

**2022 New York Small Group (1-100) Oxford Products: Q1 2022 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>®</sup> products. Rates are for **Region 3** in the Oxford service area, which includes: Dutchess, Orange, Putnam, Sullivan, and Ulster 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>Platinum Plans</b>				
<b>NY P FRDM NG 5/15/100 PPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,489.08	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,531.44	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$2,978.16	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,243.88	\$54.41
<b>NY P FRDM NG 20/40/100 EPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,400.26	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,380.44	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,800.52	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,990.74	\$54.41
<b>NY P FRDM NG 5/15/100 EPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,430.67	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,432.14	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,861.34	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,077.41	\$54.41
<b>NY P FRDM NG 20/40/100 PPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,455.57	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,474.47	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,911.14	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,148.37	\$54.41
<b>NY P FRDM NG 20/40/100 PPO FAIR 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,757.87	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$2,988.38	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,515.74	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$5,009.93	\$54.41
<b>NY P MTRO GT 15/30/100 EPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$15/\$30	Single	\$1,127.80	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,917.26	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,255.60	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,214.23	\$54.41
<b>NY P LBTY GT 15/30/250/90 EPO LA 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$15/\$30	Single	\$1,215.51	\$19.09
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,066.37	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,431.02	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,464.20	\$54.41
<b>NY P LBTY NG 5/35/500/100 EPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,293.38	\$19.09
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,198.75	\$32.45
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,586.76	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,686.13	\$54.41

