



2016 Rates - Region 8 Long Island

Includes counties of Nassau and Suffolk

	Off-Exchange Plans			
Plan Type	Platinum	Gold	Silver	Bronze
Network	HMO	HMO	HMO	HMO
Medical				
Deductible				
Individual	None	\$600	\$2,000	\$4,000
Family	None	\$1,200	\$4,000	\$8,000
Coinsurance	N/A	N/A	N/A	50% after deductible
Out of Pocket Maximum				
Individual	\$2,000	\$4,000	\$5,500	\$6,450
Family	\$4,000	\$8,000	\$11,000	\$12,900
Preventive Care	Covered in full	Covered in full	Covered in full	Covered in full
Primary Care Physician Visit	\$15	\$25 after deductible	\$30 after deductible	50% after deductible
Specialist Visit	\$35	\$40 after deductible	\$50 after deductible	50% after deductible
Inpatient Hospital Services	\$500	\$1,000 after deductible	\$1,500 after deductible	50% after deductible
Outpatient Hospital Services	\$100	\$100 after deductible	\$100 after deductible	50% after deductible
Emergency Room	\$100	\$150 after deductible	\$150 after deductible	50% after deductible
Urgent Care Center	\$55	\$60 after deductible	\$70 after deductible	50% after deductible
Pediatric Dental	Required	Required	Required	Required
Dependent Children to 29	Available	Available	Available	Available
Prescription Drugs				
Rx Deductible	None	None	None	Integrated with Medical
Preferred Generic copay	\$10	\$10	\$10	\$10 after deductible
Preferred Brand copay	\$30	\$35	\$35	\$35 after deductible
Non Preferred copay	\$60	\$70	\$70	\$70 after deductible
Monthly Premium Rates by Carrier				
Care Connect				
Individual	\$584.00	\$499.00	\$426.00	\$347.00
Husband/Wife	\$1,168.00	\$998.00	\$852.00	\$694.00
Parent/Children	\$992.80	\$848.30	\$724.20	\$589.90
Family	\$1,664.40	\$1,422.15	\$1,214.10	\$988.95
Empire Blue Cross				
Individual	\$691.01	\$594.28	\$509.36	\$408.17
Husband/Wife	\$1,382.02	\$1,188.56	\$1,018.72	\$816.34
Parent/Children	\$1,174.72	\$1,010.28	\$865.91	\$693.89
Family	\$1,969.38	\$1,693.70	\$1,451.68	\$1,163.28
Oscar *				
Individual	\$637.67	\$556.63	\$466.68	\$373.89
Husband/Wife	\$1,275.34	\$1,113.26	\$933.36	\$747.78
Parent/Children	\$1,084.04	\$946.27	\$793.36	\$635.61
Family	\$1,817.36	\$1,586.40	\$1,330.04	\$1,065.59
Oxford Metro				
Individual	\$774.51	\$656.30	\$555.99	\$454.10
Husband/Wife	\$1,549.02	\$1,312.60	\$1,111.98	\$908.20
Parent/Children	\$1,316.67	\$1,115.71	\$945.18	\$771.97
Family	\$2,207.35	\$1,870.46	\$1,584.57	\$1,294.19

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carrier.

To search for participating providers:

<https://provider.careconnect.com/>

<https://www.empireblue.com/>

<https://www.hioscar.com/search/NY/doctors>

https://www.oxhp.com/secure/providerSearch/content_doctor.html

no network needed to select

and select **Empire HMO, Gold** under Select a Plan/Network

no network needed to select

and select **Metro** under Network

*Oscar Bronze plan design is \$3500/\$7000 deductible with \$6850/\$13700 out of pocket max