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Platinum Plans				
NY P FRDM NG 5/15/10	00 PPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,469.66	\$19.02
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,498.43	\$32.33
Max out of Pocket:	In: \$3,500/\$7,000 Out: \$5,250/\$10,500	Employee/ Spouse*	\$2,939.32	\$38.04
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,188.53	\$54.21
NY P FRDM NG 20/40/	100 EPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,390.60	\$19.02
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,364.02	\$32.33
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,781.20	\$38.04
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$3,963.21	\$54.21
NY P FRDM NG 5/15/10	00 EPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,415.44	\$19.02
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,406.25	\$32.33
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,830.89	\$38.04
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,034.02	\$54.21
NY P FRDM NG 20/40/	100 PPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,441.40	\$19.02
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,450.39	\$32.33
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,882.81	\$38.04
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,108.01	\$54.21
NY P FRDM NG 20/40/	100 PPO FAIR 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,727.56	\$19.02
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$2,936.85	\$32.33
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,455.13	\$38.04
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,923.55	\$54.21
NY P MTRO GT 15/25/	100 EPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,151.90	\$19.02
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,958.23	\$32.33
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,303.80	\$38.04
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,282.91	\$54.21
NY P LBTY GT 10/25/2	50/90 EPO LA 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,218.28	\$19.02
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,071.07	\$32.33
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,436.55	\$38.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,472.08	\$54.21
NY P LBTY NG 5/35/50	0/100 EPO 23	Tier	Rate (select counties)	Dep 29 Rider
	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,271.40	\$19.02
PCP/Spec:				
PCP/Spec: Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,161.39	\$32.33
		Parent/Child (ren) Employee/ Spouse*	\$2,161.39 \$2,542.81	\$32.33 \$38.04

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April Color of Association Color of Ass	Gold Plans				
Decision of Processor			Tier	Rate (select counties)	Dep 29 Rider
Record No71 Floor \$100 most \$1000000000 Record Re					
NO FERRONAL STATES (1982) (198		In: \$6,650/\$13,300	Employee/ Spouse*		
School and Communication 18.7 179(31)(19.00) 19.1 19.1 19.1 19.1 19.1 19.1 19.1 19					
Parent Child (1997) \$2,000					
RECEIPTION No. The PERSON \$55,255 \$55,25 \$55,					
Terr (Filesce Science 1972) Following Control (1972) Following Control					
PC-PSpace	_ '		_		
Distance Communication Printer Chall (1991) \$1,3487.877 \$33.23 \$1,000					
Mary Mary Mary 10 of 100 mm 100640000 Road Neek Family S. 3.32 77 Sept. 21 Mary Family S. 3.32 77 Sept. 21 Mary Sept. 22 Mary Sept. 22 Mary Sept. 23 Mary Sept. 24 Mary Sept. 24 Mary Sept. 24 Mary Sept. 24 Mary Sept. 25 Mary Sept. 25 Mary Sept. 26 Mary	Ded and Coinsurance:	1.7.11.11.11.11			
YO FERDING 200405000 PTO 23 Terr					
PCPSB00C \$255800			-		
Marco and or Pocuset Int \$5.005914.0 (Col. ± 910.005920.000) Employee Spource* \$2.439.45					
Register No11 Ded \$1500 mm \$109409580 Broad Nake					
NO STROM NO 500001 500000 STROM 200000 Strong					
Parent			_		
Max out of Pocket May 54,000 Fig. 19 F				` '	
Rig plans					
Test					
Deal and Colonisus Deal Medical Company Parent Child (em) \$1,997,66 \$32,33 Marcot of Pickets This Sy 7,9081,150 Out \$19,000,000 Employee/ Spouse* \$3,300,000 Employee/ Spouse* \$3,000,000 Employee/ Spouse* \$					
