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LULS INEW TORK Small Group (1-100) Oxford Products: Q4 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 5/15/10	0 PPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,578.83	\$20.43
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,684.02	\$34.73
Max out of Pocket:	In: \$3,500/\$7,000 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,157.66	\$40.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,499.67	\$58.23
NY P FRDM NG 20/40/	00 EPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,493.89	\$20.43
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,539.61	\$34.73
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,987.78	\$40.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,257.58	\$58.23
NY P FRDM NG 5/15/10	0 EPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,520.58	\$20.43
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,584.99	\$34.73
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$3,041.17	\$40.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,333.67	\$58.23
NY P FRDM NG 20/40/	00 PPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,548,48	\$20.43
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,632.41	\$34.73
Max out of Pocket:	In: \$3.000/\$6.000 Out: \$7.750/\$15.500	Employee/ Spouse*	\$3,096,96	\$40.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,413.17	\$58.23
NY P FRDM NG 20/40/	00 PPO FAIR 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,855.89	\$20.43
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,155.01	\$34.73
Max out of Pocket:	In: \$3.000/\$6.000 Out: \$25.000/\$50.000	Employee/ Spouse*	\$3,711,77	\$40.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk		\$5.289.28	\$58.23
	INOII-TT Deu \$100 tileit \$3/\$33/\$70 Diodu Ntwk	Family	\$0,209.20	\$00.Z0
NY P MTRO GT 15/25/		Family Tier	1.1, 1.1	1.1.1
			\$3,269.26 Rate (select counties) \$1,237.47	\$38.23 Dep 29 Rider \$20.43
PCP/Spec:	00 EPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	00 EPO 23 \$15/\$25	Tier Single	Rate (select counties) \$1,237.47	Dep 29 Rider \$20.43
PCP/Spec: Ded and Coinsurance: Max out of Pocket:	00 EPO 23 \$15/\$25 In: \$0, 0%	Tier Single Parent/Child (ren)	Rate (select counties) \$1,237.47 \$2,103.70	Dep 29 Rider \$20.43 \$34.73
PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	00 EPO 23 \$15/\$25 In: \$0, 0% In: \$3.250\\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Tier Single Parent/Child (ren) Employee/ Spouse*	Rate (select counties) \$1,237.47 \$2,103.70 \$2,474.93 \$3,526.78	Dep 29 Rider \$20.43 \$34.73 \$40.86
PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 10/25/2	00 EPO 23 \$15/\$25 In: \$0, 0% In: \$3.250\\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Tier Single Parent/Child (ren) Employee/ Spouse* Family	Rate (select counties) \$1,237.47 \$2,103.70 \$2,474.93	Dep 29 Rider \$20.43 \$34.73 \$40.86 \$58.23
PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 10/25/2 PCP/Spec:	00 EPO 23 \$15/\$25 In: \$0, 0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 50/90 EPO LA 23	Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier	Rate (select counties) \$1,237.47 \$2,103.70 \$2,474.93 \$3,526.78 Rate (select counties)	Dep 29 Rider \$20.43 \$34.73 \$40.86 \$58.23 Dep 29 Rider
PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: VY P LBTY GT 10/25/2 PCP/Spec: Ded and Coinsurance:	00 EPO 23 \$15/\$25 In: \$0, 0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 50/90 EPO LA 23 \$10/\$25	Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	Rate (select counties) \$1,237.47 \$2,103.70 \$2,474.93 \$3,526.78 Rate (select counties) \$1,308.77	Dep 29 Rider \$20.43 \$34.73 \$40.86 \$58.23 Dep 29 Rider \$20.43
PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: VY P LBTY GT 10/25/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	00 EPO 23 \$15/\$25 In: \$0, 0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 50/90 EPO LA 23 \$10/\$25 In: \$250(\$500, 10%	Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	Rate (select counties) \$1,237.47 \$2,103.70 \$2,474.93 \$3,526.78 Rate (select counties) \$1,308.77 \$2,224.91	Dep 29 Rider \$20.43 \$34.73 \$40.86 \$58.23 Dep 29 Rider \$20.43 \$34.73
PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 10/25/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	00 EPO 23 \$15/\$25 In: \$0, 0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 50/90 EPO LA 23 \$10/\$25 In: \$250/\$500, 10% In: \$2,500/\$5,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family	Rate (select counties) \$1,237.47 \$2,103.70 \$2,474.93 \$3,526.78 Rate (select counties) \$1,308.77 \$2,224.91 \$2,617.54 \$3,729.99	Dep 29 Rider \$20.43 \$34.73 \$40.86 \$58.23 Dep 29 Rider \$20.43 \$34.73 \$40.86 \$58.23
PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 10/25/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY NG 5/35/50	00 EPO 23 \$15/\$25 In: \$0, 0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 50/90 EPO LA 23 \$10/\$25 In: \$250/\$500, 10% In: \$2,500/\$5,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select 0/100 EPO 23	Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier	Rate (select counties) \$1,237.47 \$2,103.70 \$2,474.93 \$3,526.78 Rate (select counties) \$1,308.77 \$2,224.91 \$2,617.54 \$3,729.99 Rate (select counties)	Dep 29 Rider \$20.43 \$34.73 \$40.86 \$58.23 Dep 29 Rider \$20.43 \$40.86 \$58.23 Dep 29 Rider
PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 10/25/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY NG 5/35/50 PCP/Spec:	00 EPO 23 \$15/\$25 In: \$0,0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 50/90 EPO LA 23 \$10/\$25 In: \$250/\$500, 10% In: \$2,500/\$5,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select 0/100 EPO 23 Tier I: \$5/\$35 Tier II: \$25/\$70	Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	Rate (select counties) \$1,237,47 \$2,103,70 \$2,474,93 \$3,526,78 Rate (select counties) \$1,308,77 \$2,224,91 \$2,617,54 \$3,720,99 Rate (select counties) \$1,365,85	Dep 29 Rider \$20.43 \$34.73 \$40.86 \$58.23 Dep 29 Rider \$20.43 \$40.86 \$58.23 Dep 29 Rider \$20.43
NY P MTRO GT 15/25/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LETY GT 10/25/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LETY NG 5/35/50 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	00 EPO 23 \$15/\$25 In: \$0, 0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 50/90 EPO LA 23 \$10/\$25 In: \$250/\$500, 10% In: \$2,500/\$5,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select 0/100 EPO 23	Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier	Rate (select counties) \$1,237.47 \$2,103.70 \$2,474.93 \$3,526.78 Rate (select counties) \$1,308.77 \$2,224.91 \$2,617.54 \$3,729.99 Rate (select counties)	Dep 29 Rider \$20.43 \$34.73 \$40.86 \$58.23 Dep 29 Rider \$20.43 \$40.86 \$58.23 Dep 29 Rider

Use the table below to review monthly rates for New York small group Oxford¹ products. **C4** 2023 **(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.



Gold Plans				
NY G LBTY GT 30/60/	1250/100 EPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,162.25	\$20.43
Ded and Coinsurance: Max out of Pocket:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,975.83	\$34.73 \$40.86
RX plan:	In: \$6,650/\$13,300 Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse* Family	\$2,324.50 \$3,312.42	\$58.23
NY G FRDM NG 15/35		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,267.13	\$20.43
Ded and Coinsurance:		Parent/Child (ren)	\$2,154.12	\$34.73
Max out of Pocket: RX plan:	In: \$7,750/\$15,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse* Family	\$2,534.26 \$3,611.32	\$40.86 \$58.23
NY G FRDM NG 25/40		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,256.26	\$20.43
Ded and Coinsurance:		Parent/Child (ren)	\$2,135.64	\$34.73
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,512.52	\$40.86
RX plan: NY G FRDM NG 25/40	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,580.34 Rate (select counties)	\$58.23 Dep 29 Rider
PCP/Spec:	\$25/\$40	Tier Single	\$1,310.33	\$20.43
Ded and Coinsurance:		Parent/Child (ren)	\$2,227.57	\$34.73
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,620.66	\$40.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,734.44	\$58.23
NY G FRDM NG 50/50 PCP/Spec:	\$50/\$50	Tier Single	Rate (select counties) \$1,272.31	Dep 29 Rider \$20.43
Ded and Coinsurance:		Parent/Child (ren)	\$1,272.31 \$2,162.93	\$34.73
