

**2023 New York Small Group (1-100) Oxford Products: Q4 2023 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



<b>Platinum Plans</b>				
<b>NY P FRDM NG 5/15/100 PPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,627.20	\$21.06
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,766.25	\$35.80
Max out of Pocket:	In: \$3,500/\$7,000 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,254.41	\$42.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,637.53	\$60.02
<b>NY P FRDM NG 20/40/100 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,539.67	\$21.06
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,617.43	\$35.80
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$3,079.33	\$42.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,388.05	\$60.02
<b>NY P FRDM NG 5/15/100 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,567.17	\$21.06
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,664.19	\$35.80
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$3,134.34	\$42.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,466.44	\$60.02
<b>NY P FRDM NG 20/40/100 PPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,595.93	\$21.06
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,713.07	\$35.80
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,191.85	\$42.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,548.39	\$60.02
<b>NY P FRDM NG 20/40/100 PPO FAIR 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,912.74	\$21.06
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,251.67	\$35.80
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,825.49	\$42.12
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,451.32	\$60.02
<b>NY P MTRO GT 15/25/100 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$15/\$25	Single	\$1,275.38	\$21.06
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,168.14	\$35.80
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,550.76	\$42.12
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,634.83	\$60.02
<b>NY P LBTY GT 10/25/250/90 EPO LA 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$10/\$25	Single	\$1,348.88	\$21.06
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,293.09	\$35.80
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,697.75	\$42.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,844.30	\$60.02
<b>NY P LBTY NG 5/35/500/100 EPO 23</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,407.69	\$21.06
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,393.09	\$35.80
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,815.39	\$42.12
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$4,011.93	\$60.02

**2023 New York Small Group (1-100) Oxford Products: Q4 2023 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



<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	\$1,197.86	\$21.06
Max out of Pocket:	In: \$6,650/\$13,300	Parent/Child (ren)	\$2,036.36	\$35.80
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,395.72	\$42.12
		Family	\$3,413.90	\$60.02
<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	\$1,305.95	\$21.06
Max out of Pocket:	In: \$7,750/\$15,500	Parent/Child (ren)	\$2,220.11	\$35.80
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,611.90	\$42.12
		Family	\$3,721.96	\$60.02
<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	\$1,294.75	\$21.06
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$2,201.08	\$35.80
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,589.50	\$42.12
		Family	\$3,690.04	\$60.02
<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	\$2,295.82	\$35.80
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$10,000/\$20,000	Parent/Child (ren)	\$2,700.97	\$42.12
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$3,848.88	\$60.02
		Family	\$3,848.88	\$60.02
<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	\$1,311.30	\$21.06
Max out of Pocket:	In: \$6,450/\$12,900	Parent/Child (ren)	\$2,229.21	\$35.80
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,622.60	\$42.12
		Family	\$3,737.21	\$60.02
<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	\$1,294.68	\$21.06
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,000/\$20,000	Parent/Child (ren)	\$2,200.95	\$35.80
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,589.36	\$42.12
		Family	\$3,689.83	\$60.02
<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	\$1,246.24	\$21.06
Max out of Pocket:	In: \$5,750/\$11,500	Parent/Child (ren)	\$2,118.61	\$35.80
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,492.48	\$42.12
		Family	\$3,551.79	\$60.02
<b>NY G MTR0 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	\$1,082.27	\$21.06
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$1,839.85	\$35.80
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,164.53	\$42.12
		Family	\$3,084.45	\$60.02
<b>NY G MTR0 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	\$930.07	\$21.06
Max out of Pocket:	In: \$4,750/\$9,500	Parent/Child (ren)	\$1,581.12	\$35.80
RX plan:	\$10/\$35/\$70 Std Select	Employee/ Spouse*	\$1,860.13	\$42.12
		Family	\$2,650.69	\$60.02
<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	\$1,168.47	\$21.06
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$1,986.40	\$35.80
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,336.94	\$42.12
		Family	\$3,330.13	\$60.02
<b>NY G MTR0 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	\$1,121.19	\$21.06
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$1,906.03	\$35.80
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,242.39	\$42.12
		Family	\$3,195.40	\$60.02
<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	\$1,236.20	\$21.06
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$2,101.54	\$35.80
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,472.39	\$42.12
		Family	\$3,523.16	\$60.02
<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	\$1,318.41	\$21.06
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$2,241.30	\$35.80
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,636.81	\$42.12
		Family	\$3,757.46	\$60.02
<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	\$1,177.11	\$21.06
Max out of Pocket:	In: \$5,750/\$11,500	Parent/Child (ren)	\$2,001.08	\$35.80
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,354.21	\$42.12
		Family	\$3,354.76	\$60.02
<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	\$1,172.77	\$21.06
Max out of Pocket:	In: \$8,750/\$17,500	Parent/Child (ren)	\$1,993.71	\$35.80
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$2,345.54	\$42.12
		Family	\$3,342.39	\$60.02
<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	\$1,266.57	\$21.06
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$2,153.16	\$35.80
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,533.13	\$42.12
		Family	\$3,609.72	\$60.02
<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	\$1,392.34	\$21.06
Max out of Pocket:	In: \$6,250/\$12,500	Parent/Child (ren)	\$2,366.98	\$35.80
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Employee/ Spouse*	\$2,784.68	\$42.12
		Family	\$3,968.18	\$60.02

