

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 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	\$1,541.57	\$19.95
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,620.67	\$33.92
Max out of Pocket:	In: \$3,500/\$7,000 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,083.15	\$39.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,393.49	\$56.86
NY P FRDM NG 20/40/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,458.64	\$19.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,479.68	\$33.92
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,917.27	\$39.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,157.12	\$56.86
NY P FRDM NG 5/15/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,484.70	\$19.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,523.99	\$33.92
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,969.39	\$39.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,231.39	\$56.86
NY P FRDM NG 20/40/100 PPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,511.94	\$19.95
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,570.29	\$33.92
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,023.87	\$39.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,309.02	\$56.86
NY P FRDM NG 20/40/100 PPO FAIR 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,812.09	\$19.95
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,080.55	\$33.92
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,624.17	\$39.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,164.45	\$56.86
NY P MTRO GT 15/25/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,208.26	\$19.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,054.04	\$33.92
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,416.52	\$39.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,443.54	\$56.86
NY P LBTY GT 10/25/250/90 EPO LA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,277.88	\$19.95
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,172.40	\$33.92
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,555.76	\$39.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,641.97	\$56.86
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	\$1,333.61	\$19.95
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,267.15	\$33.92
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,667.23	\$39.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,800.80	\$56.86

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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	\$1,134.82	\$19.95
Max out of Pocket:	In: \$6,650/\$13,300	Parent/Child (ren)	\$1,929.20	\$33.92
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,269.64	\$39.90
		Family	\$3,234.25	\$56.86
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	\$1,237.22	\$19.95
Max out of Pocket:	In: \$7,750/\$15,500	Parent/Child (ren)	\$2,103.28	\$33.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,474.44	\$39.90
		Family	\$3,526.08	\$56.86
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	\$1,226.61	\$19.95
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$2,085.23	\$33.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,453.21	\$39.90
		Family	\$3,495.82	\$56.86
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	\$1,279.41	\$19.95
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$10,000/\$20,000	Parent/Child (ren)	\$2,174.99	\$33.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,558.81	\$39.90
		Family	\$3,646.31	\$56.86
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	\$1,242.29	\$19.95
Max out of Pocket:	In: \$6,450/\$12,900	Parent/Child (ren)	\$2,111.88	\$33.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,484.57	\$39.90
		Family	\$3,540.51	\$56.86
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	\$1,226.54	\$19.95
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,000/\$20,000	Parent/Child (ren)	\$2,085.12	\$33.92
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,453.08	\$39.90
		Family	\$3,495.64	\$56.86
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	\$1,180.65	\$19.95
Max out of Pocket:	In: \$5,750/\$11,500	Parent/Child (ren)	\$2,007.11	\$33.92
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,361.31	\$39.90
		Family	\$3,364.87	\$56.86
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	\$1,025.31	\$19.95
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$1,743.02	\$33.92
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,050.62	\$39.90
		Family	\$2,922.13	\$56.86
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	\$881.12	\$19.95
Max out of Pocket:	In: \$4,750/\$9,500	Parent/Child (ren)	\$1,497.91	\$33.92
RX plan:	\$10/\$35/\$70 Std Select	Employee/ Spouse*	\$1,762.24	\$39.90
		Family	\$2,511.19	\$56.86
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	\$1,106.97	\$19.95
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$1,881.86	\$33.92
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,213.95	\$39.90
		Family	\$3,154.88	\$56.86
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	\$1,062.19	\$19.95
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$1,805.73	\$33.92
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,124.39	\$39.90
		Family	\$3,027.25	\$56.86
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	\$1,171.14	\$19.95
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$1,990.94	\$33.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,342.27	\$39.90
		Family	\$3,337.73	\$56.86
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	\$1,249.03	\$19.95
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$2,123.34	\$33.92
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,498.05	\$39.90
		Family	\$3,559.73	\$56.86
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	\$1,115.16	\$19.95
Max out of Pocket:	In: \$5,750/\$11,500	Parent/Child (ren)	\$1,895.77	\$33.92
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,230.32	\$39.90
		Family	\$3,178.20	\$56.86
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	\$1,111.05	\$19.95
Max out of Pocket:	In: \$8,750/\$17,500	Parent/Child (ren)	\$1,888.78	\$33.92
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,222.10	\$39.90
		Family	\$3,166.49	\$56.86
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	\$1,199.91	\$19.95
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$2,039.84	\$33.92
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,399.82	\$39.90
		Family	\$3,419.75	\$56.86
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	\$1,319.07	\$19.95
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$2,242.42	\$33.92
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Employee/ Spouse*	\$2,638.14	\$39.90
		Family	\$3,759.35	\$56.86

