2022 New York Small Group (1-100) Oxford Products: Q4 2022 Rates

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



Platinum Plans				
NY P FRDM NG 5/15/1	00 PPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,506.00	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,560.20	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,012.00	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,292.10	\$51.16
NY P FRDM NG 20/40/	00 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,416.18	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,407.51	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,832.36	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,036.11	\$51.16
NY P FRDM NG 5/15/1	00 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,446.93	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,459.78	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,893.86	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,123.75	\$51.16
NY P FRDM NG 20/40/	00 PPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,472.12	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,502.60	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,944.24	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,195.54	\$51.16
NY P FRDM NG 20/40/	00 PPO FAIR 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,777.86	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$3,022.36	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,555.72	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$5,066.90	\$51.16
NY P MTRO GT 15/30/	00 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,140.62	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,939.05	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,281.24	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,250.77	\$51.16
NY P LBTY GT 15/30/2	50/90 EPO LA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,229.32	\$17.95
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,089.84	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,458.64	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,503.56	\$51.16
NY P LBTY NG 5/35/50	0/100 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,308.08	\$17.95
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,223.74	\$30.52
Ded and Coinsurance: Max out of Pocket:		Parent/Child (ren) Employee/ Spouse*	\$2,223.74 \$2,616.16	\$30.52 \$35.90

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2022 New York Small Group (1-100) Oxford Products: Q4 2022 Rates

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Gold Plans	50/400 FDO 00			
NY G LBTY GT 30/60/129 PCP/Spec:	50/100 EPO 22 \$30/\$60	Tier Single	Rate (select counties) \$1,105.44	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,879.25	\$30.52
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$2,210.88	\$35.90
RX plan: NY G FRDM NG 15/35/17	Non-T1 Ded \$200 then \$10/\$50/\$90	Family Tier	\$3,150.50 Rate (select counties)	\$51.16 Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,199.51	\$17.95
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,039.17	\$30.52
Max out of Pocket: RX plan:	In: \$7,500/\$15,000 Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse* Family	\$2,399.02 \$3,418.60	\$35.90 \$51.16
NY G FRDM NG 25/40/17		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,189.73	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$1,750/\$3,500, 20% In: \$6,000/\$12,000	Parent/Child (ren) Employee/ Spouse*	\$2,022.54 \$2,379.46	\$30.52 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,390.73	\$51.16
NY G FRDM NG 25/40/15		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$25/\$40 In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Single Parent/Child (ren)	\$1,247.65 \$2,121.01	\$17.95 \$30.52
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,495.30	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,555.80	\$51.16
NY G FRDM NG 50/50/10 PCP/Spec:	000/90 EPO 22 \$50/\$50	Tier Single	Rate (select counties) \$1,212.82	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,061.79	\$30.52
Max out of Pocket:	In: \$6,200/\$12,400	Employee/ Spouse*	\$2,425.64	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,456.54	\$51.16
NY G FRDM NG 1500/90 PCP/Spec:	Deductible and Coinsurance	Tier Single	Rate (select counties) \$1,184.62	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,013.85	\$30.52
Max out of Pocket: RX plan:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000 Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,369.24 \$3,376.17	\$35.90 \$51.16
NY G FRDM NG 1500/90		Family Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,135.21	\$17.95
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,929.86	\$30.52
Max out of Pocket: RX plan:	In: \$5,500/\$11,000 Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse* Family	\$2,270.42 \$3,235.35	\$35.90 \$51.16
NY G MTRO GT 25/40/12		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$967.17	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000	Parent/Child (ren) Employee/ Spouse*	\$1,644.19 \$1,934.34	\$30.52 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,756.43	\$51.16
NY G MTRO GT 25/40/60		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$25/\$40 after Deductible In: \$600/\$1,200, 20%	Single Parent/Child (ren)	\$829.48 \$1,410.12	\$17.95 \$30.52
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,658.96	\$35.90
RX plan:	\$10/\$35/\$70	Family	\$2,364.02	\$51.16
NY G LBTY NG 30/60/20 PCP/Spec:	00/70 EPO 22 \$30/\$60	Tier Single	Rate (select counties) \$1,064.98	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,810.47	\$30.52
Max out of Pocket:	In: \$8,400/\$16,800	Employee/ Spouse*	\$2,129.96	\$35.90
RX plan: NY G MTRO NG 25/40/12	Non-T1 Ded \$200 then \$10/\$50/\$90	Family Tier	\$3,035.19 Rate (select counties)	\$51.16 Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,001.99	\$17.95
	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,703.38	\$30.52
Max out of Pocket: RX plan:	In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family	\$2,003.98 \$2,855.67	\$35.90 \$51.16
NY G FRDM NG 30/60/22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,119.46	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400	Parent/Child (ren) Employee/ Spouse*	\$1,903.08 \$2,238.92	\$30.52 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,190.46	\$51.16
NY G LBTY NG 25/50/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$25/\$50 In: \$0, 0%	Single Parent/Child (ren)	\$1,208.00 \$2,053.60	\$17.95 \$30.52
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,416.00	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,442.80	\$51.16
NY G LBTY NG 1500/90 PCP/Spec:	EPO HSAM 22 Deductible and Coinsurance	Tier Single	Rate (select counties) \$1,078.15	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,832.86	\$30.52
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,156.30	\$35.90
RX plan: NY G LBTY NG 20/40/20	Ded Med/Rx then \$10/\$50/\$90	Family Tier	\$3,072.73 Rate (select counties)	\$51.16 Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,076.10	\$17.95
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,829.37	\$30.52
Max out of Pocket: RX plan:	In: \$8,500/\$17,000 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family	\$2,152.20 \$3,066.89	\$35.90 \$51.16
NY G FRDM NG 1750/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,154.91	\$17.95
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$1,963.35	\$30.52
Max out of Pocket: RX plan:	In: \$6,800/\$13,600 Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse* Family	\$2,309.82 \$3,291.49	\$35.90 \$51.16
NY G FRDM NG 25/50/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,276.62	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$0, 0% In: \$6,000/\$12,000	Parent/Child (ren) Employee/ Spouse*	\$2,170.25 \$2,553.24	\$30.52 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,638.37	\$51.16