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<b>Silver Plans</b>			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
<b>NY S LBTY NG 40/80/3250/60 EPO 23</b>			
PCP/Spec:	Single	\$1,031.68	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,753.85	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$2,063.36	\$42.12
RX plan:	Family	\$2,940.28	\$60.02
<b>NY S FRDM NG 40/80/3250/60 EPO 23</b>			
PCP/Spec:	Single	\$1,091.74	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,855.96	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$2,183.48	\$42.12
RX plan:	Family	\$3,111.46	\$60.02
<b>NY S LBTY NG 30/75/4000/50 EPO 23</b>			
PCP/Spec:	Single	\$1,010.85	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,718.45	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$2,021.71	\$42.12
RX plan:	Family	\$2,880.93	\$60.02
<b>NY S MTRO GT 30/80/3750/60 EPO 23</b>			
PCP/Spec:	Single	\$904.39	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,537.46	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$1,808.77	\$42.12
RX plan:	Family	\$2,577.51	\$60.02
<b>NY S FRDM NG 30/60/2250/70 PPO HSA 23</b>			
PCP/Spec:	Single	\$1,133.90	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,927.63	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$2,267.79	\$42.12
RX plan:	Family	\$3,231.61	\$60.02
<b>NY S LBTY GT 30/60/4500/50 EPO 23</b>			
PCP/Spec:	Single	\$992.87	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,687.87	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$1,985.74	\$42.12
RX plan:	Family	\$2,829.67	\$60.02
<b>NY S FRDM NG 40/80/3250/60 PPO 23</b>			
PCP/Spec:	Single	\$1,134.74	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,929.06	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$2,269.48	\$42.12
RX plan:	Family	\$3,234.01	\$60.02
<b>NY S FRDM NG 30/60/3000/80 EPO HSA 23</b>			
PCP/Spec:	Single	\$1,079.75	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,835.58	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$2,159.50	\$42.12
RX plan:	Family	\$3,077.29	\$60.02
<b>NY S FRDM NG 2500/60 EPO HSA 23</b>			
PCP/Spec:	Single	\$1,059.33	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,800.85	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$2,118.65	\$42.12
RX plan:	Family	\$3,019.08	\$60.02
<b>NY S MTRO NG 30/80/3750/60 EPO ME 23</b>			
PCP/Spec:	Single	\$936.92	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,592.76	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$1,873.84	\$42.12
RX plan:	Family	\$2,670.22	\$60.02
<b>NY S LBTY NG 30/60/3000/80 EPO HSA 23</b>			
PCP/Spec:	Single	\$1,019.52	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,733.18	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$2,039.04	\$42.12
RX plan:	Family	\$2,905.63	\$60.02
<b>NY S MTRO GT 35/50/4000/70 EPO HSA 23</b>			
PCP/Spec:	Single	\$860.95	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,463.62	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$1,721.90	\$42.12
RX plan:	Family	\$2,453.71	\$60.02
<b>NY S MTRO NG 50/100/100 EPO ZD 23</b>			
PCP/Spec:	Single	\$1,064.64	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,809.89	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$2,129.29	\$42.12
RX plan:	Family	\$3,034.24	\$60.02
<b>NY S LBTY NG 4000/80 EPO HSA 23</b>			
PCP/Spec:	Single	\$978.80	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,663.96	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$1,957.61	\$42.12
RX plan:	Family	\$2,789.59	\$60.02
<b>NY S LBTY NG 50/100/100 EPO ZD 23</b>			
PCP/Spec:	Single	\$1,169.30	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,987.81	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$2,338.61	\$42.12
RX plan:	Family	\$3,332.52	\$60.02
<b>NY S LBTY NG 25/45/5000/50 EPO 23</b>			
PCP/Spec:	Single	\$1,016.31	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,727.72	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$2,032.61	\$42.12
RX plan:	Family	\$2,896.48	\$60.02
<b>NY S LBTY NG 40/80/5000/60 EPO 23</b>			
PCP/Spec:	Single	\$1,015.04	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,725.58	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$2,030.09	\$42.12
RX plan:	Family	\$2,892.88	\$60.02
<b>NY S FRDM NG 50/100/100 EPO ZD 23</b>			
PCP/Spec:	Single	\$1,236.77	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$2,102.51	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$2,473.54	\$42.12
RX plan:	Family	\$3,524.79	\$60.02
<b>NY S MTRO GT 40/80/3250/60 EPO 23</b>			
PCP/Spec:	Single	\$939.34	\$21.06
Ded and Coinsurance:	Parent/Child (ren)	\$1,596.88	\$35.80
Max out of Pocket:	Employee/ Spouse*	\$1,878.68	\$42.12
RX plan:	Family	\$2,677.12	\$60.02

