

## 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 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 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,505.19	\$19.48
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,558.81	\$33.12
Max out of Pocket:	In: \$3,500/\$7,000 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,010.37	\$38.96
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,289.78	\$55.52
NY P FRDM NG 20/40/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,424.21	\$19.48
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,421.16	\$33.12
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,848.42	\$38.96
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,059.00	\$55.52
NY P FRDM NG 5/15/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,449.66	\$19.48
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,464.43	\$33.12
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,899.32	\$38.96
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,131.54	\$55.52
NY P FRDM NG 20/40/100 PPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,476.25	\$19.48
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,509.62	\$33.12
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,952.50	\$38.96
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,207.31	\$55.52
NY P FRDM NG 20/40/100 PPO FAIR 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,769.32	\$19.48
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,007.85	\$33.12
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,538.64	\$38.96
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,042.57	\$55.52
NY P MTRO GT 15/25/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,179.74	\$19.48
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,005.55	\$33.12
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,359.48	\$38.96
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,362.25	\$55.52
NY P LBTY GT 10/25/250/90 EPO LA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,247.73	\$19.48
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,121.14	\$33.12
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,495.46	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,556.03	\$55.52
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	\$1,302.14	\$19.48
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,213.63	\$33.12
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,604.27	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,711.09	\$55.52

**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 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.



<b>Gold Plans</b>				
<b>NY G LBTY GT 30/60/1250/100 EPO 23</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Single	\$1,108.04	\$19.48
Max out of Pocket:	In: \$6,650/\$13,300	Parent/Child (ren)	\$1,883.66	\$33.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,216.07	\$38.96
		Family	\$3,157.90	\$55.52
<b>NY G FRDM NG 15/35/1750/90 EPO 23</b>				
PCP/Spec:	\$15/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Single	\$1,208.02	\$19.48
Max out of Pocket:	In: \$7,750/\$15,500	Parent/Child (ren)	\$2,053.64	\$33.12
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,416.04	\$38.96
		Family	\$3,442.87	\$55.52
<b>NY G FRDM NG 25/40/1750/80 EPO 23</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Single	\$1,197.66	\$19.48
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$2,036.02	\$33.12
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,395.32	\$38.96
		Family	\$3,413.33	\$55.52
<b>NY G FRDM NG 25/40/1500/80 PPO 23</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Single	\$1,249.21	\$19.48
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$10,000/\$20,000	Parent/Child (ren)	\$2,123.65	\$33.12
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,498.42	\$38.96
		Family	\$3,560.25	\$55.52
<b>NY G FRDM NG 50/50/1000/90 EPO 23</b>				
PCP/Spec:	\$50/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Single	\$1,212.97	\$19.48
Max out of Pocket:	In: \$6,450/\$12,900	Parent/Child (ren)	\$2,062.05	\$33.12
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,425.93	\$38.96
		Family	\$3,456.96	\$55.52
<b>NY G FRDM NG 1500/90 PPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$4,000/\$8,000, 40%	Single	\$1,197.60	\$19.48
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,000/\$20,000	Parent/Child (ren)	\$2,035.92	\$33.12
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,395.19	\$38.96
		Family	\$3,413.15	\$55.52
<b>NY G FRDM NG 1500/90 EPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,152.79	\$19.48
Max out of Pocket:	In: \$5,750/\$11,500	Parent/Child (ren)	\$1,959.74	\$33.12
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,305.58	\$38.96
		Family	\$3,285.45	\$55.52
<b>NY G MTRO GT 25/40/1250/80 EPO 23</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$1,001.11	\$19.48
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$1,701.88	\$33.12
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,002.21	\$38.96
		Family	\$2,853.16	\$55.52
<b>NY G MTRO GT 25/40/600/80 EPO HNY 23</b>				
PCP/Spec:	\$25/\$40 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Single	\$860.32	\$19.48
Max out of Pocket:	In: \$4,750/\$9,500	Parent/Child (ren)	\$1,462.55	\$33.12
RX plan:	\$10/\$35/\$70 Std Select	Employee/ Spouse*	\$1,720.65	\$38.96
		Family	\$2,451.92	\$55.52
<b>NY G LBTY NG 30/60/2000/70 EPO 23</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Single	\$1,080.85	\$19.48
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$1,837.45	\$33.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,161.70	\$38.96
		Family	\$3,080.42	\$55.52
<b>NY G MTRO NG 25/40/1250/80 EPO ME 23</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$1,037.12	\$19.48
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$1,763.11	\$33.12
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,074.24	\$38.96
		Family	\$2,955.80	\$55.52
<b>NY G FRDM NG 30/60/2250/70 EPO 23</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Single	\$1,143.50	\$19.48
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$1,943.94	\$33.12
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,286.99	\$38.96
		Family	\$3,258.96	\$55.52
<b>NY G LBTY NG 25/50/100 EPO ZD 23</b>				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,219.55	\$19.48
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$2,073.23	\$33.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,439.09	\$38.96
		Family	\$3,475.70	\$55.52
<b>NY G LBTY NG 1500/90 EPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,088.83	\$19.48
Max out of Pocket:	In: \$5,750/\$11,500	Parent/Child (ren)	\$1,851.02	\$33.12
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,177.67	\$38.96
		Family	\$3,103.18	\$55.52
<b>NY G LBTY NG 20/40/2000/80 EPO 23</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	\$1,084.82	\$19.48
Max out of Pocket:	In: \$8,750/\$17,500	Parent/Child (ren)	\$1,844.20	\$33.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,169.65	\$38.96
		Family	\$3,091.75	\$55.52
<b>NY G FRDM NG 1750/100 EPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Single	\$1,171.60	\$19.48
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,991.72	\$33.12
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,343.20	\$38.96
		Family	\$3,339.06	\$55.52
<b>NY G FRDM NG 25/50/100 EPO ZD 23</b>				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,287.94	\$19.48
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$2,189.49	\$33.12
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Employee/ Spouse*	\$2,575.87	\$38.96
		Family	\$3,670.61	\$55.52

