

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 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	\$1,515.98	\$19.62
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,577.16	\$33.35
Max out of Pocket:	In: \$3,500/\$7,000 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,031.95	\$39.24
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,320.53	\$55.92
NY P FRDM NG 20/40/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,434.42	\$19.62
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,438.51	\$33.35
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,868.84	\$39.24
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,088.09	\$55.92
NY P FRDM NG 5/15/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,460.05	\$19.62
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,482.09	\$33.35
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,920.10	\$39.24
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,161.15	\$55.92
NY P FRDM NG 20/40/100 PPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,486.84	\$19.62
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,527.63	\$33.35
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,973.68	\$39.24
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,237.49	\$55.92
NY P FRDM NG 20/40/100 PPO FAIR 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,782.01	\$19.62
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,029.41	\$33.35
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,564.01	\$39.24
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,078.72	\$55.92
NY P MTRO GT 15/25/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,188.20	\$19.62
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,019.94	\$33.35
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,376.41	\$39.24
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,386.38	\$55.92
NY P LBTY GT 10/25/250/90 EPO LA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,256.68	\$19.62
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,136.35	\$33.35
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,513.35	\$39.24
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,581.53	\$55.92
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	\$1,311.47	\$19.62
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,229.51	\$33.35
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,622.95	\$39.24
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,737.70	\$55.92

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Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,115.98	\$19.62
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,897.17	\$33.35
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$2,231.97	\$39.24
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,180.55	\$55.92
NY G FRDM NG 15/35/1750/90 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,216.69	\$19.62
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,068.37	\$33.35
Max out of Pocket:	In: \$7,750/\$15,500	Employee/ Spouse*	\$2,433.37	\$39.24
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,467.56	\$55.92
NY G FRDM NG 25/40/1750/80 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,206.24	\$19.62
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,050.62	\$33.35
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,412.49	\$39.24
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,437.79	\$55.92
NY G FRDM NG 25/40/1500/80 PPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,258.16	\$19.62
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,138.88	\$33.35
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,516.33	\$39.24
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,585.77	\$55.92
NY G FRDM NG 50/50/1000/90 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,221.67	\$19.62
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,076.84	\$33.35
Max out of Pocket:	In: \$6,450/\$12,900	Employee/ Spouse*	\$2,443.34	\$39.24
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,481.76	\$55.92
NY G FRDM NG 1500/90 PPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,206.18	\$19.62
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,050.51	\$33.35
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,412.36	\$39.24
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,437.61	\$55.92
NY G FRDM NG 1500/90 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,161.05	\$19.62
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,973.79	\$33.35
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,322.11	\$39.24
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,309.01	\$55.92
NY G MTRO GT 25/40/1250/80 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,008.28	\$19.62
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,714.09	\$33.35
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,016.57	\$39.24
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,873.61	\$55.92
NY G MTRO GT 25/40/600/80 EPO HNY 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$866.49	\$19.62
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,473.04	\$33.35
Max out of Pocket:	In: \$4,750/\$9,500	Employee/ Spouse*	\$1,732.99	\$39.24
RX plan:	\$10/\$35/\$70 Std Select	Family	\$2,469.51	\$55.92
NY G LBTY NG 30/60/2000/70 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,088.60	\$19.62
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,850.62	\$33.35
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,177.20	\$39.24
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,102.51	\$55.92
NY G MTRO NG 25/40/1250/80 EPO ME 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,044.55	\$19.62
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,775.75	\$33.35
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,089.11	\$39.24
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,976.98	\$55.92
NY G FRDM NG 30/60/2250/70 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,151.70	\$19.62
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,957.89	\$33.35
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,303.40	\$39.24
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,282.35	\$55.92
NY G LBTY NG 25/50/100 EPO ZD 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,228.29	\$19.62
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,088.10	\$33.35
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,456.59	\$39.24
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,500.63	\$55.92
NY G LBTY NG 1500/90 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,096.65	\$19.62
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,864.30	\$33.35
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,193.29	\$39.24
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$3,125.45	\$55.92
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	\$1,092.60	\$19.62
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,857.42	\$33.35
Max out of Pocket:	In: \$8,750/\$17,500	Employee/ Spouse*	\$2,185.20	\$39.24
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,113.92	\$55.92
NY G FRDM NG 1750/100 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,179.99	\$19.62
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,005.99	\$33.35
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,359.98	\$39.24
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,362.98	\$55.92
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	\$1,297.17	\$19.62
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,205.20	\$33.35
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,594.35	\$39.24
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,696.95	\$55.92

