

2020 New York Small Group (1-100) Oxford Products: Q4 2020 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Regions 4/8** in the Oxford service area, which includes Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, 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		Tier	Rate (select counties)	Dep 29 Rider
NY P FRDM NG 20/40/100 EPO 20				
PCP/Spec:	\$20/\$40	Single	\$1,280.04	\$17.17
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,176.07	\$29.19
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,560.09	\$34.34
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,648.12	\$48.93
NY P FRDM NG 5/15/100 EPO 20				
PCP/Spec:	\$5/\$15	Single	\$1,305.68	\$17.17
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,219.66	\$29.19
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,611.36	\$34.34
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,721.19	\$48.93
NY P FRDM NG 20/40/100 PPO 20				
PCP/Spec:	\$20/\$40	Single	\$1,354.15	\$17.17
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,302.05	\$29.19
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,708.30	\$34.34
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,859.33	\$48.93
NY P FRDM NG 20/40/100 PPO FAIR 20				
PCP/Spec:	\$20/\$40	Single	\$1,557.23	\$17.17
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$2,647.29	\$29.19
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$3,114.45	\$34.34
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$4,438.09	\$48.93
NY P FRDM NG 5/15/100 PPO 20				
PCP/Spec:	\$5/\$15	Single	\$1,383.59	\$17.17
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,352.10	\$29.19
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$2,767.17	\$34.34
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,943.23	\$48.93
NY P MTRO GT 15/30/100 EPO 20				
PCP/Spec:	\$15/\$30	Single	\$981.69	\$17.17
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,668.88	\$29.19
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$1,963.39	\$34.34
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$2,797.83	\$48.93
NY P LBTY GT 15/35/250/90 EPO LA 20				
PCP/Spec:	\$15/\$35	Single	\$1,108.09	\$17.17
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,883.75	\$29.19
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,216.17	\$34.34
RX plan:	Non-T1 Ded \$150 then \$5/\$30/\$60	Family	\$3,158.04	\$48.93
NY P LBTY NG 40/80/80 EPO 411 20				
PCP/Spec:	\$40/\$80	Single	\$1,104.28	\$17.17
Ded and Coinsurance:	In: \$0, 20%	Parent/Child (ren)	\$1,877.28	\$29.19
Max out of Pocket:	In: \$2,000/\$4,000	Employee/ Spouse*	\$2,208.57	\$34.34
RX plan:	Non-T1 Ded \$150 then \$5/\$30/\$60	Family	\$3,147.21	\$48.93

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Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Regions 4/8** in the Oxford service area, which includes Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, 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.



