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 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 5/15/10	00 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/	00 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 5/15/10	00 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/	00 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/		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 10/25/2	50/90 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 5/35/50	0/100 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
l ' .	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,281.46	\$34.12
Ded and Coinsurance:	III. \$500/\$1,000, 0%			
Ded and Coinsurance: Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,684.07	\$40.14

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RX plan: No.PT 10ed \$150 then \$107\$65/\$95 Std Select Family \$2,240.57 \$57.20			. ,		
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PCP/Spec: \$30/580 \$1,113.96 \$20.07					
Ded and Coinsurance: In: \$2,000/\$4,000, 30% Parent/Child (ren) \$1,933.73 \$34.12				` '	
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NY C MTRO NG 25401/250/80 EPO ME 23					
PCPISpec: \$25/540 Single \$1.068.90 \$20.07 Ded and Coinsurance: In: \$1.269/82.500, 20% Parent/Child (ren) \$1.817.13 \$3.41.2 Max out of Pocket: In: \$6.250/\$12.500 Employee/ Spouse* \$2.137.80 \$40.14 RX plan: Non-11 Ded \$150 then \$10/\$65/\$95 Std Select Family \$3.046.38 \$57.20 NY G FRDM NG 30/60/2250/07 EPO 23 Family Rate (select counties) PCP/Spec: \$30/\$60.00 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-11 Ded \$150 then \$10/\$40/\$80 Broad Ntwk Family \$3.358.81 \$57.20 NY G LBTY NG 25/50/100 EPO 2D 23 Ter Rate (select counties) PCP/Spec: PCP-Adult: \$25.6 Kid: \$5 /Spec:\$50 \$40.14 RX plan: Non-11 Ded \$150 then \$10/\$40/\$80 Broad Ntwk Family \$3.358.81 \$57.20 NY G LBTY NG 25/50/100 EPO 2D 23 Ter Rate (select counties) PCP/Spec: PCP-Adult: \$25.6 Kid: \$5 /Spec:\$50 \$1.256.91 \$2.00.7 Ded and Coinsurance: In: \$6,250/\$12,500 \$1.256.91 \$2.00.7 Ded and Coinsurance: In: \$6,250/\$13,500 \$1.256.91 \$2.00.7 Ded and Coinsurance: In: \$6,250/\$13,500 \$1.256.91 \$2.00.7 Ded and Coinsurance: In: \$6,250/\$15,500 \$1.256.91 \$2.00.7 Ded and Coinsurance: In: \$6,750/\$15,500 \$1.256.91 \$2.00.7 \$2.00.7 Ded and Coinsurance:					
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Tier Rate (select counties Dep 29 Rider					
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NY G LBTY NG 1500/90 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider					
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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/\$3,500,0% 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					
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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/\$3,500,0% Parent/Child (ren) \$2,252.73 \$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					
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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	NY G FRDM NG 25/50/10	00 EPO ZD 23	Tier	Rate (select counties)	Dep 29 Rider
Max out of Pocket: In: \$6,250/\$12,500 Employee/ Spouse* \$2,654.80 \$40.14					
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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 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.



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Silver Plans NY S LBTY NG 40/80/32	50/60 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: RX plan:	In: \$9,100/\$18,200 Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse* Family	\$1,967.12 \$2,803.14	\$40.14 \$57.20
NY S FRDM NG 40/80/3:		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: RX plan:	In: \$9,100/\$18,200 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse* Family	\$2,081.63 \$2,966.33	\$40.14 \$57.20
NY S LBTY NG 30/75/40		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 \$2,746.55	\$40.14
RX plan: NY S MTRO GT 30/80/3	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Std Select	Family Tier	Rate (select counties)	\$57.20 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: RX plan:	In: \$9,100/\$18,200 Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse* Family	\$1,724.40 \$2,457.28	\$40.14 \$57.20
NY S FRDM NG 30/60/2:		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 Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,162.01	\$40.14 \$57.20
RX plan: NY S LBTY GT 30/60/45		Family Tier	\$3,080.86 Rate (select counties)	557.20 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: RX plan:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,893.11	\$40.14 \$57.20
NY S FRDM NG 40/80/3:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family Tier	\$2,697.68 Rate (select counties)	\$57.20 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: NY S FRDM NG 30/60/3	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family Tier	\$3,083.16 Rate (select counties)	\$57.20 Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,029.38	\$20.07
Ded and Coinsurance:	ln: \$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: NY S FRDM NG 2500/60	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family Tier	\$2,933.74 Rate (select counties)	\$57.20 Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,009.92	\$20.07
Ded and Coinsurance:	ln: \$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: NY S MTRO NG 30/80/3	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family Tier	\$2,878.26 Rate (select counties)	\$57.20 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: NY S LBTY NG 30/60/30	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family Tier	\$2,545.67 Rate (select counties)	\$57.20 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 35/50/4 PCP/Spec:	\$35/\$50 after Deductible	Tier Single	Rate (select counties) \$820.79	Dep 29 Rider \$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: NY S MTRO NG 50/100/	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Family	\$2,339.25	\$57.20
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier Single	Rate (select counties) \$1,014.99	Dep 29 Rider \$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: NY S LBTY NG 4000/80	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,892.72	\$57.20
PCP/Spec:	Deductible and Coinsurance	Tier Single	Rate (select counties) \$933.14	Dep 29 Rider \$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 50/100/1 PCP/Spec:	00 EPO 20 23 PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier Single	Rate (select counties) \$1,114.76	Dep 29 Rider \$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 25/45/50 PCP/Spec:	00/50 EPO 28 Tier I: \$25/\$45 Tier II: \$45/\$75	Tier Single	Rate (select counties) \$968.90	Dep 29 Rider \$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 40/80/50 PCP/Spec:	00/60 EPO 23 \$40/\$80	Tier Single	Rate (select counties) \$967.70	Dep 29 Rider \$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/ PCP/Spec:	100 EPO ZD 23 PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier Single	Rate (select counties) \$1,179.08	Dep 29 Rider \$20.07
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,179.08	\$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 40/80/3		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$40/\$80 In: \$3,250/\$6,500, 40%	Single Parent/Child (ren)	\$895.52 \$1,522.39	\$20.07 \$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 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		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 7000/10		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 25/75/57	50/70 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 30/60/67	50/80 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 40/75/6	500/50 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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