

## 2023 New York Small Group (1-100) Oxford Products: Q2 2023 Rates

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> products. Rates are for **Region 8** in the Oxford service area, which includes: Nassau and Suffolk 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 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,551.30	\$20.07
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,637.21	\$34.12
Max out of Pocket:	In: \$3,500/\$7,000 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,102.60	\$40.14
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,421.21	\$57.20
NY P FRDM NG 20/40/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,467.85	\$20.07
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,495.34	\$34.12
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,935.69	\$40.14
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,183.36	\$57.20
NY P FRDM NG 5/15/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,494.07	\$20.07
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,539.92	\$34.12
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,988.14	\$40.14
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,258.10	\$57.20
NY P FRDM NG 20/40/100 PPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,521.48	\$20.07
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,586.53	\$34.12
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,042.97	\$40.14
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,336.23	\$57.20
NY P FRDM NG 20/40/100 PPO FAIR 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,823.53	\$20.07
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,100.00	\$34.12
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,647.06	\$40.14
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,197.06	\$57.20
NY P MTRO GT 15/25/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,215.89	\$20.07
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,067.01	\$34.12
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,431.78	\$40.14
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,465.28	\$57.20
NY P LBTY GT 10/25/250/90 EPO LA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,285.96	\$20.07
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,186.13	\$34.12
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,571.92	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,664.98	\$57.20
NY P LBTY NG 5/35/500/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,342.04	\$20.07
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,281.46	\$34.12
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,684.07	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,824.80	\$57.20

## 2023 New York Small Group (1-100) Oxford Products: Q2 2023 Rates

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> products. Rates are for **Region 8** in the Oxford service area, which includes: Nassau and Suffolk 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 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,141.99	\$20.07
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,941.38	\$34.12
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$2,283.98	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,254.67	\$57.20
NY G FRDM NG 15/35/1750/90 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,245.03	\$20.07
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,116.56	\$34.12
Max out of Pocket:	In: \$7,750/\$15,500	Employee/ Spouse*	\$2,490.07	\$40.14
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,548.35	\$57.20
NY G FRDM NG 25/40/1750/80 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,234.35	\$20.07
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,098.40	\$34.12
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,468.71	\$40.14
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,517.91	\$57.20
NY G FRDM NG 25/40/1500/80 PPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,287.48	\$20.07
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,188.72	\$34.12
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,574.97	\$40.14
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,669.33	\$57.20
NY G FRDM NG 50/50/1000/90 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,250.13	\$20.07
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,125.23	\$34.12
Max out of Pocket:	In: \$6,450/\$12,900	Employee/ Spouse*	\$2,500.27	\$40.14
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,562.88	\$57.20
NY G FRDM NG 1500/90 PPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,234.29	\$20.07
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,098.30	\$34.12
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,468.58	\$40.14
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,517.73	\$57.20
NY G FRDM NG 1500/90 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,188.11	\$20.07
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$2,019.79	\$34.12
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,376.23	\$40.14
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,386.13	\$57.20
NY G MTRO GT 25/40/1250/80 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,031.78	\$20.07
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,754.02	\$34.12
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,063.55	\$40.14
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,940.57	\$57.20
NY G MTRO GT 25/40/600/80 EPO HNY 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$886.68	\$20.07
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,507.36	\$34.12
Max out of Pocket:	In: \$4,750/\$9,500	Employee/ Spouse*	\$1,773.37	\$40.14
RX plan:	\$10/\$35/\$70 Std Select	Family	\$2,527.05	\$57.20
NY G LBTY NG 30/60/2000/70 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,113.96	\$20.07
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,893.73	\$34.12
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,227.92	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,174.78	\$57.20
NY G MTRO NG 25/40/1250/80 EPO ME 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,068.90	\$20.07
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,817.13	\$34.12
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,137.80	\$40.14
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,046.36	\$57.20
NY G FRDM NG 30/60/2250/70 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,178.53	\$20.07
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$2,003.50	\$34.12
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,357.06	\$40.14
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,358.81	\$57.20
NY G LBTY NG 25/50/100 EPO ZD 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,256.91	\$20.07
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,136.75	\$34.12
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,513.82	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,582.20	\$57.20
NY G LBTY NG 1500/90 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,122.20	\$20.07
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,907.74	\$34.12
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,244.40	\$40.14
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$3,198.27	\$57.20
NY G LBTY NG 20/40/2000/80 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,118.06	\$20.07
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,900.70	\$34.12
Max out of Pocket:	In: \$8,750/\$17,500	Employee/ Spouse*	\$2,236.12	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,186.48	\$57.20
NY G FRDM NG 1750/100 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,207.49	\$20.07
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,052.73	\$34.12
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,414.97	\$40.14
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,441.33	\$57.20
NY G FRDM NG 25/50/100 EPO ZD 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,327.40	\$20.07
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,256.58	\$34.12
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,654.80	\$40.14
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,783.09	\$57.20

