,000 max/admit	
Inpatient Surgery	0% after ded	
Maternity Delivery/Inpatient	$500/day after ded; $2,000 max/admit	
Mental Health Inpatient	$500/day after ded; $2,000 max/admit	
Substance Abuse Inpatient	Rehab-$500/day after ded; $2,000 max/admit	
Outpatient Services		
Outpatient Facility	Hosp-$250 after ded; FS-$150 after ded	
Outpatient Surgery	Included in Outpatient Facility	
Lab/X-Ray	Lab-No charge; X-ray-$35 after ded	
Advanced Radiology	$100 after ded	
Mental Health Outpatient	$60 ded waived	
Substance Abuse Outpatient	Rehab-$60 ded waived	
Emergency Care		
Emergency Room	$500 (waived if admitted) ded waived	
Ambulance	No charge	
Urgent Care	$75 ded waived	
Recovery/Special Needs		
Home Health Care	$60 ded waived; 40 visits/cal yr	
Habilitation services	$60 ded waived; 60 visits/cal yr comb PT/OT/ST	
Skilled Nursing	$500/day after ded; $2,000 max/admit; 200 days/cal yr	
Durable Medical Equipment	0% after ded	
Hospice Services	$500/day after ded; $2,000 max/admit	
Miscellaneous Services		
Pediatric Vision Exam	$30 ded waived	
Pediatric Vision Hardware	50% ded waived	
Pediatric Dental Check-Up	0% after ded	

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2019 SMALL GROUP HEALTH INSURANCE RATES

3Q - NYC - For New Groups Starting Third Quarter 2019

	Oxford Freedom F Gold EPO 15/35 Non-Gated OHI CNT* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	15/35/75/100 ded T2-3	
Cost Share Information		
Individual/Family Deductible	$1,000/$2,000	
Individual/Family OOP Limit	$5,250/$10,500 (incl ded)	
Co-Insurance	10%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$15 ded waived	
Specialist	$35 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$35 ded waived; 60 visits/cal yr comb PT/OT/ST	
Chiropractic Care	$35 ded waived	
Inpatient Services		
Inpatient Hospital	10% after ded	
Inpatient Surgery	10% after ded	
Maternity Delivery/Inpatient	10% after ded	
Mental Health Inpatient	10% after ded	
Substance Abuse Inpatient	Rehab-10% after ded	
Outpatient Services		
Outpatient Facility	Hosp-$300 after ded; FS-$150 after ded	
Outpatient Surgery	10% after ded	
Lab/X-Ray	Lab-No charge; X-ray-$80 after ded	
Advanced Radiology	$150 after ded	
Mental Health Outpatient	$35 ded waived	
Substance Abuse Outpatient	Rehab-$35 ded waived	
Emergency Care		
Emergency Room	$500 (waived if admitted) ded waived	
Ambulance	No charge	
Urgent Care	$75 ded waived	
Recovery/Special Needs		
Home Health Care	$35 ded waived; 40 visits/cal yr	
Habilitation services	$35 ded waived; 60 visits/cal yr comb PT/OT/ST	
Skilled Nursing	10% after ded; 200 days/cal yr	
Durable Medical Equipment	10% after ded	
Hospice Services	10% after ded	
Miscellaneous Services		
Pediatric Vision Exam	$15 ded waived	
Pediatric Vision Hardware	50% ded waived	
Pediatric Dental Check-Up	0% after ded	