

## 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 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 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,480.20	\$19.15
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,516.34	\$32.56
Max out of Pocket:	In: \$3,500/\$7,000 Out: \$5,250/\$10,500	Employee/ Spouse*	\$2,960.39	\$38.30
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,218.56	\$54.58
NY P FRDM NG 20/40/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,400.57	\$19.15
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,380.97	\$32.56
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,801.14	\$38.30
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$3,991.63	\$54.58
NY P FRDM NG 5/15/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,425.59	\$19.15
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,423.50	\$32.56
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,851.18	\$38.30
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,062.93	\$54.58
NY P FRDM NG 20/40/100 PPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,451.74	\$19.15
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,467.96	\$32.56
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,903.48	\$38.30
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,137.46	\$54.58
NY P FRDM NG 20/40/100 PPO FAIR 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,739.95	\$19.15
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$2,957.92	\$32.56
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,479.90	\$38.30
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,958.85	\$54.58
NY P MTRO GT 15/25/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,160.16	\$19.15
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,972.27	\$32.56
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,320.31	\$38.30
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,306.45	\$54.58
NY P LBTY GT 10/25/250/90 EPO LA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,227.01	\$19.15
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,085.92	\$32.56
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,454.03	\$38.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,496.99	\$54.58
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	\$1,280.52	\$19.15
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,176.89	\$32.56
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,561.05	\$38.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,649.49	\$54.58

**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 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>Gold Plans</b>				
<b>NY G LBTY GT 30/60/1250/100 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$30/\$60	Single	\$1,089.64	\$19.15
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,852.39	\$32.56
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$2,179.28	\$38.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,105.48	\$54.58
<b>NY G FRDM NG 15/35/1750/90 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$15/\$35	Single	\$1,187.97	\$19.15
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,019.55	\$32.56
Max out of Pocket:	In: \$7,750/\$15,500	Employee/ Spouse*	\$2,375.94	\$38.30
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,385.71	\$54.58
<b>NY G FRDM NG 25/40/1750/80 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40	Single	\$1,177.78	\$19.15
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,002.22	\$32.56
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,355.56	\$38.30
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,356.66	\$54.58
<b>NY G FRDM NG 25/40/1500/80 PPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40	Single	\$1,228.47	\$19.15
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,088.41	\$32.56
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,456.95	\$38.30
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,501.15	\$54.58
<b>NY G FRDM NG 50/50/1000/90 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$50/\$50	Single	\$1,192.83	\$19.15
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,027.81	\$32.56
Max out of Pocket:	In: \$6,450/\$12,900	Employee/ Spouse*	\$2,385.66	\$38.30
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,399.57	\$54.58
<b>NY G FRDM NG 1500/90 PPO HSA 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Deductible and Coinsurance	Single	\$1,177.71	\$19.15
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,002.11	\$32.56
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,355.43	\$38.30
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,356.49	\$54.58
<b>NY G FRDM NG 1500/90 EPO HSA 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Deductible and Coinsurance	Single	\$1,133.65	\$19.15
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,927.21	\$32.56
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,267.30	\$38.30
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,230.91	\$54.58
<b>NY G MTRO GT 25/40/1250/80 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40	Single	\$984.49	\$19.15
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,673.64	\$32.56
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$1,968.99	\$38.30
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,805.81	\$54.58
<b>NY G MTRO GT 25/40/600/80 EPO HNY 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40 after Deductible	Single	\$846.04	\$19.15
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,438.27	\$32.56
Max out of Pocket:	In: \$4,750/\$9,500	Employee/ Spouse*	\$1,692.08	\$38.30
RX plan:	\$10/\$35/\$70 Std Select	Family	\$2,411.22	\$54.58
<b>NY G LBTY NG 30/60/2000/70 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$30/\$60	Single	\$1,062.90	\$19.15
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,806.93	\$32.56
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,125.80	\$38.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,029.26	\$54.58
<b>NY G MTRO NG 25/40/1250/80 EPO ME 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40	Single	\$1,019.90	\$19.15
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,733.83	\$32.56
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,039.80	\$38.30
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,906.71	\$54.58
<b>NY G FRDM NG 30/60/2250/70 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$30/\$60	Single	\$1,124.51	\$19.15
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,911.67	\$32.56
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,249.03	\$38.30
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,204.86	\$54.58
<b>NY G LBTY NG 25/50/100 EPO ZD 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,199.30	\$19.15
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,038.81	\$32.56
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,398.60	\$38.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,418.01	\$54.58
<b>NY G LBTY NG 1500/90 EPO HSA 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Deductible and Coinsurance	Single	\$1,070.76	\$19.15
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,820.29	\$32.56
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,141.52	\$38.30
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$3,051.67	\$54.58
<b>NY G LBTY NG 20/40/2000/80 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,066.81	\$19.15
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,813.58	\$32.56
Max out of Pocket:	In: \$8,750/\$17,500	Employee/ Spouse*	\$2,133.62	\$38.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,040.42	\$54.58
<b>NY G FRDM NG 1750/100 EPO HSA 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Deductible and Coinsurance	Single	\$1,152.14	\$19.15
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,958.64	\$32.56
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,304.29	\$38.30
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,283.61	\$54.58
<b>NY G FRDM NG 25/50/100 EPO ZD 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,266.56	\$19.15
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,153.15	\$32.56
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,533.12	\$38.30
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,609.69	\$54.58