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<b>Bronze Plans</b>				
<b>NY B FRDM NG 5000/50 EPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Single	\$999.94	\$21.06
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,699.90	\$35.80
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$1,999.87	\$42.12
		Family	\$2,849.82	\$60.02
<b>NY B LBTY NG 7000/100 EPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$940.37	\$21.06
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$1,598.62	\$35.80
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Employee/ Spouse*	\$1,880.73	\$42.12
		Family	\$2,680.04	\$60.02
<b>NY B MTRO GT 7000/100 EPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$826.50	\$21.06
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$1,405.05	\$35.80
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Employee/ Spouse*	\$1,652.99	\$42.12
		Family	\$2,355.51	\$60.02
<b>NY B LBTY NG 25/75/5750/70 EPO HSA 23</b>				
PCP/Spec:	\$25/\$75 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Single	\$932.63	\$21.06
Max out of Pocket:	In: \$7,350/\$14,700	Parent/Child (ren)	\$1,585.48	\$35.80
RX plan:	Ded Med/Rx then 30%/30%/30% Std Select	Employee/ Spouse*	\$1,865.27	\$42.12
		Family	\$2,658.01	\$60.02
<b>NY B LBTY NG 30/60/6750/80 PPO HSA 23</b>				
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	\$963.11	\$21.06
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$31,250/\$62,500	Parent/Child (ren)	\$1,637.29	\$35.80
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,926.23	\$42.12
		Family	\$2,744.88	\$60.02
<b>NY B MTRO GT 40/75/6500/50 EPO HSA 23</b>				
PCP/Spec:	\$40/\$75 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Single	\$814.93	\$21.06
Max out of Pocket:	In: \$7,350/\$14,700	Parent/Child (ren)	\$1,385.37	\$35.80
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,629.85	\$42.12
		Family	\$2,322.54	\$60.02

\* 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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