

## 2023 New York Small Group (1-100) Oxford Products: Q1 2023 Rates

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



Platinum Plans				
NY P FRDM NG 5/15/100 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 5/15/100 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 10/25/250/90 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 5/35/500/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,271.40	\$19.02
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,161.39	\$32.33
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,542.81	\$38.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,623.50	\$54.21

**2023 New York Small Group (1-100) Oxford Products: Q1 2023 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



<b>Gold Plans</b>				
<b>NY G LBTY GT 30/60/1250/100 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$30/\$60	Single	\$1,081.88	\$19.02
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,839.20	\$32.33
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$2,163.77	\$38.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,083.37	\$54.21
<b>NY G FRDM NG 15/35/1750/90 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$15/\$35	Single	\$1,179.51	\$19.02
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,005.17	\$32.33
Max out of Pocket:	In: \$7,750/\$15,500	Employee/ Spouse*	\$2,359.02	\$38.04
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,361.61	\$54.21
<b>NY G FRDM NG 25/40/1750/80 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40	Single	\$1,169.39	\$19.02
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,987.97	\$32.33
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,338.79	\$38.04
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,332.77	\$54.21
<b>NY G FRDM NG 25/40/1500/80 PPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40	Single	\$1,219.73	\$19.02
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,073.54	\$32.33
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,439.45	\$38.04
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,476.22	\$54.21
<b>NY G FRDM NG 50/50/1000/90 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$50/\$50	Single	\$1,184.34	\$19.02
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,013.38	\$32.33
Max out of Pocket:	In: \$6,450/\$12,900	Employee/ Spouse*	\$2,368.68	\$38.04
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,375.36	\$54.21
<b>NY G FRDM NG 1500/90 PPO HSA 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Deductible and Coinsurance	Single	\$1,169.33	\$19.02
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$1,987.86	\$32.33
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,338.66	\$38.04
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,332.59	\$54.21
<b>NY G FRDM NG 1500/90 EPO HSA 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Deductible and Coinsurance	Single	\$1,125.58	\$19.02
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,913.50	\$32.33
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,251.17	\$38.04
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,207.91	\$54.21
<b>NY G MTRO GT 25/40/1250/80 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40	Single	\$977.48	\$19.02
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,661.71	\$32.33
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$1,954.96	\$38.04
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,785.82	\$54.21
<b>NY G MTRO GT 25/40/600/80 EPO HNY 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40 after Deductible	Single	\$840.02	\$19.02
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,428.03	\$32.33
Max out of Pocket:	In: \$4,750/\$9,500	Employee/ Spouse*	\$1,680.03	\$38.04
RX plan:	\$10/\$35/\$70 Std Select	Family	\$2,394.05	\$54.21
<b>NY G LBTY NG 30/60/2000/70 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$30/\$60	Single	\$1,055.33	\$19.02
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,794.07	\$32.33
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,110.67	\$38.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,007.70	\$54.21
<b>NY G MTRO NG 25/40/1250/80 EPO ME 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40	Single	\$1,012.64	\$19.02
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,721.49	\$32.33
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,025.28	\$38.04
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,886.02	\$54.21
<b>NY G FRDM NG 30/60/2250/70 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$30/\$60	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
<b>NY G LBTY NG 25/50/100 EPO ZD 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
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
Max out of Pocket:	In: \$6,250/\$12,500	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
<b>NY G LBTY NG 1500/90 EPO HSA 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
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	Employee/ Spouse*	\$2,126.27	\$38.04
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$3,029.94	\$54.21
<b>NY G LBTY NG 20/40/2000/80 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
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: \$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
<b>NY G FRDM NG 1750/100 EPO HSA 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
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	\$3,260.23	\$54.21
<b>NY G FRDM NG 25/50/100 EPO ZD 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
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
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,583.99	\$54.21