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Silver Plans				
NY S LBTY NG 40/80/3250/60 EPO 23				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Single	\$938.48	\$19.15
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,595.42	\$32.56
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,876.96	\$38.30
		Family	\$2,674.66	\$54.58
NY S FRDM NG 40/80/3250/60 EPO 23				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Single	\$993.11	\$19.15
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,688.29	\$32.56
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$1,986.23	\$38.30
		Family	\$2,830.37	\$54.58
NY S LBTY NG 30/75/4000/50 EPO 23				
PCP/Spec:	\$30/\$75	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$4,000/\$8,000, 50%	Single	\$919.53	\$19.15
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,563.21	\$32.56
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Std Select	Employee/ Spouse*	\$1,839.06	\$38.30
		Family	\$2,620.66	\$54.58
NY S MTRO GT 30/80/3750/60 EPO 23				
PCP/Spec:	\$30/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Single	\$822.69	\$19.15
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,398.57	\$32.56
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,645.37	\$38.30
		Family	\$2,344.65	\$54.58
NY S FRDM NG 30/60/2250/70 PPO HSA 23				
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Single	\$1,031.45	\$19.15
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$15,000/\$30,000	Parent/Child (ren)	\$1,753.47	\$32.56
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,062.90	\$38.30
		Family	\$2,939.63	\$54.58
NY S LBTY GT 30/60/4500/50 EPO 23				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Single	\$903.17	\$19.15
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,535.39	\$32.56
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,806.34	\$38.30
		Family	\$2,574.04	\$54.58
NY S FRDM NG 40/80/3250/60 PPO 23				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Single	\$1,032.22	\$19.15
Max out of Pocket:	In: \$9,100/\$18,200 Out: \$15,000/\$30,000	Parent/Child (ren)	\$1,754.78	\$32.56
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,064.44	\$38.30
		Family	\$2,941.84	\$54.58
NY S FRDM NG 30/60/3000/80 EPO HSA 23				
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Single	\$982.21	\$19.15
Max out of Pocket:	In: \$7,150/\$14,300	Parent/Child (ren)	\$1,669.75	\$32.56
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$1,964.41	\$38.30
		Family	\$2,799.28	\$54.58
NY S FRDM NG 2500/60 EPO HSA 23				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,500/\$5,000, 40%	Single	\$963.63	\$19.15
Max out of Pocket:	In: \$7,350/\$14,700	Parent/Child (ren)	\$1,638.17	\$32.56
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$1,927.26	\$38.30
		Family	\$2,746.35	\$54.58
NY S MTRO NG 30/80/3750/60 EPO ME 23				
PCP/Spec:	\$30/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Single	\$852.28	\$19.15
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,448.87	\$32.56
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,704.55	\$38.30
		Family	\$2,428.98	\$54.58
NY S LBTY NG 30/60/3000/80 EPO HSA 23				
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Single	\$927.42	\$19.15
Max out of Pocket:	In: \$7,150/\$14,300	Parent/Child (ren)	\$1,576.61	\$32.56
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,854.83	\$38.30
		Family	\$2,643.14	\$54.58
NY S MTRO GT 35/50/4000/70 EPO HSA 23				
PCP/Spec:	\$35/\$50 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Single	\$783.17	\$19.15
Max out of Pocket:	In: \$7,200/\$14,400	Parent/Child (ren)	\$1,331.38	\$32.56
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Employee/ Spouse*	\$1,566.34	\$38.30
		Family	\$2,232.03	\$54.58
NY S MTRO NG 50/100/100 EPO ZD 23				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$968.47	\$19.15
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,646.40	\$32.56
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,936.94	\$38.30
		Family	\$2,760.14	\$54.58
NY S LBTY NG 4000/80 EPO HSA 23				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Single	\$890.38	\$19.15
Max out of Pocket:	In: \$7,350/\$14,700	Parent/Child (ren)	\$1,513.64	\$32.56
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,780.75	\$38.30
		Family	\$2,537.57	\$54.58
NY S LBTY NG 50/100/100 EPO ZD 23				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,063.66	\$19.15
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,808.23	\$32.56
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,127.33	\$38.30
		Family	\$3,031.44	\$54.58
NY S LBTY NG 25/45/5000/50 EPO 23				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Single	\$924.50	\$19.15
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,571.64	\$32.56
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,848.99	\$38.30
		Family	\$2,634.81	\$54.58
NY S LBTY NG 40/80/5000/60 EPO 23				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,000/\$10,000, 40%	Single	\$923.34	\$19.15
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,569.68	\$32.56
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,846.69	\$38.30
		Family	\$2,631.52	\$54.58
NY S FRDM NG 50/100/100 EPO ZD 23				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,125.03	\$19.15
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,912.55	\$32.56
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Broad Ntwk	Employee/ Spouse*	\$2,250.06	\$38.30
		Family	\$3,206.33	\$54.58
NY S MTRO GT 40/80/3250/60 EPO 23				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Single	\$854.48	\$19.15
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,452.62	\$32.56
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,708.96	\$38.30
		Family	\$2,435.27	\$54.58

## 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 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 5000/50 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$909.60	\$19.15
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,546.33	\$32.56
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,819.21	\$38.30
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,592.38	\$54.58
NY B LBTY NG 7000/100 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$855.42	\$19.15
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,454.21	\$32.56
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,710.83	\$38.30
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,437.93	\$54.58
NY B MTRO GT 7000/100 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$751.83	\$19.15
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,278.11	\$32.56
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,503.65	\$38.30
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,142.71	\$54.58
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	\$848.38	\$19.15
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,442.25	\$32.56
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,696.77	\$38.30
RX plan:	Ded Med/Rx then 30%/30%/30% Std Select	Family	\$2,417.89	\$54.58
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	\$876.10	\$19.15
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,489.38	\$32.56
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,752.21	\$38.30
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,496.89	\$54.58
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	\$741.30	\$19.15
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,260.22	\$32.56
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,482.60	\$38.30
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,112.71	\$54.58

\* 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.