Max out of Pocket:	In: \$6,450/\$12,900	Employee/ Spouse*	\$2,544.62	\$40.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,626.09	\$58.23
NY G FRDM NG 1500/		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	Deductible and Coinsurance In: \$1,500/\$3,000, 10% Out: \$4,000/\$8,000, 40%	Single Parent/Child (ren)	\$1,256.19 \$2,135.52	\$20.43 \$34.73
Max out of Pocket:	In: \$1,500/\$3,000, 10% Out: \$4,000/\$8,000, 40%	Employee/ Spouse*	\$2,135.52 \$2,512.37	\$34.73
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,580.13	\$58.23
NY G FRDM NG 1500/		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,209.19	\$20.43
Ded and Coinsurance: Max out of Pocket:	In: \$1,500/\$3,000, 10% In: \$5,750/\$11,500	Parent/Child (ren) Employee/ Spouse*	\$2,055.62 \$2,418.38	\$34.73 \$40.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,418.38	\$58.23
NY G MTRO GT 25/40		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,050.09	\$20.43
Ded and Coinsurance:		Parent/Child (ren)	\$1,785.16	\$34.73
Max out of Pocket:	In: \$6,250/\$12,500 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,100.18 \$2,992.75	\$40.86 \$58.23
RX plan: NY G MTRO GT 25/40		Family Tier	Rate (select counties)	556.25 Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$902.42	\$20.43
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,534.11	\$34.73
Max out of Pocket:	In: \$4,750/\$9,500	Employee/ Spouse*	\$1,804.84	\$40.86
RX plan: NY G LBTY NG 30/60/	\$10/\$35/\$70 Std Select	Family Tier	\$2,571.89 Rate (select counties)	\$58.23 Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,133.73	\$20.43
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,927.34	\$34.73
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,267.47	\$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,231.14	\$58.23
NY G MTRO NG 25/40 PCP/Spec:	\$25/\$40	Tier Single	Rate (select counties) \$1,087.86	Dep 29 Rider \$20.43
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,849.37	\$34.73
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,175.73	\$40.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,100.41	\$58.23
NY G FRDM NG 30/60		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$30/\$60 In: \$2,250/\$4,500, 30%	Single Parent/Child (ren)	\$1,199.45 \$2,039.06	\$20.43 \$34.73
Max out of Pocket:	In: \$2,200,\$4,500,\$0%	Employee/ Spouse*	\$2,398.89	\$40.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,418.42	\$58.23
NY G LBTY NG 25/50/		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,279.22	\$20.43
Ded and Coinsurance: Max out of Pocket:	In: \$0, 0% In: \$6,250/\$12,500	Parent/Child (ren) Employee/ Spouse*	\$2,174.67 \$2,558.43	\$34.73 \$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,558.43 \$3,645.77	\$58.23
NY G LBTY NG 1500/9		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,142.11	\$20.43
Ded and Coinsurance:		Parent/Child (ren)	\$1,941.58	\$34.73
Max out of Pocket: RX plan:	In: \$5,750/\$11,500 Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse* Family	\$2,284.22 \$3,255.01	\$40.86 \$58.23
NY G LBTY NG 20/40/		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,137.90	\$20.43
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,934.42	\$34.73
Max out of Pocket:	In: \$8,750/\$17,500	Employee/ Spouse*	\$2,275.80	\$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,243.01	\$58.23
NY G FRDM NG 1750/		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	Deductible and Coinsurance In: \$1,750/\$3,500, 0%	Single Parent/Child (ren)	\$1,228.92 \$2,089.16	\$20.43 \$34.73
Max out of Pocket:	In: \$7,050\$\$,000 078	Employee/ Spouse*	\$2,457.84	\$40.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,502.42	\$58.23
NY G FRDM NG 25/50		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,350.96	\$20.43
Ded and Coinsurance: Max out of Pocket:	In: \$0, 0% In: \$6,250/\$12,500	Parent/Child (ren)	\$2,296.62	\$34.73
Max out of Pocket: RX plan:	In: \$6,250/\$12,500 Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Employee/ Spouse* Family	\$2,701.91 \$3,850.23	\$40.86 \$58.23
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Use the table below to review monthly rates for New York small group Oxford¹ products. **Cet 2025** (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.