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<b>Silver Plans</b>				
<b>NY S LBTY NG 40/80/3250/60 EPO 23</b>				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Single	\$931.79	\$19.02
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,584.05	\$32.33
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,863.58	\$38.04
		Family	\$2,655.61	\$54.21
<b>NY S FRDM NG 40/80/3250/60 EPO 23</b>				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Single	\$986.04	\$19.02
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,676.26	\$32.33
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$1,972.07	\$38.04
		Family	\$2,810.20	\$54.21
<b>NY S LBTY NG 30/75/4000/50 EPO 23</b>				
PCP/Spec:	\$30/\$75	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$4,000/\$8,000, 50%	Single	\$912.98	\$19.02
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,552.07	\$32.33
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Std Select	Employee/ Spouse*	\$1,825.96	\$38.04
		Family	\$2,602.00	\$54.21
<b>NY S MTRO GT 30/80/3750/60 EPO 23</b>				
PCP/Spec:	\$30/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Single	\$816.83	\$19.02
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,388.61	\$32.33
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,633.66	\$38.04
		Family	\$2,327.97	\$54.21
<b>NY S FRDM NG 30/60/2250/70 PPO HSA 23</b>				
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Single	\$1,024.11	\$19.02
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$15,000/\$30,000	Parent/Child (ren)	\$1,740.98	\$32.33
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,048.22	\$38.04
		Family	\$2,918.72	\$54.21
<b>NY S LBTY GT 30/60/4500/50 EPO 23</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Single	\$896.74	\$19.02
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,524.46	\$32.33
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,793.48	\$38.04
		Family	\$2,555.70	\$54.21
<b>NY S FRDM NG 40/80/3250/60 PPO 23</b>				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Single	\$1,024.88	\$19.02
Max out of Pocket:	In: \$9,100/\$18,200 Out: \$15,000/\$30,000	Parent/Child (ren)	\$1,742.30	\$32.33
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,049.76	\$38.04
		Family	\$2,920.91	\$54.21
<b>NY S FRDM NG 30/60/3000/80 EPO HSA 23</b>				
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Single	\$975.21	\$19.02
Max out of Pocket:	In: \$7,150/\$14,300	Parent/Child (ren)	\$1,657.86	\$32.33
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$1,950.42	\$38.04
		Family	\$2,779.35	\$54.21
<b>NY S FRDM NG 2500/60 EPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,500/\$5,000, 40%	Single	\$956.77	\$19.02
Max out of Pocket:	In: \$7,350/\$14,700	Parent/Child (ren)	\$1,626.51	\$32.33
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$1,913.54	\$38.04
		Family	\$2,726.80	\$54.21
<b>NY S MTRO NG 30/80/3750/60 EPO ME 23</b>				
PCP/Spec:	\$30/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Single	\$846.20	\$19.02
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,438.55	\$32.33
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,692.41	\$38.04
		Family	\$2,411.69	\$54.21
<b>NY S LBTY NG 30/60/3000/80 EPO HSA 23</b>				
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Single	\$920.81	\$19.02
Max out of Pocket:	In: \$7,150/\$14,300	Parent/Child (ren)	\$1,565.38	\$32.33
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,841.62	\$38.04
		Family	\$2,624.31	\$54.21
<b>NY S MTRO GT 35/50/4000/70 EPO HSA 23</b>				
PCP/Spec:	\$35/\$50 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Single	\$777.60	\$19.02
Max out of Pocket:	In: \$7,200/\$14,400	Parent/Child (ren)	\$1,321.92	\$32.33
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Employee/ Spouse*	\$1,555.19	\$38.04
		Family	\$2,216.15	\$54.21
<b>NY S MTRO NG 50/100/100 EPO ZD 23</b>				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$961.57	\$19.02
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,634.67	\$32.33
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,923.14	\$38.04
		Family	\$2,740.48	\$54.21
<b>NY S LBTY NG 4000/80 EPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Single	\$884.03	\$19.02
Max out of Pocket:	In: \$7,350/\$14,700	Parent/Child (ren)	\$1,502.86	\$32.33
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,768.07	\$38.04
		Family	\$2,519.50	\$54.21
<b>NY S LBTY NG 50/100/100 EPO ZD 23</b>				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,056.10	\$19.02
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,795.36	\$32.33
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,112.19	\$38.04
		Family	\$3,009.87	\$54.21
<b>NY S LBTY NG 25/45/5000/50 EPO 23</b>				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Single	\$917.91	\$19.02
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,560.45	\$32.33
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,835.82	\$38.04
		Family	\$2,616.03	\$54.21
<b>NY S LBTY NG 40/80/5000/60 EPO 23</b>				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,000/\$10,000, 40%	Single	\$916.76	\$19.02
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,558.50	\$32.33
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,833.53	\$38.04
		Family	\$2,612.78	\$54.21
<b>NY S FRDM NG 50/100/100 EPO ZD 23</b>				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,117.03	\$19.02
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,898.94	\$32.33
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Broad Ntwk	Employee/ Spouse*	\$2,234.06	\$38.04
		Family	\$3,183.53	\$54.21
<b>NY S MTRO GT 40/80/3250/60 EPO 23</b>				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Single	\$848.40	\$19.02
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,442.29	\$32.33
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,696.80	\$38.04
		Family	\$2,417.94	\$54.21

## 2023 New York Small Group (1-100) Oxford Products: Q1 2023 Rates

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



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 EPO HSA 23		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 7000/100 EPO HSA 23		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 25/75/5750/70 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 30/60/6750/80 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.

<sup>1</sup> Oxford insurance products are underwritten by Oxford Health Insurance, Inc. ©2017 Oxford Health Plans LLC. All rights reserved.