

2023 New York Small Group (1-100) Oxford Products: Q3 2023 Rates

Use the table below to review monthly rates for New York small group Oxford¹ 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	\$1,588.80	\$20.56
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,700.97	\$34.95
Max out of Pocket:	In: \$3,500/\$7,000 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,177.61	\$41.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,528.09	\$58.60
NY P FRDM NG 20/40/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,503.33	\$20.56
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,555.66	\$34.95
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$3,006.65	\$41.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,284.48	\$58.60
NY P FRDM NG 5/15/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,530.18	\$20.56
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,601.32	\$34.95
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$3,060.37	\$41.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,361.03	\$58.60
NY P FRDM NG 20/40/100 PPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,558.26	\$20.56
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,649.05	\$34.95
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,116.52	\$41.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,441.04	\$58.60
NY P FRDM NG 20/40/100 PPO FAIR 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,867.60	\$20.56
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,174.92	\$34.95
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,735.20	\$41.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,322.66	\$58.60
NY P MTRO GT 15/25/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,245.28	\$20.56
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,116.97	\$34.95
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,490.56	\$41.12
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,549.05	\$58.60
NY P LBTY GT 10/25/250/90 EPO LA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,317.04	\$20.56
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,238.96	\$34.95
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,634.07	\$41.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,753.55	\$58.60
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	\$1,374.48	\$20.56
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,336.61	\$34.95
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,748.95	\$41.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,917.25	\$58.60

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Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 23				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Single	\$1,169.59	\$20.56
Max out of Pocket:	In: \$6,650/\$13,300	Parent/Child (ren)	\$1,988.31	\$34.95
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,339.19	\$41.12
		Family	\$3,333.34	\$58.60
NY G FRDM NG 15/35/1750/90 EPO 23				
PCP/Spec:	\$15/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Single	\$1,275.13	\$20.56
Max out of Pocket:	In: \$7,750/\$15,500	Parent/Child (ren)	\$2,167.72	\$34.95
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,550.27	\$41.12
		Family	\$3,634.13	\$58.60
NY G FRDM NG 25/40/1750/80 EPO 23				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Single	\$1,264.19	\$20.56
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$2,149.12	\$34.95
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,528.38	\$41.12
		Family	\$3,602.94	\$58.60
NY G FRDM NG 25/40/1500/80 PPO 23				
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	\$1,318.61	\$20.56
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$10,000/\$20,000	Parent/Child (ren)	\$2,241.63	\$34.95
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,637.21	\$41.12
		Family	\$3,758.02	\$58.60
NY G FRDM NG 50/50/1000/90 EPO 23				
PCP/Spec:	\$50/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Single	\$1,280.35	\$20.56
Max out of Pocket:	In: \$6,450/\$12,900	Parent/Child (ren)	\$2,176.60	\$34.95
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,560.70	\$41.12
		Family	\$3,649.00	\$58.60
NY G FRDM NG 1500/90 PPO HSA 23				
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	\$1,264.13	\$20.56
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,000/\$20,000	Parent/Child (ren)	\$2,149.01	\$34.95
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,528.25	\$41.12
		Family	\$3,602.76	\$58.60
NY G FRDM NG 1500/90 EPO HSA 23				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,216.83	\$20.56
Max out of Pocket:	In: \$5,750/\$11,500	Parent/Child (ren)	\$2,068.62	\$34.95
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,433.66	\$41.12
		Family	\$3,467.97	\$58.60
NY G MTR0 GT 25/40/1250/80 EPO 23				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$1,056.72	\$20.56
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$1,796.43	\$34.95
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,113.44	\$41.12
		Family	\$3,011.66	\$58.60
NY G MTR0 GT 25/40/600/80 EPO HNY 23				
PCP/Spec:	\$25/\$40 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Single	\$908.12	\$20.56
Max out of Pocket:	In: \$4,750/\$9,500	Parent/Child (ren)	\$1,543.80	\$34.95
RX plan:	\$10/\$35/\$70 Std Select	Employee/ Spouse*	\$1,816.23	\$41.12
		Family	\$2,588.13	\$58.60
NY G LBTY NG 30/60/2000/70 EPO 23				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Single	\$1,140.89	\$20.56
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$1,939.51	\$34.95
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,281.78	\$41.12
		Family	\$3,251.54	\$58.60
NY G MTR0 NG 25/40/1250/80 EPO ME 23				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$1,094.73	\$20.56
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$1,861.05	\$34.95
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,189.47	\$41.12
		Family	\$3,119.99	\$58.60
NY G FRDM NG 30/60/2250/70 EPO 23				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Single	\$1,207.02	\$20.56
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$2,051.94	\$34.95
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,414.05	\$41.12
		Family	\$3,440.02	\$58.60
NY G LBTY NG 25/50/100 EPO ZD 23				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,287.29	\$20.56
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$2,188.39	\$34.95
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,574.58	\$41.12
		Family	\$3,668.78	\$58.60
NY G LBTY NG 1500/90 EPO HSA 23				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,149.32	\$20.56
Max out of Pocket:	In: \$5,750/\$11,500	Parent/Child (ren)	\$1,953.85	\$34.95
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,298.64	\$41.12
		Family	\$3,275.57	\$58.60
NY G LBTY NG 20/40/2000/80 EPO 23				
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	\$1,145.08	\$20.56
Max out of Pocket:	In: \$8,750/\$17,500	Parent/Child (ren)	\$1,946.65	\$34.95
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,290.17	\$41.12
		Family	\$3,263.49	\$58.60
NY G FRDM NG 1750/100 EPO HSA 23				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Single	\$1,236.68	\$20.56
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$2,102.36	\$34.95
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,473.35	\$41.12
		Family	\$3,524.53	\$58.60
NY G FRDM NG 25/50/100 EPO ZD 23				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,359.48	\$20.56
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$2,311.12	\$34.95
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Employee/ Spouse*	\$2,718.97	\$41.12
		Family	\$3,874.53	\$58.60

