

2022 New York Small Group (1-100) Oxford Products: Q3 2022 Rates

Use the table below to review monthly rates for New York small group Oxford¹ 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 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,469.77	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,498.61	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$2,939.54	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,188.84	\$51.16
NY P FRDM NG 20/40/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,382.11	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,349.59	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,764.22	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,939.01	\$51.16
NY P FRDM NG 5/15/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,412.12	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,400.60	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,824.24	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,024.54	\$51.16
NY P FRDM NG 20/40/100 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,436.70	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,442.39	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,873.40	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,094.60	\$51.16
NY P FRDM NG 20/40/100 PPO FAIR 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,735.09	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$2,949.65	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,470.18	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,945.01	\$51.16
NY P MTRO GT 15/30/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,113.18	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,892.41	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,226.36	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,172.56	\$51.16
NY P LBTY GT 15/30/250/90 EPO LA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,199.75	\$17.95
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,039.58	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,399.50	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,419.29	\$51.16
NY P LBTY NG 5/35/500/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,276.61	\$17.95
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,170.24	\$30.52
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,553.22	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,638.34	\$51.16

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2022 New York Small Group (1-100) Oxford Products: Q3 2022 Rates

Use the table below to review monthly rates for New York small group Oxford¹ 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.



Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 22				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Single	\$1,078.85	\$17.95
Max out of Pocket:	In: \$6,400/\$12,800	Parent/Child (ren)	\$1,834.05	\$30.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,157.70	\$35.90
		Family	\$3,074.72	\$51.16
NY G FRDM NG 15/35/1750/90 EPO 22				
PCP/Spec:	\$15/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Single	\$1,170.65	\$17.95
Max out of Pocket:	In: \$7,500/\$15,000	Parent/Child (ren)	\$1,990.11	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,341.30	\$35.90
		Family	\$3,336.35	\$51.16
NY G FRDM NG 25/40/1750/80 EPO 22				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Single	\$1,161.11	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,973.89	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,322.22	\$35.90
		Family	\$3,309.16	\$51.16
NY G FRDM NG 25/40/1500/80 PPO 22				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Single	\$1,217.64	\$17.95
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Parent/Child (ren)	\$2,069.99	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,435.28	\$35.90
		Family	\$3,470.27	\$51.16
NY G FRDM NG 50/50/1000/90 EPO 22				
PCP/Spec:	\$50/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Single	\$1,183.65	\$17.95
Max out of Pocket:	In: \$6,200/\$12,400	Parent/Child (ren)	\$2,012.21	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,367.30	\$35.90
		Family	\$3,373.40	\$51.16
NY G FRDM NG 1500/90 PPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Single	\$1,156.12	\$17.95
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Parent/Child (ren)	\$1,965.40	\$30.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,312.24	\$35.90
		Family	\$3,294.94	\$51.16
NY G FRDM NG 1500/90 EPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,107.90	\$17.95
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,883.43	\$30.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,215.80	\$35.90
		Family	\$3,157.52	\$51.16
NY G MTR0 GT 25/40/1250/80 EPO 22				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$943.91	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,604.65	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,887.82	\$35.90
		Family	\$2,690.14	\$51.16
NY G MTR0 GT 25/40/600/80 EPO HNY 22				
PCP/Spec:	\$25/\$40 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Single	\$809.52	\$17.95
Max out of Pocket:	In: \$4,000/\$8,000	Parent/Child (ren)	\$1,376.18	\$30.52
RX plan:	\$10/\$35/\$70	Employee/ Spouse*	\$1,619.04	\$35.90
		Family	\$2,307.13	\$51.16
NY G LBTY NG 30/60/2000/70 EPO 22				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Single	\$1,039.36	\$17.95
Max out of Pocket:	In: \$8,400/\$16,800	Parent/Child (ren)	\$1,766.91	\$30.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,078.72	\$35.90
		Family	\$2,962.18	\$51.16
NY G MTR0 NG 25/40/1250/80 EPO ME 22				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$977.89	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,662.41	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,955.78	\$35.90
		Family	\$2,786.99	\$51.16
NY G FRDM NG 30/60/2250/70 EPO 22				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Single	\$1,092.53	\$17.95
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,857.30	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,185.06	\$35.90
		Family	\$3,113.71	\$51.16
NY G LBTY NG 25/50/100 EPO ZD 22				
PCP/Spec:	\$25/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,178.94	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,004.20	\$30.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,357.88	\$35.90
		Family	\$3,359.98	\$51.16
NY G LBTY NG 1500/90 EPO HSAM 22				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,052.21	\$17.95
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,788.76	\$30.52
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$2,104.42	\$35.90
		Family	\$2,998.80	\$51.16
NY G LBTY NG 20/40/2000/80 EPO 22				
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Single	\$1,050.21	\$17.95
Max out of Pocket:	In: \$8,500/\$17,000	Parent/Child (ren)	\$1,785.36	\$30.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,100.42	\$35.90
		Family	\$2,993.10	\$51.16
NY G FRDM NG 1750/100 EPO HSAM 22				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Single	\$1,127.13	\$17.95
Max out of Pocket:	In: \$6,800/\$13,600	Parent/Child (ren)	\$1,916.12	\$30.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,254.26	\$35.90
		Family	\$3,212.32	\$51.16
NY G FRDM NG 25/50/100 EPO 22				
PCP/Spec:	\$25/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,245.91	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,118.05	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,491.82	\$35.90
		Family	\$3,550.84	\$51.16