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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	\$977.39	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,661.56	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$1,954.78	\$39.90
RX plan:	Family	\$2,785.55	\$56.86
NY S FRDM NG 40/80/3250/60 EPO 23			
PCP/Spec:	Single	\$1,034.28	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,758.28	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$2,068.56	\$39.90
RX plan:	Family	\$2,947.71	\$56.86
NY S LBTY NG 30/75/4000/50 EPO 23			
PCP/Spec:	Single	\$957.65	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,628.01	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$1,915.30	\$39.90
RX plan:	Family	\$2,729.30	\$56.86
NY S MTRO GT 30/80/3750/60 EPO 23			
PCP/Spec:	Single	\$856.79	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,456.55	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$1,713.59	\$39.90
RX plan:	Family	\$2,441.87	\$56.86
NY S FRDM NG 30/60/2250/70 PPO HSA 23			
PCP/Spec:	Single	\$1,074.22	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,826.17	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$2,148.43	\$39.90
RX plan:	Family	\$3,061.51	\$56.86
NY S LBTY GT 30/60/4500/50 EPO 23			
PCP/Spec:	Single	\$940.61	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,599.04	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$1,881.22	\$39.90
RX plan:	Family	\$2,680.74	\$56.86
NY S FRDM NG 40/80/3250/60 PPO 23			
PCP/Spec:	Single	\$1,075.02	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,827.54	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$2,150.05	\$39.90
RX plan:	Family	\$3,063.82	\$56.86
NY S FRDM NG 30/60/3000/80 EPO HSA 23			
PCP/Spec:	Single	\$1,022.92	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,738.97	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$2,045.84	\$39.90
RX plan:	Family	\$2,915.32	\$56.86
NY S FRDM NG 2500/60 EPO HSA 23			
PCP/Spec:	Single	\$1,003.58	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,706.09	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$2,007.17	\$39.90
RX plan:	Family	\$2,860.22	\$56.86
NY S MTRO NG 30/80/3750/60 EPO ME 23			
PCP/Spec:	Single	\$887.61	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,508.93	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$1,775.22	\$39.90
RX plan:	Family	\$2,529.69	\$56.86
NY S LBTY NG 30/60/3000/80 EPO HSA 23			
PCP/Spec:	Single	\$965.86	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,641.97	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$1,931.73	\$39.90
RX plan:	Family	\$2,752.72	\$56.86
NY S MTRO GT 35/50/4000/70 EPO HSA 23			
PCP/Spec:	Single	\$815.63	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,386.58	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$1,631.27	\$39.90
RX plan:	Family	\$2,324.56	\$56.86
NY S MTRO NG 50/100/100 EPO ZD 23			
PCP/Spec:	Single	\$1,008.62	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,714.66	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$2,017.24	\$39.90
RX plan:	Family	\$2,874.57	\$56.86
NY S LBTY NG 4000/80 EPO HSA 23			
PCP/Spec:	Single	\$927.29	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,576.39	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$1,854.58	\$39.90
RX plan:	Family	\$2,642.78	\$56.86
NY S LBTY NG 50/100/100 EPO ZD 23			
PCP/Spec:	Single	\$1,107.76	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,883.20	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$2,215.53	\$39.90
RX plan:	Family	\$3,157.13	\$56.86
NY S LBTY NG 25/45/5000/50 EPO 23			
PCP/Spec:	Single	\$962.82	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,636.80	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$1,925.65	\$39.90
RX plan:	Family	\$2,744.05	\$56.86
NY S LBTY NG 40/80/5000/60 EPO 23			
PCP/Spec:	Single	\$961.63	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,634.76	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$1,923.25	\$39.90
RX plan:	Family	\$2,740.64	\$56.86
NY S FRDM NG 50/100/100 EPO ZD 23			
PCP/Spec:	Single	\$1,171.68	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,991.86	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$2,343.36	\$39.90
RX plan:	Family	\$3,339.29	\$56.86
NY S MTRO GT 40/80/3250/60 EPO 23			
PCP/Spec:	Single	\$889.91	\$19.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,512.84	\$33.92
Max out of Pocket:	Employee/ Spouse*	\$1,779.81	\$39.90
RX plan:	Family	\$2,536.23	\$56.86

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Bronze Plans		Tier	Rate (select counties)	Dep 29 Rider
NY B FRDM NG 5000/50 EPO HSA 23				
PCP/Spec:	Deductible and Coinsurance	Single	\$947.32	\$19.95
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,610.44	\$33.92
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,894.63	\$39.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,699.85	\$56.86
NY B LBTY NG 7000/100 EPO HSA 23				
PCP/Spec:	Deductible and Coinsurance	Single	\$890.88	\$19.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,514.49	\$33.92
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,781.75	\$39.90
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,539.00	\$56.86
NY B MTRO GT 7000/100 EPO HSA 23				
PCP/Spec:	Deductible and Coinsurance	Single	\$783.00	\$19.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,331.09	\$33.92
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,565.99	\$39.90
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,231.54	\$56.86
NY B LBTY NG 25/75/5750/70 EPO HSA 23				
PCP/Spec:	\$25/\$75 after Deductible	Single	\$883.55	\$19.95
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,502.04	\$33.92
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,767.11	\$39.90
RX plan:	Ded Med/Rx then 30%/30%/30% Std Select	Family	\$2,518.13	\$56.86
NY B LBTY NG 30/60/6750/80 PPO HSA 23				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$912.43	\$19.95
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,551.13	\$33.92
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,824.85	\$39.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,600.42	\$56.86
NY B MTRO GT 40/75/6500/50 EPO HSA 23				
PCP/Spec:	\$40/\$75 after Deductible	Single	\$772.03	\$19.95
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,312.45	\$33.92
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,544.07	\$39.90
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,200.30	\$56.86

* 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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