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Silver Plans			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/80/3250/60 EPO 23			
PCP/Spec:	Single	\$1,007.33	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,712.46	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$2,014.66	\$41.12
RX plan:	Family	\$2,870.90	\$58.60
NY S FRDM NG 40/80/3250/60 EPO 23			
PCP/Spec:	Single	\$1,065.97	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,812.15	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$2,131.94	\$41.12
RX plan:	Family	\$3,038.01	\$58.60
NY S LBTY NG 30/75/4000/50 EPO 23			
PCP/Spec:	Single	\$987.00	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,677.89	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$1,973.99	\$41.12
RX plan:	Family	\$2,812.94	\$58.60
NY S MTRO GT 30/80/3750/60 EPO 23			
PCP/Spec:	Single	\$883.05	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,501.18	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$1,766.09	\$41.12
RX plan:	Family	\$2,516.68	\$58.60
NY S FRDM NG 30/60/2250/70 PPO HSA 23			
PCP/Spec:	Single	\$1,107.13	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,882.12	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$2,214.26	\$41.12
RX plan:	Family	\$3,155.31	\$58.60
NY S LBTY GT 30/60/4500/50 EPO 23			
PCP/Spec:	Single	\$969.43	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,648.03	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$1,938.86	\$41.12
RX plan:	Family	\$2,762.88	\$58.60
NY S FRDM NG 40/80/3250/60 PPO 23			
PCP/Spec:	Single	\$1,107.96	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,883.54	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$2,215.93	\$41.12
RX plan:	Family	\$3,157.70	\$58.60
NY S FRDM NG 30/60/3000/80 EPO HSA 23			
PCP/Spec:	Single	\$1,054.26	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,792.25	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$2,108.53	\$41.12
RX plan:	Family	\$3,004.65	\$58.60
NY S FRDM NG 2500/60 EPO HSA 23			
PCP/Spec:	Single	\$1,034.33	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,758.36	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$2,068.65	\$41.12
RX plan:	Family	\$2,947.83	\$58.60
NY S MTRO NG 30/80/3750/60 EPO ME 23			
PCP/Spec:	Single	\$914.80	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,555.17	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$1,829.61	\$41.12
RX plan:	Family	\$2,607.20	\$58.60
NY S LBTY NG 30/60/3000/80 EPO HSA 23			
PCP/Spec:	Single	\$995.45	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,692.27	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$1,990.91	\$41.12
RX plan:	Family	\$2,837.04	\$58.60
NY S MTRO GT 35/50/4000/70 EPO HSA 23			
PCP/Spec:	Single	\$840.62	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,429.06	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$1,681.25	\$41.12
RX plan:	Family	\$2,395.78	\$58.60
NY S MTRO NG 50/100/100 EPO ZD 23			
PCP/Spec:	Single	\$1,039.52	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,767.18	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$2,079.03	\$41.12
RX plan:	Family	\$2,962.62	\$58.60
NY S LBTY NG 4000/80 EPO HSA 23			
PCP/Spec:	Single	\$955.70	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,624.69	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$1,911.40	\$41.12
RX plan:	Family	\$2,723.75	\$58.60
NY S LBTY NG 50/100/100 EPO ZD 23			
PCP/Spec:	Single	\$1,141.71	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,940.90	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$2,283.42	\$41.12
RX plan:	Family	\$3,253.87	\$58.60
NY S LBTY NG 25/45/5000/50 EPO 23			
PCP/Spec:	Single	\$992.32	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,686.95	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$1,984.65	\$41.12
RX plan:	Family	\$2,828.12	\$58.60
NY S LBTY NG 40/80/5000/60 EPO 23			
PCP/Spec:	Single	\$991.09	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,684.85	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$1,982.18	\$41.12
RX plan:	Family	\$2,824.61	\$58.60
NY S FRDM NG 50/100/100 EPO ZD 23			
PCP/Spec:	Single	\$1,207.58	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$2,052.88	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$2,415.15	\$41.12
RX plan:	Family	\$3,441.60	\$58.60
NY S MTRO GT 40/80/3250/60 EPO 23			
PCP/Spec:	Single	\$917.17	\$20.56
Ded and Coinsurance:	Parent/Child (ren)	\$1,559.19	\$34.95
Max out of Pocket:	Employee/ Spouse*	\$1,834.35	\$41.12
RX plan:	Family	\$2,613.94	\$58.60

