

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 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	\$1,506.00	\$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 20/40/100 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 5/15/100 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 20/40/100 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 20/40/100 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 15/30/100 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 15/30/250/90 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 5/35/500/100 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
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,616.16	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,728.03	\$51.16

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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 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			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY G LBTY GT 30/60/1250/100 EPO 22			
PCP/Spec: \$30/\$60	Single	\$1,105.44	\$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: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,150.50	\$51.16
NY G FRDM NG 15/35/1750/90 EPO 22			
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: In: \$7,500/\$15,000	Employee/ Spouse*	\$2,399.02	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,418.60	\$51.16
NY G FRDM NG 25/40/1750/80 EPO 22			
PCP/Spec: \$25/\$40	Single	\$1,189.73	\$17.95
Ded and Coinsurance: In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,022.54	\$30.52
Max out of Pocket: In: \$6,000/\$12,000	Employee/ Spouse*	\$2,379.46	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,390.73	\$51.16
NY G FRDM NG 25/40/1500/80 PPO 22			
PCP/Spec: \$25/\$40	Single	\$1,247.65	\$17.95
Ded and Coinsurance: In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,121.01	\$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 50/50/1000/90 EPO 22			
PCP/Spec: \$50/\$50	Single	\$1,212.82	\$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 PPO HSA 22			
PCP/Spec: Deductible and Coinsurance	Single	\$1,184.62	\$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: In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,369.24	\$35.90
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$3,376.17	\$51.16
NY G FRDM NG 1500/90 EPO HSA 22			
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: In: \$5,500/\$11,000	Employee/ Spouse*	\$2,270.42	\$35.90
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$3,235.35	\$51.16
NY G MTR0 GT 25/40/1250/80 EPO 22			
PCP/Spec: \$25/\$40	Single	\$967.17	\$17.95
Ded and Coinsurance: In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,644.19	\$30.52
Max out of Pocket: In: \$6,000/\$12,000	Employee/ Spouse*	\$1,934.34	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,756.43	\$51.16
NY G MTR0 GT 25/40/600/80 EPO HNY 22			
PCP/Spec: \$25/\$40 after Deductible	Single	\$829.48	\$17.95
Ded and Coinsurance: In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,410.12	\$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 30/60/2000/70 EPO 22			
PCP/Spec: \$30/\$60	Single	\$1,064.98	\$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: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,035.19	\$51.16
NY G MTR0 NG 25/40/1250/80 EPO ME 22			
PCP/Spec: \$25/\$40	Single	\$1,001.99	\$17.95
Ded and Coinsurance: In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,703.38	\$30.52
Max out of Pocket: In: \$6,000/\$12,000	Employee/ Spouse*	\$2,003.98	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,855.67	\$51.16
NY G FRDM NG 30/60/2250/70 EPO 22			
PCP/Spec: \$30/\$60	Single	\$1,119.46	\$17.95
Ded and Coinsurance: In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,903.08	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,238.92	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,190.46	\$51.16
NY G LBTY NG 25/50/100 EPO ZD 22			
PCP/Spec: \$25/\$50	Single	\$1,208.00	\$17.95
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$2,053.60	\$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 EPO HSAM 22			
PCP/Spec: Deductible and Coinsurance	Single	\$1,078.15	\$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: Ded Med/Rx then \$10/\$50/\$90	Family	\$3,072.73	\$51.16
NY G LBTY NG 20/40/2000/80 EPO 22			
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: In: \$8,500/\$17,000	Employee/ Spouse*	\$2,152.20	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,066.89	\$51.16
NY G FRDM NG 1750/100 EPO HSAM 22			
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: In: \$6,800/\$13,600	Employee/ Spouse*	\$2,309.82	\$35.90
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$3,291.49	\$51.16
NY G FRDM NG 25/50/100 EPO 22			
PCP/Spec: \$25/\$50	Single	\$1,276.62	\$17.95
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$2,170.25	\$30.52
Max out of Pocket: In: \$6,000/\$12,000	Employee/ Spouse*	\$2,553.24	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,638.37	\$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:	Single	\$40/\$70	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$3,000/\$6,000, 35%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$8,700/\$17,400	\$35.90
RX plan:	Family	Non-T1 Ded \$200 then \$10/\$50/\$90	\$51.16
NY S FRDM NG 40/70/3000/65 EPO 22			
PCP/Spec:	Single	\$40/\$70	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$3,000/\$6,000, 35%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$8,700/\$17,400	\$35.90