Marco and Processor Sp. 57,05811,050 Out 51 0,0001500,000	PCP/Spec:	Deductible and Coinsurance	Single	\$1,169.33	\$19.02
RX plant					
N. G. FERDIN No. 1 500/00 PC D FEX.22 Test					
Dec and Colonsurance: 15,00083,000, 10% Parent/Child (ren) \$1,913.00 \$32.33					
Max out of Pocket Part P	PCP/Spec:	Deductible and Coinsurance		\$1,125.58	
State Part					
N. G. MTRG GT 28401725088 EPO 23					
Deal and Coinsurance: In: \$1,250/52,500, 20% Employees Spouse* \$1,560.171 \$32.33			_	Rate (select counties)	Dep 29 Rider
Max out of Pocket: In. \$8, 250/312,500 Employee/ Spouse* \$1,944,96 \$33.0.4					
RX plan: No.n-17 Ded \$150 then \$107\$65/\$95 Std Select Family \$2,785.82 \$54.21			· /		· · · · · · · · · · · · · · · · · · ·
PCP/Spec:					
Dead and Coinsurance: S600/S1,200,20% Parent/Child (ren.) \$1,426.03 \$32.33 \$38.04 \$1,003.05 Employee/ Spouse* \$1,680.03 \$38.04 \$1,003.05 \$1,003.05 \$1,003.05 \$1,003.05 \$1,003.05 \$1,003.05 \$1,003.05 \$1,003.05 \$1,003.05 \$1,003.05 \$1,003.05 \$1,003.05 \$1,003.05 \$1,003.05 \$1,004.05 \$1,005.03 \$1,002.05 \$1,003.05 \$1,003.05 \$1,004.05 \$1,005.03 \$1,002.05 \$1,005.03 \$1,002.05 \$1,005.03 \$1,002.05 \$1,005.03 \$1,002.05 \$1,005.03 \$1,002.05 \$1,005.05 \$1,005.03 \$1,002.05 \$1,005.05 \$					
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PCP/Space: \$30/860 Single \$1.05.5.33 \$19.02 Ded and Coinsurance: In. \$2,00034,000, 30% Parent/Child (ren) \$1.794,07 \$32.33 Max out of Pocket: In. \$8,000316 (00 RY (MIXO NO 254/00/1250/08 EPO ME 23 Ter Rate (select counties) PCP/Space: Single Sing			_		
Ded and Coinsurance: In: \$2,000/34,000, 30% Parent/Child (ren) \$1,794.07 \$32.33					
Max out of Pocket In: \$8,000/\$16,000					
N C MTRO NG 25401/250/80 FPO ME 23					
PCP/Spec: \$25/840					
Ded and Coinsurance: In: \$1,250/92,500, 20%					
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select Family \$2,886.02 \$54.21					
Tier Rate (select counties) Dep 29 Rider					
PCP/Spec: \$30/860 Single \$1,116.51 \$19.02 Ded and Coinsurance: In: \$2,250/\$4,500,30% Parent/Child (ren) \$1,898.07 \$32.33 Max out of Pocket: In: \$8,000/\$16,000 Employee/ Spouse* \$2,233.02 \$38.04 RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk Family \$3,182.05 \$54.21 PCP/Spec: PCP-Adult: \$25.8 kid: \$5/Spec:\$50 Single \$1,190.76 \$19.02 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,024.30 \$33.34 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select Family \$3,393.68 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select Family \$3,393.68 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select Family \$3,393.68 \$54.21 NY GLBTY NG \$150990 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deductible and Coinsurance Single \$1,063.14 \$19.02 Ded and Coinsurance: In: \$1,500/\$3,000, 10% Parent/Child (ren) \$1,807.33 \$32.33 Max out of Pocket: In: \$5,750/\$11,500 Parent/Child (ren) \$1,807.33 \$32.33 Max out of Pocket: In: \$1,500/\$3,000, 10% Parent/Child (ren) \$1,807.33 \$32.33 Max out of Pocket: In: \$1,500/\$3,000, 10% Parent/Child (ren) \$1,807.33 \$32.33 Max out of Pocket: In: \$1,500/\$3,000, 10% Parent/Child (ren) \$1,807.33 \$32.33 Max out of Pocket: In: \$2,000/\$4,000, 20% Parent/Child (ren) \$1,807.33 \$32.33 Max out of Pocket: In: \$3,750/\$11,500 Parent/Child (ren) \$1,807.33 \$32.33 Max out of Pocket: In: \$3,750/\$11,500 Parent/Child (ren) \$1,807.33 \$32.33 Max out of Pocket: In: \$3,750/\$11,500 Parent/Child (ren) \$1,807.33 \$32.33 Max out of Pocket: In: \$3,750/\$11,500 Parent/Child (ren) \$1,807.33 \$32.33 Max out of Pocket: In: \$3,750/\$11,500 Parent/Child (ren) \$1,807.33 \$33.04 RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select Parenty Parent/Child (ren) \$1,807.33 \$30.04 RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select Parenty Parent/Child (ren) \$1,94					