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Bronze Plans			
NY B FRDM NG 5000/50 EPO HSA 23			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Single	\$976.34 \$20.56
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,659.77 \$34.95
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$1,952.67 \$41.12
		Family	\$2,782.55 \$58.60
NY B LBTY NG 7000/100 EPO HSA 23			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$918.17 \$20.56
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$1,560.89 \$34.95
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Employee/ Spouse*	\$1,836.34 \$41.12
		Family	\$2,616.79 \$58.60
NY B MTRO GT 7000/100 EPO HSA 23			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$806.99 \$20.56
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$1,371.88 \$34.95
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Employee/ Spouse*	\$1,613.97 \$41.12
		Family	\$2,299.91 \$58.60
NY B LBTY NG 25/75/5750/70 EPO HSA 23			
PCP/Spec:	\$25/\$75 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Single	\$910.63 \$20.56
Max out of Pocket:	In: \$7,350/\$14,700	Parent/Child (ren)	\$1,548.07 \$34.95
RX plan:	Ded Med/Rx then 30%/30%/30% Std Select	Employee/ Spouse*	\$1,821.26 \$41.12
		Family	\$2,595.30 \$58.60
NY B LBTY NG 30/60/6750/80 PPO HSA 23			
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Single	\$940.38 \$20.56
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$31,250/\$62,500	Parent/Child (ren)	\$1,598.66 \$34.95
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,880.77 \$41.12
		Family	\$2,680.10 \$58.60
NY B MTRO GT 40/75/6500/50 EPO HSA 23			
PCP/Spec:	\$40/\$75 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Single	\$795.69 \$20.56
Max out of Pocket:	In: \$7,350/\$14,700	Parent/Child (ren)	\$1,352.67 \$34.95
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,591.38 \$41.12
		Family	\$2,267.72 \$58.60

* 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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