RX plan:	Family	Non-T1 Ded \$200 then \$10/\$40/\$80	\$51.16
NY S LBTY NG 30/75/3500/60 EPO 22			
PCP/Spec:	Single	\$30/\$75	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$3,500/\$7,000, 40%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$8,700/\$17,400	\$35.90
RX plan:	Family	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	\$51.16
NY S MTRO GT 30/80/3500/70 EPO 22			
PCP/Spec:	Single	\$30/\$80	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$3,500/\$7,000, 30%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$8,700/\$17,400	\$35.90
RX plan:	Family	Non-T1 Ded \$150 then \$10/\$65/\$95	\$51.16
NY S FRDM NG 30/60/2000/80 PPO HSA 22			
PCP/Spec:	Single	\$30/\$60 after Deductible	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$6,900/\$13,800 Out: \$10,500/\$21,000	\$35.90
RX plan:	Family	Ded Med/Rx then \$10/\$40/\$80	\$51.16
NY S LBTY GT 25/50/4500/50 EPO 22			
PCP/Spec:	Single	\$25/\$50	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$4,500/\$9,000, 50%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$8,700/\$17,400	\$35.90
RX plan:	Family	Non-T1 Ded \$200 then \$10/\$50/\$90	\$51.16
NY S FRDM NG 40/70/3000/65 PPO 22			
PCP/Spec:	Single	\$40/\$70	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$8,700/\$17,400 Out: \$10,500/\$21,000	\$35.90
RX plan:	Family	Non-T1 Ded \$200 then \$10/\$40/\$80	\$51.16
NY S FRDM NG 25/50/2250/80 EPO HSA 22			
PCP/Spec:	Single	\$25/\$50 after Deductible	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$2,250/\$4,500, 20%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$6,900/\$13,800	\$35.90
RX plan:	Family	Ded Med/Rx then \$10/\$40/\$80	\$51.16
NY S FRDM NG 2000/70 EPO HSA 22			
PCP/Spec:	Single	Deductible and Coinsurance	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$2,000/\$4,000, 30%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$7,050/\$14,100	\$35.90
RX plan:	Family	Ded Med/Rx then \$10/\$40/\$80	\$51.16
NY S MTRO NG 30/80/3500/70 EPO ME 22			
PCP/Spec:	Single	\$30/\$80	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$3,500/\$7,000, 30%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$8,700/\$17,400	\$35.90
RX plan:	Family	Non-T1 Ded \$150 then \$10/\$65/\$95	\$51.16
NY S LBTY NG 25/50/2500/80 EPO HSA 22			
PCP/Spec:	Single	\$25/\$50 after Deductible	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$2,500/\$5,000, 20%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$6,900/\$13,800	\$35.90
RX plan:	Family	Ded Med/Rx then \$10/\$50/\$90	\$51.16
NY S MTRO GT 35/50/3500/70 EPO HSA 22			
PCP/Spec:	Single	\$35/\$50 after Deductible	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$3,500/\$7,000, 30%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$7,050/\$14,100	\$35.90
RX plan:	Family	Ded Med/Rx then \$10/\$65/50%, max \$800	\$51.16
NY S MTRO NG 50/100/100 EPO ZD 22			
PCP/Spec:	Single	\$50/\$100	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$0, 0%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$8,700/\$17,400	\$35.90
RX plan:	Family	Non-T1 Ded \$150 then \$10/\$65/\$95	\$51.16
NY S LBTY NG 4000/80 EPO HSAM 22			
PCP/Spec:	Single	Deductible and Coinsurance	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$4,000/\$8,000, 20%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$7,050/\$14,100	\$35.90
RX plan:	Family	Ded Med/Rx then \$10/\$50/\$90	\$51.16
NY S LBTY NG 50/100/100 EPO ZD 22			
PCP/Spec:	Single	\$50/\$100	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$0, 0%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$8,700/\$17,400	\$35.90
RX plan:	Family	Non-T1 Ded \$150 then \$10/\$65/\$95	\$51.16
NY S LBTY NG 25/45/5000/50 EPO 22			
PCP/Spec:	Single	Tier I: \$25/\$45 Tier II: \$45/\$75	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$5,000/\$10,000, 50%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$8,700/\$17,400	\$35.90
RX plan:	Family	Non-T1 Ded \$200 then \$10/\$50/\$90	\$51.16
NY S LBTY NG 40/70/4500/60 EPO 22			
PCP/Spec:	Single	\$40/\$70	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$4,500/\$9,000, 40%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$8,700/\$17,400	\$35.90
RX plan:	Family	Non-T1 Ded \$200 then \$10/\$50/\$90	\$51.16
NY S FRDM NG 50/100/100 EPO ZD 22			
PCP/Spec:	Single	\$50/\$100	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$0, 0%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$8,700/\$17,400	\$35.90
RX plan:	Family	Non-T1 Ded \$150 then \$10/\$65/\$95	\$51.16
NY S MTRO GT 40/70/3000/65 EPO 22			
PCP/Spec:	Single	\$40/\$70	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	In: \$3,000/\$6,000, 35%	\$30.52
Max out of Pocket:	Employee/ Spouse*	In: \$8,700/\$17,400	\$35.90
RX plan:	Family	Non-T1 Ded \$200 then \$10/\$50/\$90	\$51.16

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 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	\$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 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$834.15	\$17.95
Ded and Coinsurance:	In: \$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 7000/100 EPO HSA 22		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 25/75/5750/70 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 30/60/6750/80 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 40/75/6500/50 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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