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Silver Plans				
NY S LBTY NG 40/80/3250/60 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$983.56	\$20.07
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,672.05	\$34.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,967.12	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,803.14	\$57.20
NY S FRDM NG 40/80/3250/60 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$1,040.82	\$20.07
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,769.38	\$34.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$2,081.63	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,966.33	\$57.20
NY S LBTY NG 30/75/4000/50 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$75	Single	\$963.70	\$20.07
Ded and Coinsurance:	In: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,638.30	\$34.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,927.41	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Std Select	Family	\$2,746.55	\$57.20
NY S MTRO GT 30/80/3750/60 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$862.20	\$20.07
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,465.74	\$34.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,724.40	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,457.28	\$57.20
NY S FRDM NG 30/60/2250/70 PPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,081.00	\$20.07
Ded and Coinsurance:	In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,837.70	\$34.12
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$15,000/\$30,000	Employee/ Spouse*	\$2,162.01	\$40.14
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,080.86	\$57.20
NY S LBTY GT 30/60/4500/50 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$946.55	\$20.07
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,609.15	\$34.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,893.11	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,697.68	\$57.20
NY S FRDM NG 40/80/3250/60 PPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$1,081.81	\$20.07
Ded and Coinsurance:	In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,839.08	\$34.12
Max out of Pocket:	In: \$9,100/\$18,200 Out: \$15,000/\$30,000	Employee/ Spouse*	\$2,163.62	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,083.16	\$57.20
NY S FRDM NG 30/60/3000/80 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,029.38	\$20.07
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,749.95	\$34.12
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$2,058.76	\$40.14
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,933.74	\$57.20
NY S FRDM NG 2500/60 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,009.92	\$20.07
Ded and Coinsurance:	In: \$2,500/\$5,000, 40%	Parent/Child (ren)	\$1,716.86	\$34.12
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$2,019.84	\$40.14
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,878.26	\$57.20
NY S MTRO NG 30/80/3750/60 EPO ME 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$893.22	\$20.07
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,518.47	\$34.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,786.43	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,545.67	\$57.20
NY S LBTY NG 30/60/3000/80 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$971.96	\$20.07
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,652.34	\$34.12
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$1,943.92	\$40.14
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,770.09	\$57.20
NY S MTRO GT 35/50/4000/70 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$35/\$50 after Deductible	Single	\$820.79	\$20.07
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Parent/Child (ren)	\$1,395.35	\$34.12
Max out of Pocket:	In: \$7,200/\$14,400	Employee/ Spouse*	\$1,641.58	\$40.14
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Family	\$2,339.25	\$57.20
NY S MTRO NG 50/100/100 EPO ZD 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,014.99	\$20.07
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,725.48	\$34.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$2,029.98	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,892.72	\$57.20
NY S LBTY NG 4000/80 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$933.14	\$20.07
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,586.34	\$34.12
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,866.29	\$40.14
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,659.45	\$57.20
NY S LBTY NG 50/100/100 EPO ZD 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,114.76	\$20.07
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,895.09	\$34.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$2,229.52	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$3,177.06	\$57.20
NY S LBTY NG 25/45/5000/50 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$968.90	\$20.07
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,647.14	\$34.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,937.81	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,761.37	\$57.20
NY S LBTY NG 40/80/5000/60 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$967.70	\$20.07
Ded and Coinsurance:	In: \$5,000/\$10,000, 40%	Parent/Child (ren)	\$1,645.09	\$34.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,935.39	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,757.93	\$57.20
NY S FRDM NG 50/100/100 EPO ZD 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,179.08	\$20.07
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,004.43	\$34.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$2,358.15	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,360.37	\$57.20
NY S MTRO GT 40/80/3250/60 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$895.52	\$20.07
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,522.39	\$34.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,791.04	\$40.14
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,552.23	\$57.20

## 2023 New York Small Group (1-100) Oxford Products: Q2 2023 Rates

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> products. Rates are for **Region 8** in the Oxford service area, which includes: Nassau and Suffolk 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 5000/50 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$953.30	\$20.07
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,620.61	\$34.12
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,906.59	\$40.14
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,716.89	\$57.20
NY B LBTY NG 7000/100 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$896.50	\$20.07
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,524.05	\$34.12
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,793.00	\$40.14
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,555.03	\$57.20
NY B MTRO GT 7000/100 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$787.94	\$20.07
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,339.50	\$34.12
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,575.88	\$40.14
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,245.63	\$57.20
NY B LBTY NG 25/75/5750/70 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$889.13	\$20.07
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,511.53	\$34.12
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,778.27	\$40.14
RX plan:	Ded Med/Rx then 30%/30%/30% Std Select	Family	\$2,534.03	\$57.20
NY B LBTY NG 30/60/6750/80 PPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$918.19	\$20.07
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,560.92	\$34.12
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,836.38	\$40.14
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,616.84	\$57.20
NY B MTRO GT 40/75/6500/50 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$776.92	\$20.07
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,320.76	\$34.12
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,553.83	\$40.14
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,214.21	\$57.20

\* 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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