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PCP/Spec: PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 Single \$1,190.76 \$19.02 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,024.30 \$32.33 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select Employee/ Spouse* \$2,381.53 \$38.04 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select Family \$3,393.68 \$54.21 NY GLBTY NG 1500/90 EPO HSA 28 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deductible and Coinsurance In: \$1,500/\$3,000, 10% Parent/Child (ren) \$1,807.33 \$32.33 Max out of Pocket: In: \$5,750/\$11,500 Employee/ Spouse* \$2,218.27 \$38.04 RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select Family \$3,029.94 \$54.21 NY GLBTY NG 20/40/2000/80 EPO 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Tier I: \$20/\$40 Tier II: \$40/\$80 Single \$1,059.22 \$19.02 Ded and Coinsurance: In: \$2,000/\$4,000, 20% Parent/Child (ren) \$1,800.67 \$32.33 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select Pamily \$3,018.77 \$54.21 NY G FRDM NG 1750/100 EPO HSA 28 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Tier I: \$20/\$40 Tier II: \$40/\$80 Single \$1,059.22 \$19.02 Ded and Coinsurance: In: \$8,750/\$17,500 Employee/ Spouse* \$2,118.43 \$38.04 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select Family \$3,018.77 \$54.21 NY G FRDM NG 1750/100 EPO HSA 28 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deductible and Coinsurance Single \$1,143.94 \$19.02 Ded and Coinsurance: In: \$1,750/\$3,500,0% Parent/Child (ren) \$1,944.70 \$32.33 Max out of Pocket: In: \$5,750/\$14,100 Employee/ Spouse* \$2,287.88 \$38.04 RX plan: Ded Med/Rx then \$10/\$\$40/\$80 Broad Ntwk Family \$3,260.23 \$54.21 NY G FRDM NG 25/50/100 EPO 20 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Ded Med/Rx then \$10/\$\$40/\$80 Broad Ntwk Family \$3,260.23 \$54.21 NY G FRDM NG 25/50/100 EPO 400 Med/Rx then \$10/\$\$40/\$\$80 Broad N					
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RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select Family \$3,393.68 \$54.21 NY G LBTY NG 1500/90 EPO HSA 23 Tier Rate (select counties) Dep 28 Rider Ded and Coinsurance: In: \$1,500/\$3,000, 10% Parent/Child (ren) \$1,807.33 \$32.33 Max out of Pocket: In: \$5,750/\$11,500 Employee/ Spouse* \$2,126.27 \$38.04 RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select Family \$3,029.94 \$54.21 Ded 28 PCP/Spec: Tier \$20/\$40/2000/80 EPO 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Tier \$20/\$40 Tier II: \$40/\$80 Single \$1,059.22 \$19.02 Ded and Coinsurance: In: \$2,000/\$4,000, 20% Parent/Child (ren) \$1,800.67 \$32.33 Max out of Pocket: In: \$3,750/\$17,500 Employee/ Spouse* \$2,118.43 \$38.04 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select Family \$3,018.77 \$54.21 NY G FRDM NG 1750/100 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deductible and Coinsurance Single \$1,143.94 \$19.02 Ded and Coinsurance: In: \$1,750/\$3,500, 0% Parent/Child (ren) \$1,944.70 \$32.33 NAX out of Pocket: In: \$7,050/\$1,41,00 Employee/ Spouse* \$2,287.88 \$38.04 RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk Family \$3,260.23 \$54.21 NY G FRDM NG 25/50/100 EPO ZD 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk Family \$3,260.23 \$54.21 NY G FRDM NG 25/50/100 EPO ZD 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Def Med/Rx then \$10/\$40/\$80 Broad Ntwk Family \$3,260.23 \$54.21 NY G FRDM NG 25/50/100 EPO ZD 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Def Med/Rx then \$10/\$40/\$80 Broad Ntwk Family \$3,260.23 \$54.21 NY G FRDM NG 25/50/100 EPO ZD 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Def Med/Rx then \$10/\$40/\$80 Broad Ntwk Family \$3,260.23 \$54.21 NY G FRDM NG 25/50/100 EPO ZD 23 S4.21 S4.21 S4.21 S4.21 S4.2		***	` /		
NY G LBTY NG 1500/90 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider					