**2022 New York Small Group (1-100) Oxford Products: Q1 2022 Rates**

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<b>Gold Plans</b>				
<b>NY G LBTY GT 30/60/1250/100 EPO 22</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Single	\$1,093.01	\$19.09
Max out of Pocket:	In: \$6,400/\$12,800	Parent/Child (ren)	\$1,858.12	\$32.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,186.02	\$38.18
		Family	\$3,115.08	\$54.41
<b>NY G FRDM NG 15/35/1750/90 EPO 22</b>				
PCP/Spec:	\$15/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Single	\$1,186.02	\$19.09
Max out of Pocket:	In: \$7,500/\$15,000	Parent/Child (ren)	\$2,016.23	\$32.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,372.04	\$38.18
		Family	\$3,380.16	\$54.41
<b>NY G FRDM NG 25/40/1750/80 EPO 22</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Single	\$1,176.36	\$19.09
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,999.81	\$32.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,352.72	\$38.18
		Family	\$3,352.63	\$54.41
<b>NY G FRDM NG 25/40/1500/80 PPO 22</b>				
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	\$1,233.63	\$19.09
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Parent/Child (ren)	\$2,097.17	\$32.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,467.26	\$38.18
		Family	\$3,515.85	\$54.41
<b>NY G FRDM NG 50/50/1000/90 EPO 22</b>				
PCP/Spec:	\$50/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Single	\$1,199.19	\$19.09
Max out of Pocket:	In: \$6,200/\$12,400	Parent/Child (ren)	\$2,038.62	\$32.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,398.38	\$38.18
		Family	\$3,417.69	\$54.41
<b>NY G FRDM NG 1500/90 PPO HSA 22</b>				
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	\$1,171.31	\$19.09
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Parent/Child (ren)	\$1,991.23	\$32.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,342.62	\$38.18
		Family	\$3,338.23	\$54.41
<b>NY G FRDM NG 1500/90 EPO HSA 22</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,122.45	\$19.09
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,908.17	\$32.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,244.90	\$38.18
		Family	\$3,198.98	\$54.41
<b>NY G MTRO GT 25/40/1250/80 EPO 22</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$956.30	\$19.09
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,625.71	\$32.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,912.60	\$38.18
		Family	\$2,725.46	\$54.41
<b>NY G MTRO GT 25/40/600/80 EPO HNY 22</b>				
PCP/Spec:	\$25/\$40 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Single	\$820.15	\$19.09
Max out of Pocket:	In: \$4,000/\$8,000	Parent/Child (ren)	\$1,394.26	\$32.45
RX plan:	\$10/\$35/\$70	Employee/ Spouse*	\$1,640.30	\$38.18
		Family	\$2,337.43	\$54.41
<b>NY G LBTY NG 30/60/2000/70 EPO 22</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Single	\$1,053.01	\$19.09
Max out of Pocket:	In: \$8,400/\$16,800	Parent/Child (ren)	\$1,790.12	\$32.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,106.02	\$38.18
		Family	\$3,001.08	\$54.41
<b>NY G MTRO NG 25/40/1250/80 EPO ME 22</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$990.73	\$19.09
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,684.24	\$32.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,981.46	\$38.18
		Family	\$2,823.58	\$54.41
<b>NY G FRDM NG 30/60/2250/70 EPO 22</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Single	\$1,106.88	\$19.09
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,881.70	\$32.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,213.76	\$38.18
		Family	\$3,154.61	\$54.41
<b>NY G LBTY NG 25/50/100 EPO ZD 22</b>				
PCP/Spec:	\$25/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,194.42	\$19.09
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,030.51	\$32.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,388.84	\$38.18
		Family	\$3,404.10	\$54.41
<b>NY G LBTY NG 1500/90 EPO HSAM 22</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,066.03	\$19.09
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,812.25	\$32.45
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$2,132.06	\$38.18
		Family	\$3,038.19	\$54.41
<b>NY G LBTY NG 20/40/2000/80 EPO 22</b>				
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	\$1,064.00	\$19.09
Max out of Pocket:	In: \$8,500/\$17,000	Parent/Child (ren)	\$1,808.80	\$32.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,128.00	\$38.18
		Family	\$3,032.40	\$54.41
<b>NY G FRDM NG 1750/100 EPO HSAM 22</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Single	\$1,141.93	\$19.09
Max out of Pocket:	In: \$6,800/\$13,600	Parent/Child (ren)	\$1,941.28	\$32.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,283.86	\$38.18
		Family	\$3,254.50	\$54.41
<b>NY G FRDM NG 25/50/100 EPO 22</b>				
PCP/Spec:	\$25/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,262.27	\$19.09
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,145.86	\$32.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,524.54	\$38.18
		Family	\$3,597.47	\$54.41