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Silver Plans			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/70/3000/65 EPO 22			
PCP/Spec: \$40/\$70	Single	\$925.47	\$17.95
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,573.30	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,850.94	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,637.59	\$51.16
NY S FRDM NG 40/70/3000/65 EPO 22			
PCP/Spec: \$40/\$70	Single	\$977.93	\$17.95
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,662.48	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,955.86	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,787.10	\$51.16
NY S LBTY NG 30/75/3500/60 EPO 22			
PCP/Spec: \$30/\$75	Single	\$906.26	\$17.95
Ded and Coinsurance: In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,540.64	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,812.52	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,582.84	\$51.16
NY S MTRO GT 30/80/3500/70 EPO 22			
PCP/Spec: \$30/\$80	Single	\$784.55	\$17.95
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,333.74	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,569.10	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,235.97	\$51.16
NY S FRDM NG 30/60/2000/80 PPO HSA 22			
PCP/Spec: \$30/\$60 after Deductible	Single	\$1,028.33	\$17.95
Ded and Coinsurance: In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,748.16	\$30.52
Max out of Pocket: In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,056.66	\$35.90
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,930.74	\$51.16
NY S LBTY GT 25/50/4500/50 EPO 22			
PCP/Spec: \$25/\$50	Single	\$889.10	\$17.95
Ded and Coinsurance: In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,511.47	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,778.20	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,533.94	\$51.16
NY S FRDM NG 40/70/3000/65 PPO 22			
PCP/Spec: \$40/\$70	Single	\$1,025.66	\$17.95
Ded and Coinsurance: In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,743.62	\$30.52
Max out of Pocket: In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,051.32	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,923.13	\$51.16
NY S FRDM NG 25/50/2250/80 EPO HSA 22			
PCP/Spec: \$25/\$50 after Deductible	Single	\$988.16	\$17.95
Ded and Coinsurance: In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,679.87	\$30.52
Max out of Pocket: In: \$6,900/\$13,800	Employee/ Spouse*	\$1,976.32	\$35.90
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,816.26	\$51.16
NY S FRDM NG 2000/70 EPO HSA 22			
PCP/Spec: Deductible and Coinsurance	Single	\$970.00	\$17.95
Ded and Coinsurance: In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,649.00	\$30.52
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,940.00	\$35.90
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,764.50	\$51.16
NY S MTRO NG 30/80/3500/70 EPO ME 22			
PCP/Spec: \$30/\$80	Single	\$812.79	\$17.95
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,381.74	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,625.58	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,316.45	\$51.16
NY S LBTY NG 25/50/2500/80 EPO HSA 22			
PCP/Spec: \$25/\$50 after Deductible	Single	\$924.66	\$17.95
Ded and Coinsurance: In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,571.92	\$30.52
Max out of Pocket: In: \$6,900/\$13,800	Employee/ Spouse*	\$1,849.32	\$35.90
RX plan: Ded Med/Rx then \$10/\$50/\$90	Family	\$2,635.28	\$51.16
NY S MTRO GT 35/50/3500/70 EPO HSA 22			
PCP/Spec: \$35/\$50 after Deductible	Single	\$745.83	\$17.95
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,267.91	\$30.52
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,491.66	\$35.90
RX plan: Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,125.62	\$51.16
NY S MTRO NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$912.66	\$17.95
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,551.52	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,825.32	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,601.08	\$51.16
NY S LBTY NG 4000/80 EPO HSAM 22			
PCP/Spec: Deductible and Coinsurance	Single	\$869.42	\$17.95
Ded and Coinsurance: In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,478.01	\$30.52
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,738.84	\$35.90
RX plan: Ded Med/Rx then \$10/\$50/\$90	Family	\$2,477.85	\$51.16
NY S LBTY NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$1,032.23	\$17.95
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,754.79	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,064.46	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,941.86	\$51.16
NY S LBTY NG 25/45/5000/50 EPO 22			
PCP/Spec: Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$897.59	\$17.95
Ded and Coinsurance: In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,525.90	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,795.18	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,558.13	\$51.16
NY S LBTY NG 40/70/4500/60 EPO 22			
PCP/Spec: \$40/\$70	Single	\$907.74	\$17.95
Ded and Coinsurance: In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,543.16	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,815.48	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,587.06	\$51.16
NY S FRDM NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$1,088.02	\$17.95
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,849.63	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,176.04	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,100.86	\$51.16
NY S MTRO GT 40/70/3000/65 EPO 22			
PCP/Spec: \$40/\$70	Single	\$818.27	\$17.95
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,391.06	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,636.54	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,332.07	\$51.16

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Use the table below to review monthly rates for New York small group Oxford¹ 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 5800/50 EPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$858.01 \$17.95
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,458.62 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,716.02 \$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,445.33 \$51.16
NY B LBTY NG 7000/100 EPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$814.08 \$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,383.94 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,628.16 \$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,320.13 \$51.16
NY B MTRO GT 7000/100 EPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$694.76 \$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,181.09 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,389.52 \$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,980.07 \$51.16
NY B LBTY NG 25/75/5750/70 EPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$814.69 \$17.95
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,384.97 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,629.38 \$35.90
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,321.87 \$51.16
NY B LBTY NG 30/60/6750/80 PPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$849.38 \$17.95
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,443.95 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,698.76 \$35.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,420.73 \$51.16
NY B MTRO GT 40/75/6500/50 EPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$691.81 \$17.95
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,176.08 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,383.62 \$35.90
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,971.66 \$51.16

* 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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