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Max out of Pocket: In: \$5,750/\$11,500 Employee/ Spouse* \$2,126.27 \$38.04 RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select Family \$3,029.94 \$54.21 NY G LBTY NG 20/40/2000/80 EPO 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Tier I: \$20/\$40 Tier II: \$40/\$80 Single \$1,059.22 \$19.02 Ded and Coinsurance: In: \$2,000/\$4,000, 20% Parent/Child (ren) \$1,800.67 \$32.33 Max out of Pocket: In: \$2,700/\$4,000, 20% Employee/ Spouse* \$2,118.43 \$38.04 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select Family \$3,018.77 \$54.21 NY G FRDM NG 1750/100 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deductible and Coinsurance Single \$1,143.94 \$19.02 Ded and Coinsurance: In: \$1,750/\$3,500,0% Parent/Child (ren) \$1,944.70 \$32.33 Max out of Pocket: In: \$7,050/\$14,100 Employee/ Spouse* \$2,287.88 \$38.04 RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk Family					
RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select Family \$3,029.94 \$54.21 NY G LBTY NG 20/40/2000/80 EPO 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Tier : \$20/\$40 Tier II: \$40/\$80 Single \$1,059.22 \$19.02 Ded and Coinsurance: In: \$2,000/\$4,000, 20% Parent/Child (ren) \$1,800.67 \$32.33 Max out of Pocket: In: \$8,750/\$17,500 Employee/ Spouse* \$2,118.43 \$38.04 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select Family \$3,018.77 \$54.21 NY G FRDM NG 1750/100 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deductible and Coinsurance Single \$1,143.94 \$19.02 Ded and Coinsurance: In: \$7,050/\$14,100 Employee/ Spouse* \$2,287.88 \$338.04 RX plan: S7,050/\$14,100 Employee/ Spouse* \$2,287.88 \$38.04 RX plan: Dep 29 Rider S7,000/\$14,100 Employee/ Spouse* \$2,287.88 \$38.04 RX plan: Dep 29 Rider S7,000/\$14,100 Employee/ Spouse* \$2,287.88 \$38.04 RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk Family \$3,260.23 \$54.21 NY G FRDM NG 25/50/100 EPO ZD 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 Single \$1,257.54 \$19.02 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,137.82 \$332.33 Max out of Pocket: In: \$6,250/\$12,500 Employee/ Spouse* \$2,2515.08 \$38.04 RX plan: S7,000/\$10 Employee/ Spouse* \$2,2515.08 \$38.04 RX plan: S7					
NY G LBTY NG 20/40/2000/80 EPO 23 Tier S20/\$40 Single \$1,059.22 \$19.02 Ded and Coinsurance: In: \$2,000/\$4,000, 20% Parent/Child (ren) \$1,800.67 \$32.33 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select Family \$3,018.77 \$54.21 NY G FRDM NG 1750/100 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deductible and Coinsurance Single \$1,143.94 \$19.02 Ded and Coinsurance: In: \$1,750/\$3,500,0% Parent/Child (ren) \$1,944.70 \$32.33 RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk Family \$3,260.23 \$54.21 NY G FRDM NG 25/50/100 EPO ZD 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deductible and Coinsurance Single \$1,257.54 \$19.02 Ded and Coinsurance: In: \$0,00% Parent/Child (ren) \$2,137.82 \$32.33 NY G FRDM NG 25/50/\$10.00 PO ZD 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deduction: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk Family \$3,260.23 \$54.21 NY G FRDM NG 25/50/\$10.00 PO ZD 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deduction: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk Family \$3,260.23 \$32.33 Ny G FRDM NG 25/50/\$10.00 PO ZD 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deduction: De					
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Max out of Pocket: In: \$7,050/\$14,100 Employee/ Spouse* \$2,287.88 \$38.04 RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk Family \$3,260.23 \$54.21 NY G FRDM NG 25/50/100 EPO ZD 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: PCP:Adult: \$25 & Kid: \$5 /Spec:\$50 Single \$1,257.54 \$19.02 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,137.82 \$32.33 Max out of Pocket: In: \$6,250/\$12,500 Employee/ Spouse* \$2,515.08 \$38.04					
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Max out of Pocket: In: \$6,250/\$12,500 Employee/ Spouse* \$2,515.08 \$38.04					
	Ded and Coincurance		pratein/Offilia (1611)	Ψ۲, ۱۵1.02	ψυΖ.υυ
			Employee/ Spouse*	\$2,515.08	\$38.04

Use the table below to review monthly rates for New York small group Oxford 1 products. Rates are for Region 4 in the Oxford service area, which includes: Bronx, Kings, New York, Queens, Richmond, Rockland, 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.



