

2022 New York Small Group (1-100) Oxford Products: Q2 2022 Rates

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



Platinum Plans				
NY P FRDM NG 5/15/100 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,525.78	\$19.56
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,593.83	\$33.25
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,051.56	\$39.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,348.47	\$55.75
NY P FRDM NG 20/40/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,434.78	\$19.56
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,439.13	\$33.25
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,869.56	\$39.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,089.12	\$55.75
NY P FRDM NG 5/15/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,465.93	\$19.56
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,492.08	\$33.25
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,931.86	\$39.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,177.90	\$55.75
NY P FRDM NG 20/40/100 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,491.45	\$19.56
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,535.47	\$33.25
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,982.90	\$39.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,250.63	\$55.75
NY P FRDM NG 20/40/100 PPO FAIR 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,801.21	\$19.56
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$3,062.06	\$33.25
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,602.42	\$39.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$5,133.45	\$55.75
NY P MTRO GT 15/30/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,155.61	\$19.56
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,964.54	\$33.25
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,311.22	\$39.12
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,293.49	\$55.75
NY P LBTY GT 15/30/250/90 EPO LA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,245.47	\$19.56
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,117.30	\$33.25
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,490.94	\$39.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,549.59	\$55.75
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	\$1,325.26	\$19.56
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,252.94	\$33.25
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,650.52	\$39.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,776.99	\$55.75

2022 New York Small Group (1-100) Oxford Products: Q2 2022 Rates

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



Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,119.96	\$19.56
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,903.93	\$33.25
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$2,239.92	\$39.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,191.89	\$55.75
NY G FRDM NG 15/35/1750/90 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,215.26	\$19.56
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,065.94	\$33.25
Max out of Pocket:	In: \$7,500/\$15,000	Employee/ Spouse*	\$2,430.52	\$39.12
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,463.49	\$55.75
NY G FRDM NG 25/40/1750/80 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,205.36	\$19.56
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,049.11	\$33.25
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,410.72	\$39.12
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,435.28	\$55.75
NY G FRDM NG 25/40/1500/80 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,264.04	\$19.56
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,148.87	\$33.25
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,528.08	\$39.12
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,602.51	\$55.75
NY G FRDM NG 50/50/1000/90 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,228.75	\$19.56
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,088.88	\$33.25
Max out of Pocket:	In: \$6,200/\$12,400	Employee/ Spouse*	\$2,475.50	\$39.12
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,501.94	\$55.75
NY G FRDM NG 1500/90 PPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,200.18	\$19.56
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,040.31	\$33.25
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,400.36	\$39.12
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,420.51	\$55.75
NY G FRDM NG 1500/90 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,150.12	\$19.56
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,955.20	\$33.25
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,300.24	\$39.12
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,277.84	\$55.75
NY G MTRO GT 25/40/1250/80 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$979.88	\$19.56
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,665.80	\$33.25
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$1,959.76	\$39.12
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,792.66	\$55.75
NY G MTRO GT 25/40/600/80 EPO HNY 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$840.37	\$19.56
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,428.63	\$33.25
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,680.74	\$39.12
RX plan:	\$10/\$35/\$70	Family	\$2,395.05	\$55.75
NY G LBTY NG 30/60/2000/70 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,078.97	\$19.56
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,834.25	\$33.25
Max out of Pocket:	In: \$8,400/\$16,800	Employee/ Spouse*	\$2,157.94	\$39.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,075.06	\$55.75
NY G MTRO NG 25/40/1250/80 EPO ME 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,015.15	\$19.56
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,725.76	\$33.25
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,030.30	\$39.12
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,893.18	\$55.75
NY G FRDM NG 30/60/2250/70 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,134.16	\$19.56
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,928.07	\$33.25
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,268.32	\$39.12
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,232.36	\$55.75
NY G LBTY NG 25/50/100 EPO ZD 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,223.87	\$19.56
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,080.58	\$33.25
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,447.74	\$39.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,488.03	\$55.75
NY G LBTY NG 1500/90 EPO HSAM 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,092.31	\$19.56
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,856.93	\$33.25
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,184.62	\$39.12
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$3,113.08	\$55.75
NY G LBTY NG 20/40/2000/80 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,090.23	\$19.56
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,853.39	\$33.25
Max out of Pocket:	In: \$8,500/\$17,000	Employee/ Spouse*	\$2,180.46	\$39.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,107.16	\$55.75
NY G FRDM NG 1750/100 EPO HSAM 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,170.08	\$19.56
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$1,989.14	\$33.25
Max out of Pocket:	In: \$6,800/\$13,600	Employee/ Spouse*	\$2,340.16	\$39.12
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,334.73	\$55.75
NY G FRDM NG 25/50/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,293.38	\$19.56
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,198.75	\$33.25
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,586.76	\$39.12
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,686.13	\$55.75