Gold Plans		Tier	Rate (select counties)	Dep 29 Rider
NY G FRDM NG 50/50/750/90 EPO 20				
PCP/Spec:	\$50/\$50	Single	\$1,096.38	\$17.17
Ded and Coinsurance:	In: \$750/\$1,500, 10%	Parent/Child (ren)	\$1,863.84	\$29.19
Max out of Pocket:	In: \$5,200/\$10,400	Employee/ Spouse*	\$2,192.76	\$34.34
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75	Family	\$3,124.68	\$48.93
NY G FRDM NG 15/35/1000/90 EPO 20				
PCP/Spec:	\$15/\$35	Single	\$1,095.29	\$17.17
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,862.00	\$29.19
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,190.58	\$34.34
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$3,121.58	\$48.93
NY G FRDM NG 25/40/1250/80 EPO 20				
PCP/Spec:	\$25/\$40	Single	\$1,072.78	\$17.17
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,823.74	\$29.19
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,145.57	\$34.34
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$3,057.43	\$48.93
NY G MTRO GT 25/40/1250/80 EPO 20				
PCP/Spec:	\$25/\$40	Single	\$825.15	\$17.17
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,402.76	\$29.19
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,650.30	\$34.34
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$2,351.68	\$48.93
NY G LBTY GT 30/60/1000/100 EPO 20				
PCP/Spec:	\$30/\$60	Single	\$980.45	\$17.17
Ded and Coinsurance:	In: \$1,000/\$2,000, 0%	Parent/Child (ren)	\$1,666.76	\$29.19
Max out of Pocket:	In: \$5,400/\$10,800	Employee/ Spouse*	\$1,960.89	\$34.34
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$2,794.27	\$48.93
NY G FRDM NG 1500/90 EPO HSA 20				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,037.02	\$17.17
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,762.93	\$29.19
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$2,074.03	\$34.34
RX plan:	Ded Med/Rx then \$10/\$35/\$75	Family	\$2,955.50	\$48.93
NY G FRDM NG 25/40/1000/80 PPO 20				
PCP/Spec:	\$25/\$40	Single	\$1,158.68	\$17.17
Ded and Coinsurance:	In: \$1,000/\$2,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,969.76	\$29.19
Max out of Pocket:	In: \$5,800/\$11,600 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,317.36	\$34.34
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75	Family	\$3,302.24	\$48.93
NY G FRDM NG 1500/90 PPO HSA 20				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,103.26	\$17.17
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,875.55	\$29.19
Max out of Pocket:	In: \$4,000/\$8,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,206.53	\$34.34
RX plan:	Ded Med/Rx then \$10/\$35/\$75	Family	\$3,144.30	\$48.93
NY G MTRO NG 25/40/1250/80 EPO ME 20				
PCP/Spec:	\$25/\$40	Single	\$860.28	\$17.17
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,462.49	\$29.19
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$1,720.57	\$34.34
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$2,451.81	\$48.93
NY G MTRO GT 25/40/600/80 EPO HNY 20				
PCP/Spec:	\$25/\$40 after Deductible	Single	\$729.53	\$17.17
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,240.20	\$29.19
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,459.06	\$34.34
RX plan:	\$10/\$35/\$70	Family	\$2,079.17	\$48.93
NY G FRDM NG 30/60/2250/70 EPO 20				
PCP/Spec:	\$30/\$60	Single	\$991.20	\$17.17
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,685.04	\$29.19
Max out of Pocket:	In: \$8,150/\$16,300	Employee/ Spouse*	\$1,982.40	\$34.34
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$2,824.91	\$48.93
NY G LBTY NG 30/60/2000/70 EPO 20				
PCP/Spec:	\$30/\$60	Single	\$923.07	\$17.17
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,569.22	\$29.19
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,846.14	\$34.34
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$2,630.75	\$48.93
NY G LBTY NG 25/50/100 EPO ZD 20				
PCP/Spec:	\$25/\$50	Single	\$1,048.46	\$17.17
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,782.38	\$29.19
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,096.92	\$34.34
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$2,988.11	\$48.93
NY G LBTY NG 40/80/2000/80 EPO 411 20				
PCP/Spec:	\$40/\$80	Single	\$942.73	\$17.17
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,602.64	\$29.19
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,885.46	\$34.34
RX plan:	Non-T1 Ded \$150 then \$5/\$30/\$60	Family	\$2,686.78	\$48.93

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Silver Plans		Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY GT 25/50/3500/50 EPO 20				
PCP/Spec:	\$25/\$50	Single	\$785.02	\$17.17
Ded and Coinsurance:	In: \$3,500/\$7,000, 50%	Parent/Child (ren)	\$1,334.52	\$29.19
Max out of Pocket:	In: \$8,150/\$16,300	Employee/ Spouse*	\$1,570.03	\$34.34
RX plan:	Non-T1 Ded \$100 then \$15/\$65/\$85	Family	\$2,237.30	\$48.93
NY S LBTY NG 30/75/3000/60 EPO 20				
PCP/Spec:	\$30/\$75	Single	\$798.32	\$17.17
Ded and Coinsurance:	In: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,357.15	\$29.19
Max out of Pocket:	In: \$8,150/\$16,300	Employee/ Spouse*	\$1,596.64	\$34.34
RX plan:	Non-T1 Ded \$100 then \$15/\$65/50%, max \$800	Family	\$2,275.22	\$48.93
NY S FRDM NG 40/70/2500/65 EPO 20				
PCP/Spec:	\$40/\$70	Single	\$886.51	\$17.17
Ded and Coinsurance:	In: \$2,500/\$5,000, 35%	Parent/Child (ren)	\$1,507.07	\$29.19
Max out of Pocket:	In: \$8,150/\$16,300	Employee/ Spouse*	\$1,773.02	\$34.34
RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,526.55	\$48.93
NY S LBTY NG 40/70/2500/65 EPO 20				
PCP/Spec:	\$40/\$70	Single	\$820.03	\$17.17
Ded and Coinsurance:	In: \$2,500/\$5,000, 35%	Parent/Child (ren)	\$1,394.05	\$29.19
Max out of Pocket:	In: \$8,150/\$16,300	Employee/ Spouse*	\$1,640.05	\$34.34
RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,337.07	\$48.93
NY S FRDM NG 25/50/2000/80 EPO HSA 20				
PCP/Spec:	Deductible and Coinsurance	Single	\$895.22	\$17.17
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,521.87	\$29.19
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,790.44	\$34.34
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,551.38	\$48.93
NY S LBTY NG 25/50/2000/80 EPO HSA 20				
PCP/Spec:	Deductible and Coinsurance	Single	\$828.08	\$17.17
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,407.74	\$29.19
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,656.17	\$34.34
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,360.04	\$48.93
NY S FRDM NG 2000/70 EPO HSA 20				
PCP/Spec:	Deductible and Coinsurance	Single	\$874.50	\$17.17
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,486.65	\$29.19
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,749.00	\$34.34
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,492.32	\$48.93
NY S FRDM NG 40/70/2500/65 PPO 20				
PCP/Spec:	\$40/\$70	Single	\$949.44	\$17.17
Ded and Coinsurance:	In: \$2,500/\$5,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,614.05	\$29.19
Max out of Pocket:	In: \$8,150/\$16,300 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,898.89	\$34.34
RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,705.92	\$48.93
NY S FRDM NG 30/60/2000/80 PPO HSA 20				
PCP/Spec:	Deductible and Coinsurance	Single	\$955.19	\$17.17
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,623.83	\$29.19
Max out of Pocket:	In: \$6,400/\$12,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,910.39	\$34.34
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,722.30	\$48.93
NY S MTRO GT 30/80/3000/70 EPO 20				
PCP/Spec:	\$30/\$80	Single	\$686.22	\$17.17
Ded and Coinsurance:	In: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$1,166.57	\$29.19
Max out of Pocket:	In: \$8,150/\$16,300	Employee/ Spouse*	\$1,372.44	\$34.34
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$1,955.73	\$48.93
NY S MTRO GT 35/50/3500/70 EPO HSA 20				
PCP/Spec:	Deductible and Coinsurance	Single	\$629.70	\$17.17
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,070.49	\$29.19
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,259.41	\$34.34
RX plan:	\$10/\$65/50%, max \$800	Family	\$1,794.65	\$48.93
NY S MTRO NG 30/80/3000/70 EPO ME 20				
PCP/Spec:	\$30/\$80	Single	\$710.17	\$17.17
Ded and Coinsurance:	In: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$1,207.30	\$29.19
Max out of Pocket:	In: \$8,150/\$16,300	Employee/ Spouse*	\$1,420.35	\$34.34
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$2,024.00	\$48.93
NY S MTRO NG 50/100/100 EPO ZD 20				
PCP/Spec:	\$50/\$100	Single	\$818.09	\$17.17
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,390.75	\$29.19
Max out of Pocket:	In: \$8,150/\$16,300	Employee/ Spouse*	\$1,636.17	\$34.34
RX plan:	Non-T1 Ded \$100 then \$15/\$65/\$90	Family	\$2,331.55	\$48.93