Silver Plans				
NY S LBTY NG 40/80/32	50/60 EPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$931.79	\$19.02
Ded and Coinsurance:	ln: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,584.05	\$32.33
Max out of Pocket: RX plan:	In: \$9,100/\$18,200 Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse* Family	\$1,863.58 \$2,655.61	\$38.04 \$54.21
NY S FRDM NG 40/80/3		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$986.04	\$19.02
Ded and Coinsurance: Max out of Pocket:	In: \$3,250/\$6,500, 40% In: \$9,100/\$18,200	Parent/Child (ren) Employee/ Spouse*	\$1,676.26 \$1,972.07	\$32.33 \$38.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,810.20	\$54.21
NY S LBTY NG 30/75/40		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$30/\$75 In: \$4,000/\$8,000, 50%	Single Parent/Child (ren)	\$912.98 \$1,552.07	\$19.02 \$32.33
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,825.96	\$38.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Std Select	Family	\$2,602.00	\$54.21
NY S MTRO GT 30/80/3		Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	\$30/\$80 In: \$3,750/\$7,500, 40%	Single Parent/Child (ren)	\$816.83 \$1.388.61	\$19.02 \$32.33
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,633.66	\$38.04
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,327.97	\$54.21
NY S FRDM NG 30/60/2: PCP/Spec:	\$30/\$60 after Deductible	Tier Single	Rate (select counties) \$1,024.11	Dep 29 Rider \$19.02
Ded and Coinsurance:	In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,740.98	\$32.33
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$15,000/\$30,000	Employee/ Spouse*	\$2,048.22	\$38.04
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,918.72	\$54.21
NY S LBTY GT 30/60/45 PCP/Spec:	\$30/\$60	Tier Single	Rate (select counties) \$896.74	Dep 29 Rider \$19.02
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,524.46	\$32.33
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,793.48 \$2,555.70	\$38.04
RX plan: NY S FRDM NG 40/80/3:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select 250/60 PPQ 23	Family Tier	\$2,555.70 Rate (select counties)	\$54.21 Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$1,024.88	\$19.02
Ded and Coinsurance:	In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,742.30	\$32.33
Max out of Pocket: RX plan:	In: \$9,100/\$18,200 Out: \$15,000/\$30,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse* Family	\$2,049.76 \$2,920.91	\$38.04 \$54.21
NY S FRDM NG 30/60/3		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$975.21	\$19.02
Ded and Coinsurance:	ln: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,657.86	\$32.33
Max out of Pocket: RX plan:	In: \$7,150/\$14,300 Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse* Family	\$1,950.42 \$2,779.35	\$38.04 \$54.21
NY S FRDM NG 2500/60		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$956.77	\$19.02
Ded and Coinsurance: Max out of Pocket:	In: \$2,500/\$5,000, 40% In: \$7,350/\$14,700	Parent/Child (ren) Employee/ Spouse*	\$1,626.51 \$1,913.54	\$32.33 \$38.04
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,726.80	\$54.21
NY S MTRO NG 30/80/3		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$846.20	\$19.02
Ded and Coinsurance: Max out of Pocket:	In: \$3,750/\$7,500, 40% In: \$9,100/\$18,200	Parent/Child (ren) Employee/ Spouse*	\$1,438.55 \$1,692.41	\$32.33 \$38.04
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,411.69	\$54.21
NY S LBTY NG 30/60/30		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$30/\$60 after Deductible In: \$3,000/\$6,000, 20%	Single Parent/Child (ren)	\$920.81 \$1,565.38	\$19.02 \$32.33
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$1,841.62	\$38.04
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,624.31	\$54.21
NY S MTRO GT 35/50/4		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$35/\$50 after Deductible In: \$4,000/\$8,000, 30%	Single Parent/Child (ren)	\$777.60 \$1,321.92	\$19.02 \$32.33
Max out of Pocket:	In: \$7,200/\$14,400	Employee/ Spouse*	\$1,555.19	\$38.04
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Family	\$2,216.15	\$54.21
NY S MTRO NG 50/100/ PCP/Spec:	100 EPO ZD 28 PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier Single	Rate (select counties) \$961.57	Dep 29 Rider \$19.02
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,634.67	\$32.33
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,923.14	\$38.04