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Silver Plans		Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/70/3000/65 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$960.74	\$19.56
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,633.26	\$33.25
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,921.48	\$39.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,738.11	\$55.75
NY S FRDM NG 40/70/3000/65 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$1,015.19	\$19.56
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,725.82	\$33.25
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,030.38	\$39.12
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,893.29	\$55.75
NY S LBTY NG 30/75/3500/60 EPO 22				
PCP/Spec:	\$30/\$75	Single	\$940.79	\$19.56
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,599.34	\$33.25
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,881.58	\$39.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800	Family	\$2,681.25	\$55.75
NY S MTR0 GT 30/80/3500/70 EPO 22				
PCP/Spec:	\$30/\$80	Single	\$814.44	\$19.56
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,384.55	\$33.25
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,628.88	\$39.12
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,321.15	\$55.75
NY S FRDM NG 30/60/2000/80 PPO HSA 22				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,067.52	\$19.56
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,814.78	\$33.25
Max out of Pocket:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,135.04	\$39.12
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,042.43	\$55.75
NY S LBTY GT 25/50/4500/50 EPO 22				
PCP/Spec:	\$25/\$50	Single	\$922.99	\$19.56
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,569.08	\$33.25
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,845.98	\$39.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,630.52	\$55.75
NY S FRDM NG 40/70/3000/65 PPO 22				
PCP/Spec:	\$40/\$70	Single	\$1,064.75	\$19.56
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,810.08	\$33.25
Max out of Pocket:	In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,129.50	\$39.12
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$3,034.54	\$55.75
NY S FRDM NG 25/50/2250/80 EPO HSA 22				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$1,025.82	\$19.56
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,743.89	\$33.25
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$2,051.64	\$39.12
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,923.59	\$55.75
NY S FRDM NG 2000/70 EPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,006.96	\$19.56
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,711.83	\$33.25
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,013.92	\$39.12
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,869.84	\$55.75
NY S MTR0 NG 30/80/3500/70 EPO ME 22				
PCP/Spec:	\$30/\$80	Single	\$843.77	\$19.56
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,434.41	\$33.25
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,687.54	\$39.12
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,404.74	\$55.75
NY S LBTY NG 25/50/2500/80 EPO HSA 22				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$959.90	\$19.56
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,631.83	\$33.25
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,919.80	\$39.12
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,735.72	\$55.75
NY S MTR0 GT 35/50/3500/70 EPO HSA 22				
PCP/Spec:	\$35/\$50 after Deductible	Single	\$774.25	\$19.56
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,316.23	\$33.25
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,548.50	\$39.12
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,206.61	\$55.75
NY S MTR0 NG 50/100/100 EPO ZD 22				
PCP/Spec:	\$50/\$100	Single	\$947.44	\$19.56
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,610.65	\$33.25
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,894.88	\$39.12
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,700.20	\$55.75
NY S LBTY NG 4000/80 EPO HSAM 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$902.55	\$19.56
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,534.34	\$33.25
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,805.10	\$39.12
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,572.27	\$55.75
NY S LBTY NG 50/100/100 EPO ZD 22				
PCP/Spec:	\$50/\$100	Single	\$1,071.56	\$19.56
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,821.65	\$33.25
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,143.12	\$39.12
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,053.95	\$55.75
NY S LBTY NG 25/45/5000/50 EPO 22				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$931.79	\$19.56
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,584.04	\$33.25
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,863.58	\$39.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,655.60	\$55.75
NY S LBTY NG 40/70/4500/60 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$942.33	\$19.56
Ded and Coinsurance:	In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,601.96	\$33.25
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,884.66	\$39.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,685.64	\$55.75
NY S FRDM NG 50/100/100 EPO ZD 22				
PCP/Spec:	\$50/\$100	Single	\$1,129.48	\$19.56
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,920.12	\$33.25
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,258.96	\$39.12
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,219.02	\$55.75
NY S MTR0 GT 40/70/3000/65 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$849.45	\$19.56
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,444.07	\$33.25
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,698.90	\$39.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,420.93	\$55.75

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



Bronze Plans			
NY B FRDM NG 5800/50 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Single	\$890.71 \$19.56
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,514.21 \$33.25
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$1,781.42 \$39.12
		Family	\$2,538.52 \$55.75
NY B LBTY NG 7000/100 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$845.10 \$19.56
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,436.67 \$33.25
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,690.20 \$39.12
		Family	\$2,408.54 \$55.75
NY B MTRO GT 7000/100 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$721.24 \$19.56
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,226.11 \$33.25
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,442.48 \$39.12
		Family	\$2,055.53 \$55.75
NY B LBTY NG 25/75/5750/70 EPO HSA 22			
PCP/Spec:	\$25/\$75 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Single	\$845.74 \$19.56
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,437.76 \$33.25
RX plan:	Ded Med/Rx then 30%/30%/30%	Employee/ Spouse*	\$1,691.48 \$39.12
		Family	\$2,410.36 \$55.75
NY B LBTY NG 30/60/6750/80 PPO HSA 22			
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Single	\$881.75 \$19.56
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Parent/Child (ren)	\$1,498.98 \$33.25
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$1,763.50 \$39.12
		Family	\$2,512.99 \$55.75
NY B MTRO GT 40/75/6500/50 EPO HSA 22			
PCP/Spec:	\$40/\$75 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Single	\$718.17 \$19.56
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,220.89 \$33.25
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Employee/ Spouse*	\$1,436.34 \$39.12
		Family	\$2,046.78 \$55.75

* 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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