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Bronze Plans				
NY B FRDM NG 5500/70 EPO HSA 20		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$751.75	\$17.17
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Parent/Child (ren)	\$1,277.97	\$29.19
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$1,503.49	\$34.34
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,142.47	\$48.93
NY B LBTY NG 5500/70 EPO HSA 20				
PCP/Spec:	Deductible and Coinsurance	Single	\$695.36	\$17.17
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Parent/Child (ren)	\$1,182.12	\$29.19
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$1,390.73	\$34.34
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$1,981.79	\$48.93
NY B LBTY NG 30/60/6000/80 PPO HSA 20				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$743.98	\$17.17
Ded and Coinsurance:	In: \$6,000/\$12,000, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,264.77	\$29.19
Max out of Pocket:	In: \$6,550/\$13,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,487.96	\$34.34
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,120.35	\$48.93
NY B MTRO GT 40/75/5750/50 EPO HSA 20				
PCP/Spec:	\$40/\$75 after Deductible	Single	\$579.35	\$17.17
Ded and Coinsurance:	In: \$5,750/\$11,500, 50%	Parent/Child (ren)	\$984.89	\$29.19
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$1,158.69	\$34.34
RX plan:	Ded Med/Rx then \$10/\$65/\$90	Family	\$1,651.14	\$48.93
NY B LBTY NG 6750/100 EPO HSA 20				
PCP/Spec:	Deductible and Coinsurance	Single	\$684.38	\$17.17
Ded and Coinsurance:	In: \$6,750/\$13,500, 0%	Parent/Child (ren)	\$1,163.46	\$29.19
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,368.77	\$34.34
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,950.50	\$48.93
NY B MTRO GT 6750/100 EPO HSA 20				
PCP/Spec:	Deductible and Coinsurance	Single	\$574.57	\$17.17
Ded and Coinsurance:	In: \$6,750/\$13,500, 0%	Parent/Child (ren)	\$976.77	\$29.19
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,149.14	\$34.34
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,637.53	\$48.93
NY B LBTY NG 25/75/4000/70 EPO HSA 20				
PCP/Spec:	\$25/\$75 after Deductible	Single	\$706.51	\$17.17
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Parent/Child (ren)	\$1,201.08	\$29.19
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,413.03	\$34.34
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,013.57	\$48.93

* 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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