RX plan: NY S LBTY NG 4000/80	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family Tier	\$2,740.48 Rate (select counties)	\$54.21 Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$884.03	\$19.02
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,502.86	\$32.33
Max out of Pocket: RX plan:	In: \$7,350/\$14,700 Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse* Family	\$1,768.07 \$2,519.50	\$38.04 \$54.21
NY S LBTY NG 50/100/1		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,056.10	\$19.02
Ded and Coinsurance: Max out of Pocket:	In: \$0, 0% In: \$9,100/\$18,200	Parent/Child (ren) Employee/ Spouse*	\$1,795.36 \$2,112.19	\$32.33 \$38.04
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$3,009.87	\$54.21
NY S LBTY NG 25/45/50		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$917.91 \$1.560.45	\$19.02 \$32.33
Ded and Coinsurance: Max out of Pocket:	In: \$5,000/\$10,000, 50% In: \$9,100/\$18,200	Parent/Child (ren) Employee/ Spouse*	\$1,560.45 \$1,835.82	\$32.33 \$38.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,616.03	\$54.21
NY S LBTY NG 40/80/50		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$40/\$80 In: \$5,000/\$10,000, 40%	Single Parent/Child (ren)	\$916.76 \$1,558.50	\$19.02 \$32.33
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,833.53	\$38.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,612.78	\$54.21
NY S FRDM NG 50/100/ PCP/Spec:	100 EPO ZD 23 PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier Single	Rate (select counties) \$1,117.03	Dep 29 Rider \$19.02
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,898.94	\$32.33
Max out of Pocket:	ln: \$9,100/\$18,200	Employee/ Spouse*	\$2,234.06	\$38.04
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Broad Ntwk	Family Tier	\$3,183.53	\$54.21
NY S MTRO GT 40/80/3: PCP/Spec:	\$40/\$80	Single	Rate (select counties) \$848.40	Dep 29 Rider \$19.02
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,442.29	\$32.33
Max out of Pocket:	In: \$9,100/\$18,200 Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse* Family	\$1,696.80 \$2,417.94	\$38.04 \$54.21
RX plan:	INOTE LE DEG \$200 (HELL \$10/\$00/\$30 OK) DERCK	anny	\$2,417.94	\$54.21

Use the table below to review monthly rates for New York small group Oxford products. Rates are for Region 4 in the Oxford service area, which includes: Bronx, Kings, New York, Queens, Richmond, Rockland, 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



Bronze Plans				
NY B FRDM NG 5000/50	EPO HSA 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$903.13	\$19.02
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,535.31	\$32.33
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,806.25	\$38.04
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,573.91	\$54.21
NY B LBTY NG 7000/100		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$849.33	\$19.02
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,443.85	\$32.33
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,698.65	\$38.04
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,420.58	\$54.21
NY B MTRO GT 7000/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$746.47	\$19.02
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,269.01	\$32.33
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,492.95	\$38.04
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,127.44	\$54.21
NY B LBTY NG 25/75/57	50/70 EPO HSA 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$842.34	\$19.02
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,431.98	\$32.33
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,684.68	\$38.04
RX plan:	Ded Med/Rx then 30%/30%/30% Std Select	Family	\$2,400.67	\$54.21
NY B LBTY NG 30/60/67	50/80 PPO HSA 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$869.87	\$19.02
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,478.78	\$32.33
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,739.74	\$38.04
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,479.13	\$54.21
NY B MTRO GT 40/75/6500/50 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$736.03	\$19.02
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,251.25	\$32.33
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,472.06	\$38.04
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2.097.68	\$54.21

^{*} 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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