

2016 Rates - Region 4 New York City

Includes counties of Westchester, Rockland, Kings(Brooklyn), Bronx, New York(Manhattan), Queens, Richmond(Staten Island)

	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 (not available in Rockland)				
Individual	\$558.00	\$477.00	\$408.00	\$331.00
Husband/Wife	\$1,116.00	\$954.00	\$816.00	\$662.00
Parent/Children	\$948.60	\$810.90	\$693.60	\$562.70
Family	\$1,590.30	\$1,359.45	\$1,162.80	\$943.35
MVP (available in Westchester/Rockland only)				
Individual	\$667.06	\$573.27	\$487.62	\$389.86
Husband/Wife	\$1,334.12	\$1,146.54	\$975.24	\$779.72
Parent/Children	\$1,134.00	\$974.56	\$828.95	\$662.76
Family	\$1,901.12	\$1,633.82	\$1,389.72	\$1,111.10
Empire Blue Cross				
Individual	\$750.76	\$645.66	\$553.40	\$443.46
Husband/Wife	\$1,501.52	\$1,291.32	\$1,106.80	\$886.92
Parent/Children	\$1,276.29	\$1,097.62	\$940.78	\$753.88
Family	\$2,139.67	\$1,840.13	\$1,577.19	\$1,263.86
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/>
- <http://mvp.prismisp.com/index.php#quest>
- <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 **Premier HMO - NY Individuals** under MVP Health Plans
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