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Silver Plans NY S LBTY NG 40/70/30	000/65 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$948.28	\$17.95
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,612.08	\$30.52
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family	\$1,896.56 \$2,702.60	\$35.90 \$51.16
NY S FRDM NG 40/70/3		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$1,002.03	\$17.95
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,703.45	\$30.52
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$200 then \$10/\$40/\$80	Employee/ Spouse* Family	\$2,004.06 \$2,855.79	\$35.90 \$51.16
NY S LBTY NG 30/75/3		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$75	Single	\$928.59	\$17.95
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,578.60	\$30.52
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$200 then \$10/\$50/50%. max 800%	Employee/ Spouse* Family	\$1,857.18 \$2,646.48	\$35.90 \$51.16
NY S MTRO GT 30/80/3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$803.88	\$17.95
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,366.60	\$30.52
Max out of Pocket:	In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family	\$1,607.76 \$2,291.06	\$35.90 \$51.16
NY S FRDM NG 30/60/2		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,053.68	\$17.95
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,791.26	\$30.52
Max out of Pocket:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000 Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse* Family	\$2,107.36 \$3,002.99	\$35.90 \$51.16
IY S LBTY GT 25/50/45		Tier	Rate (select counties)	Dep 29 Rider
CP/Spec:	\$25/\$50	Single	\$911.02	\$17.95
ed and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,548.73	\$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,822.04	\$35.90
XX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,596.41	\$51.16 Dop 20 Bidor
IY S FRDM NG 40/70/3 PCP/Spec:	\$40/\$70	Tier Single	Rate (select counties) \$1,050.94	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,786.60	\$30.52
Max out of Pocket:	In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,101.88	\$35.90
XX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,995.18	\$51.16
IY S FRDM NG 25/50/2	\$25/\$50 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Single Parent/Child (ren)	\$1,012.52 \$1,721.28	\$17.95 \$30.52
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$2,025.04	\$35.90
XX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,885.68	\$51.16
IY S FRDM NG 2000/7		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	Deductible and Coinsurance In: \$2,000/\$4,000, 30%	Single Parent/Child (ren)	\$993.91 \$1,689.65	\$17.95 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,987.82	\$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,832.64	\$51.16
NY S MTRO NG 30/80/3		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$832.83	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$3,500/\$7,000, 30%	Parent/Child (ren) Employee/ Spouse*	\$1,415.81 \$1,665.66	\$30.52 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,373.57	\$51.16
NY S LBTY NG 25/50/2		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50 after Deductible	Single	\$947.46	\$17.95
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,610.68	\$30.52
Max out of Pocket: RX plan:	In: \$6,900/\$13,800 Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse* Family	\$1,894.92 \$2,700.26	\$35.90 \$51.16
NY S MTRO GT 35/50/3		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$35/\$50 after Deductible	Single	\$764.21	\$17.95
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,299.16	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100 Ded Med/Rx then \$10/\$65/50%, max \$800	Employee/ Spouse*	\$1,528.42	\$35.90 \$51.16
RX plan: IY S MTRO NG 50/100		Family Tier	\$2,178.00 Rate (select counties)	Dep 29 Rider
CP/Spec:	\$50/\$100	Single	\$935.15	\$17.95
ed and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,589.76	\$30.52
lax out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,870.30	\$35.90
RX plan: IY S LBTY NG 4000/80	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,665.18	\$51.16 Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Tier Single	Rate (select counties) \$890,85	Dep 29 Rider \$17.95
ed and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,514.45	\$30.52
lax out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,781.70	\$35.90
X plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,538.92	\$51.16
Y S LBTY NG 50/100/ CP/Spec:	100 EPO ZD 22 \$50/\$100	Tier Single	Rate (select counties) \$1.057.67	Dep 29 Rider \$17.95
led and Coinsurance:	\$50/\$100 In: \$0, 0%	Parent/Child (ren)	\$1,798.04	\$17.95
lax out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,115.34	\$35.90
X plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,014.36	\$51.16
IY S LBTY NG 25/45/50		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	Tier I: \$25/\$45 Tier II: \$45/\$75 In: \$5,000/\$10,000, 50%	Single Parent/Child (ren)	\$919.71 \$1,563.51	\$17.95 \$30.52
lax out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,839.42	\$35.90
X plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,621.17	\$51.16
Y S LBTY NG 40/70/4		Tier	Rate (select counties)	Dep 29 Rider
CP/Spec: led and Coinsurance:	\$40/\$70 In: \$4,500/\$9,000, 40%	Single Parent/Child (ren)	\$930.11 \$1,581.19	\$17.95 \$30.52
led and Coinsurance:	In: \$4,500/\$9,000, 40%	Employee/ Spouse*	\$1,581.19 \$1,860.22	\$30.52 \$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,650.81	\$51.16
Y S FRDM NG 50/100		Tier	Rate (select counties)	Dep 29 Rider
CP/Spec:	\$50/\$100	Single	\$1,114.84	\$17.95
	In: \$0, 0%	Parent/Child (ren)	\$1,895.23	\$30.52 \$35.90
ed and Coinsurance:	In: \$8.700/\$17.400			
led and Coinsurance: lax out of Pocket:	In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family	\$2,229.68 \$3.177.29	
led and Coinsurance: lax out of Pocket: X plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family Tier	\$3,177.29 Rate (select counties)	\$51.16 Dep 29 Rider
Ded and Coinsurance: Max out of Pocket: RX plan: IY S MTRO GT 40/70/3 PCP/Spec:	Non-T1 Ded \$150 then \$10/\$65/\$95 3000/65 EPO 22 \$40/\$70	Family Tier Single	\$3,177.29 Rate (select counties) \$838.44	\$51.16 Dep 29 Rider \$17.95
Ded and Coinsurance: Max out of Pocket: RX plan: NY S MTRO GT 40/70/3 PCP/Spec: Ded and Coinsurance:	Non-T1 Ded \$150 then \$10/\$65/\$95 000/65 EPO 22 \$40/\$70 In: \$3,000/\$6,000, 35%	Family Tier Single Parent/Child (ren)	\$3,177.29 Rate (select counties) \$838.44 \$1,425.35	\$51.16 Dep 29 Rider \$17.95 \$30.52
Ded and Coinsurance: Max out of Pocket: RX plan: RY S MTRO GT 40/70/S PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 3000/65 EPO 22 \$40/\$70	Family Tier Single	\$3,177.29 Rate (select counties) \$838.44	\$51.16 Dep 29 Rider \$17.95

2022 New York Small Group (1-100) Oxford Products: Q4 2022 Rates

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 5800/50	EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$879.16	\$17.95
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,494.57	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,758.32	\$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,505.61	\$51.16
NY B LBTY NG 7000/100		Tier	Rate (select counties)	Dep 29 Rider
	Deductible and Coinsurance	Single	\$834.15	\$17.95
Ded and Coinsurance:	ln: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,418.06	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,668.30	\$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,377.33	\$51.16
NY B MTRO GT 7000/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$711.89	\$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,210.21	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,423.78	\$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,028.89	\$51.16
NY B LBTY NG 25/75/57	50/70 EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$834.77	\$17.95
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,419.11	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,669.54	\$35.90
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,379.09	\$51.16
NY B LBTY NG 30/60/67	50/80 PPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$870.32	\$17.95
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,479.54	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,740.64	\$35.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,480.41	\$51.16
NY B MTRO GT 40/75/65	500/50 EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$708.86	\$17.95
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,205.06	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,417.72	\$35.90
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$2.020.25	\$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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