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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	\$961.16	\$19.62
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,633.98	\$33.35
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,922.33	\$39.24
		Family	\$2,739.31	\$55.92
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	\$1,017.11	\$19.62
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,729.10	\$33.35
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,034.23	\$39.24
		Family	\$2,898.77	\$55.92
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	\$941.75	\$19.62
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,600.98	\$33.35
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Std Select	Employee/ Spouse*	\$1,883.51	\$39.24
		Family	\$2,684.00	\$55.92
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	\$842.57	\$19.62
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,432.37	\$33.35
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,685.13	\$39.24
		Family	\$2,401.32	\$55.92
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	\$1,056.39	\$19.62
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$15,000/\$30,000	Parent/Child (ren)	\$1,795.85	\$33.35
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,112.77	\$39.24
		Family	\$3,010.70	\$55.92
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	\$925.00	\$19.62
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,572.51	\$33.35
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,850.01	\$39.24
		Family	\$2,636.26	\$55.92
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	\$1,057.18	\$19.62
Max out of Pocket:	In: \$9,100/\$18,200 Out: \$15,000/\$30,000	Parent/Child (ren)	\$1,797.20	\$33.35
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,114.35	\$39.24
		Family	\$3,012.95	\$55.92
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	\$1,005.94	\$19.62
Max out of Pocket:	In: \$7,150/\$14,300	Parent/Child (ren)	\$1,710.10	\$33.35
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,011.89	\$39.24
		Family	\$2,866.94	\$55.92
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	\$986.92	\$19.62
Max out of Pocket:	In: \$7,350/\$14,700	Parent/Child (ren)	\$1,677.77	\$33.35
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$1,973.85	\$39.24
		Family	\$2,812.73	\$55.92
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	\$872.87	\$19.62
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,483.89	\$33.35
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,745.75	\$39.24
		Family	\$2,487.69	\$55.92
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	\$949.83	\$19.62
Max out of Pocket:	In: \$7,150/\$14,300	Parent/Child (ren)	\$1,614.71	\$33.35
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,899.66	\$39.24
		Family	\$2,707.02	\$55.92
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	\$802.10	\$19.62
Max out of Pocket:	In: \$7,200/\$14,400	Parent/Child (ren)	\$1,363.57	\$33.35
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Employee/ Spouse*	\$1,604.19	\$39.24
		Family	\$2,285.98	\$55.92
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	\$991.87	\$19.62
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,686.18	\$33.35
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,983.74	\$39.24
		Family	\$2,826.83	\$55.92
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	\$911.90	\$19.62
Max out of Pocket:	In: \$7,350/\$14,700	Parent/Child (ren)	\$1,550.23	\$33.35
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,823.80	\$39.24
		Family	\$2,598.92	\$55.92
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	\$1,089.38	\$19.62
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,851.95	\$33.35
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,178.76	\$39.24
		Family	\$3,104.73	\$55.92
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	\$946.84	\$19.62
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,609.62	\$33.35
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,893.67	\$39.24
		Family	\$2,698.48	\$55.92
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	\$945.66	\$19.62
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,607.61	\$33.35
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,891.31	\$39.24
		Family	\$2,695.12	\$55.92
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	\$1,152.23	\$19.62
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,958.79	\$33.35
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Broad Ntwk	Employee/ Spouse*	\$2,304.45	\$39.24
		Family	\$3,283.84	\$55.92
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	\$875.13	\$19.62
Max out of Pocket:	In: \$9,100/\$18,200	Parent/Child (ren)	\$1,487.73	\$33.35
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,750.27	\$39.24
		Family	\$2,494.13	\$55.92

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 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	\$931.59	\$19.62
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,583.70	\$33.35
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,863.18	\$39.24
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,655.03	\$55.92
NY B LBTY NG 7000/100 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$876.09	\$19.62
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,489.36	\$33.35
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,752.19	\$39.24
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,496.87	\$55.92
NY B MTRO GT 7000/100 EPO HSA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$770.00	\$19.62
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,309.01	\$33.35
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,540.00	\$39.24
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,194.50	\$55.92
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	\$868.89	\$19.62
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,477.11	\$33.35
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,737.78	\$39.24
RX plan:	Ded Med/Rx then 30%/30%/30% Std Select	Family	\$2,476.34	\$55.92
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	\$897.28	\$19.62
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,525.38	\$33.35
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,794.56	\$39.24
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,557.25	\$55.92
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	\$759.22	\$19.62
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,290.68	\$33.35
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,518.44	\$39.24
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,163.79	\$55.92

* 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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