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Silver Plans		Tier	Rate (select counties)	Dep 29 Rider
<b>NY S LBTY NG 40/70/3000/65 EPO 22</b>				
PCP/Spec:	\$40/\$70	Single	\$937.62	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,593.95	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,875.24	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,672.22	\$54.41
<b>NY S FRDM NG 40/70/3000/65 EPO 22</b>				
PCP/Spec:	\$40/\$70	Single	\$990.77	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,684.31	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,981.54	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,823.69	\$54.41
<b>NY S LBTY NG 30/75/3500/60 EPO 22</b>				
PCP/Spec:	\$30/\$75	Single	\$918.16	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,560.87	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,836.32	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,616.76	\$54.41
<b>NY S MTRO GT 30/80/3500/70 EPO 22</b>				
PCP/Spec:	\$30/\$80	Single	\$794.85	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,351.25	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,589.70	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,265.32	\$54.41
<b>NY S FRDM NG 30/60/2000/80 PPO HSA 22</b>				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,041.84	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,771.13	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,083.68	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,969.24	\$54.41
<b>NY S LBTY GT 25/50/4500/50 EPO 22</b>				
PCP/Spec:	\$25/\$50	Single	\$900.78	\$19.09
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,531.33	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,801.56	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,567.22	\$54.41
<b>NY S FRDM NG 40/70/3000/65 PPO 22</b>				
PCP/Spec:	\$40/\$70	Single	\$1,039.13	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,766.52	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,078.26	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,961.52	\$54.41
<b>NY S FRDM NG 25/50/2250/80 EPO HSA 22</b>				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$1,001.14	\$19.09
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,701.94	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$2,002.28	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,853.25	\$54.41
<b>NY S FRDM NG 2000/70 EPO HSA 22</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$982.74	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,670.66	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,965.48	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,800.81	\$54.41
<b>NY S MTRO NG 30/80/3500/70 EPO ME 22</b>				
PCP/Spec:	\$30/\$80	Single	\$823.47	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,399.90	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,646.94	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,346.89	\$54.41
<b>NY S LBTY NG 25/50/2500/80 EPO HSA 22</b>				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$936.81	\$19.09
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,592.58	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,873.62	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,699.91	\$54.41
<b>NY S MTRO GT 35/50/3500/70 EPO HSA 22</b>				
PCP/Spec:	\$35/\$50 after Deductible	Single	\$755.62	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,284.55	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,511.24	\$38.18
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,153.52	\$54.41
<b>NY S MTRO NG 50/100/100 EPO ZD 22</b>				
PCP/Spec:	\$50/\$100	Single	\$924.64	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,571.89	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,849.28	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,635.22	\$54.41
<b>NY S LBTY NG 4000/80 EPO HSAM 22</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$880.84	\$19.09
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,497.43	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,761.68	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,510.39	\$54.41
<b>NY S LBTY NG 50/100/100 EPO ZD 22</b>				
PCP/Spec:	\$50/\$100	Single	\$1,045.78	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,777.83	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,091.56	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,980.47	\$54.41
<b>NY S LBTY NG 25/45/5000/50 EPO 22</b>				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$909.38	\$19.09
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,545.95	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,818.76	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,591.73	\$54.41
<b>NY S LBTY NG 40/70/4500/60 EPO 22</b>				
PCP/Spec:	\$40/\$70	Single	\$919.66	\$19.09
Ded and Coinsurance:	In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,563.42	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,839.32	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,621.03	\$54.41
<b>NY S FRDM NG 50/100/100 EPO ZD 22</b>				
PCP/Spec:	\$50/\$100	Single	\$1,102.31	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,873.93	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,204.62	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,141.58	\$54.41
<b>NY S MTRO GT 40/70/3000/65 EPO 22</b>				
PCP/Spec:	\$40/\$70	Single	\$829.01	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,409.32	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,658.02	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,362.68	\$54.41

**2022 New York Small Group (1-100) Oxford Products: Q1 2022 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> products. Rates are for **Region 3** in the Oxford service area, which includes: Dutchess, Orange, Putnam, Sullivan, and Ulster 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>Bronze Plans</b>		Tier	Rate (select counties)	Dep 29 Rider
<b>NY B FRDM NG 5800/50 EPO HSA 22</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$869.28	\$19.09
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,477.78	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,738.56	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,477.45	\$54.41
<b>NY B LBTY NG 7000/100 EPO HSA 22</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$824.77	\$19.09
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,402.11	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,649.54	\$38.18
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,350.59	\$54.41
<b>NY B MTRO GT 7000/100 EPO HSA 22</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$703.89	\$19.09
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,196.61	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,407.78	\$38.18
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,006.09	\$54.41
<b>NY B LBTY NG 25/75/5750/70 EPO HSA 22</b>				
PCP/Spec:	\$25/\$75 after Deductible	Single	\$825.39	\$19.09
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,403.16	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,650.78	\$38.18
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,352.36	\$54.41
<b>NY B LBTY NG 30/60/6750/80 PPO HSA 22</b>				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$860.54	\$19.09
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,462.92	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,721.08	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,452.54	\$54.41
<b>NY B MTRO GT 40/75/6500/50 EPO HSA 22</b>				
PCP/Spec:	\$40/\$75 after Deductible	Single	\$700.90	\$19.09
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,191.53	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,401.80	\$38.18
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,997.57	\$54.41

\* 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.