## 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 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.



Silver Plans				
NY S LBTY NG 40/80/3250/60 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$954.32	\$19.48
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,622.35	\$33.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,908.64	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,719.81	\$55.52
NY S FRDM NG 40/80/3250/60 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$1,009.87	\$19.48
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,716.78	\$33.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$2,019.75	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,878.14	\$55.52
NY S LBTY NG 30/75/4000/50 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$75	Single	\$935.05	\$19.48
Ded and Coinsurance:	In: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,589.58	\$33.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,870.10	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Std Select	Family	\$2,664.89	\$55.52
NY S MTRO GT 30/80/3750/60 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$836.57	\$19.48
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,422.17	\$33.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,673.14	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,384.22	\$55.52
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	\$1,048.86	\$19.48
Ded and Coinsurance:	In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,783.07	\$33.12
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$15,000/\$30,000	Employee/ Spouse*	\$2,097.73	\$38.96
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,989.27	\$55.52
NY S LBTY GT 30/60/4500/50 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$918.42	\$19.48
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,561.31	\$33.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,836.83	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,617.49	\$55.52
NY S FRDM NG 40/80/3250/60 PPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$1,049.65	\$19.48
Ded and Coinsurance:	In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,784.41	\$33.12
Max out of Pocket:	In: \$9,100/\$18,200 Out: \$15,000/\$30,000	Employee/ Spouse*	\$2,099.31	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,991.51	\$55.52
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	\$998.78	\$19.48
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,697.94	\$33.12
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$1,997.57	\$38.96
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,846.53	\$55.52
NY S FRDM NG 2500/60 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$979.89	\$19.48
Ded and Coinsurance:	In: \$2,500/\$5,000, 40%	Parent/Child (ren)	\$1,665.81	\$33.12
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,959.78	\$38.96
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,792.70	\$55.52
NY S MTRO NG 30/80/3750/60 EPO ME 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$866.66	\$19.48
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,473.32	\$33.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,733.32	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,469.98	\$55.52
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	\$943.07	\$19.48
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,603.22	\$33.12
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$1,886.14	\$38.96
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,687.75	\$55.52
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	\$796.39	\$19.48
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Parent/Child (ren)	\$1,353.86	\$33.12
Max out of Pocket:	In: \$7,200/\$14,400	Employee/ Spouse*	\$1,592.78	\$38.96
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Family	\$2,269.71	\$55.52
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	\$984.81	\$19.48
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,674.18	\$33.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,969.62	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,806.71	\$55.52
NY S LBTY NG 4000/80 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$905.40	\$19.48
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,539.19	\$33.12
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,810.81	\$38.96
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,580.40	\$55.52
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	\$1,081.62	\$19.48
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,838.76	\$33.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$2,163.24	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$3,082.62	\$55.52
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	\$940.10	\$19.48
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,598.18	\$33.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,880.21	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,679.29	\$55.52
NY S LBTY NG 40/80/5000/60 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$938.92	\$19.48
Ded and Coinsurance:	In: \$5,000/\$10,000, 40%	Parent/Child (ren)	\$1,596.17	\$33.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,877.85	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,675.93	\$55.52
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	\$1,144.02	\$19.48
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,944.84	\$33.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$2,288.05	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,260.46	\$55.52
NY S MTRO GT 40/80/3250/60 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$868.90	\$19.48
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,477.13	\$33.12
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,737.80	\$38.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,476.36	\$55.52

## 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 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 5000/50 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$924.96	\$19.48
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,572.43	\$33.12
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,849.92	\$38.96
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,636.13	\$55.52
NY B LBTY NG 7000/100 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$869.85	\$19.48
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,478.74	\$33.12
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,739.70	\$38.96
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,479.08	\$55.52
NY B MTRO GT 7000/100 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$764.52	\$19.48
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,299.69	\$33.12
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,529.04	\$38.96
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,178.89	\$55.52
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	\$862.70	\$19.48
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,466.59	\$33.12
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,725.40	\$38.96
RX plan:	Ded Med/Rx then 30%/30%/30% Std Select	Family	\$2,458.70	\$55.52
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	\$890.89	\$19.48
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,514.52	\$33.12
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,781.79	\$38.96
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,539.05	\$55.52
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	\$753.81	\$19.48
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,281.48	\$33.12
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,507.63	\$38.96
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,148.37	\$55.52

\* 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.