Silver Plans				
NY S LBTY NG 40/80/3	3250/60 EPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$1,001.01	\$20.43
Ded and Coinsurance: Max out of Pocket:	In: \$3,250/\$6,500, 40% In: \$9,100/\$18,200	Parent/Child (ren) Employee/ Spouse*	\$1,701.71 \$2,002.01	\$34.73 \$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,852.87	\$58.23
IY S FRDM NG 40/80		Tier	Rate (select counties)	Dep 29 Rider
CP/Spec:	\$40/\$80	Single	\$1,059.28	\$20.43
Ded and Coinsurance: Max out of Pocket:	In: \$3,250/\$6,500, 40% In: \$9,100/\$18,200	Parent/Child (ren) Employee/ Spouse*	\$1,800.78 \$2,118.56	\$34.73 \$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,018.95	\$58.23
NY S LBTY NG 30/75/4	4000/50 EPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$75	Single	\$980.80	\$20.43
Ded and Coinsurance: Max out of Pocket:	In: \$4,000/\$8,000, 50% In: \$9,100/\$18,200	Parent/Child (ren)	\$1,667.36 \$1,961.60	\$34.73 \$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Std Select	Employee/ Spouse* Family	\$1,961.60	\$58.23
NY S MTRO GT 30/80,	/3750/60 EPO 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$877.50	\$20.43
Ded and Coinsurance: Max out of Pocket:	In: \$3,750/\$7,500, 40% In: \$9,100/\$18,200	Parent/Child (ren) Employee/ Spouse*	\$1,491.76 \$1,755.00	\$34.73 \$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,500.88	\$58.23
	/2250/70 PPO HSA 23	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,100.19	\$20.43
Ded and Coinsurance:		Parent/Child (ren)	\$1,870.31	\$34.73 \$40.86
Max out of Pocket: RX plan:	In: \$7,350/\$14,700 Out: \$15,000/\$30,000 Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse* Family	\$2,200.37 \$3,135.53	\$40.86
IY S LBTY GT 30/60/4		Tier	Rate (select counties)	Dep 29 Rider
CP/Spec:	\$30/\$60	Single	\$963.35	\$20.43
ed and Coinsurance:		Parent/Child (ren)	\$1,637.69	\$34.73
lax out of Pocket: X plan:	In: \$9,100/\$18,200 Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Employee/ Spouse* Family	\$1,926.70 \$2,745.55	\$40.86 \$58.23
IY S FRDM NG 40/80/		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$1,101.00	\$20.43
ed and Coinsurance:	In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,871.70	\$34.73
lax out of Pocket: X plan:	In: \$9,100/\$18,200 Out: \$15,000/\$30,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse* Family	\$2,202.01 \$3.137.86	\$40.86 \$58.23
	/3000/80 EPO HSA 23	Tier	Rate (select counties)	Dep 29 Rider
CP/Spec:	\$30/\$60 after Deductible	Single	\$1,047.65	\$20.43
ed and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,781.00	\$34.73
Max out of Pocket:	In: \$7,150/\$14,300 Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,095.30 \$2,985.80	\$40.86 \$58.23
RX plan: IY S FRDM NG 2500/		Family Tier	\$2,965.60 Rate (select counties)	556.25 Dep 29 Rider
CP/Spec:	Deductible and Coinsurance	Single	\$1,027.84	\$20.43
ed and Coinsurance:		Parent/Child (ren)	\$1,747.33	\$34.73
Max out of Pocket: XX plan:	In: \$7,350/\$14,700 Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse* Family	\$2,055.68 \$2,929.34	\$40.86 \$58.23
	/3750/60 EPO ME 23	Tier	Rate (select counties)	Dep 29 Rider
CP/Spec:	\$30/\$80	Single	\$909.06	\$20.43
Ded and Coinsurance:		Parent/Child (ren)	\$1,545.40	\$34.73
Max out of Pocket:	In: \$9,100/\$18,200 Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,818.12 \$2,590.83	\$40.86 \$58.23
RX plan: IX S LBTY NG 30/60/	3000/80 EPO HSA 23	Family Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$989.21	\$20.43
Ded and Coinsurance:		Parent/Child (ren)	\$1,681.66	\$34.73
Max out of Pocket: RX plan:	In: \$7,150/\$14,300 Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,978.42 \$2,819.26	\$40.86 \$58.23
-		Family	Rate (select counties)	
PCP/Spec:	/4000/70 EPO HSA 23 \$35/\$50 after Deductible	Tier Single	\$835.35	Dep 29 Rider \$20.43
ed and Coinsurance:		Parent/Child (ren)	\$1,420.10	\$34.73
lax out of Pocket:	In: \$7,200/\$14,400	Employee/ Spouse*	\$1,670.70	\$40.86
X plan: IY S MTRO NG 50/10	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Family	\$2,380.75 Rate (select counties)	\$58.23 Dep 29 Rider
CP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,032.99	\$20.43
ed and Coinsurance:		Parent/Child (ren)	\$1,756.09	\$34.73
lax out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$2,065.99	\$40.86
X plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,944.03	\$58.23
Y S LBTY NG 4000/8 CP/Spec:	Deductible and Coinsurance	Tier Single	Rate (select counties) \$949.70	Dep 29 Rider \$20.43
ed and Coinsurance:		Parent/Child (ren)	\$1,614.49	\$34.73
lax out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,899.41	\$40.86
X plan: Y S LBTY NG 50/100	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,706.66	\$58.23 Dop 20 Bidor
Y S LBTY NG 50/100 CP/Spec:	/100 EPO ZD 23 PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier Single	Rate (select counties) \$1,134.54	Dep 29 Rider \$20.43
ed and Coinsurance:		Parent/Child (ren)	\$1,928.71	\$34.73
lax out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$2,269.08	\$40.86
X plan: Y S LBTY NG 25/45/	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$3,233.44 Rate (coloct counties)	\$58.23 Dop 20 Bidor
Y S LBTY NG 25/45/ CP/Spec:	5000/50 EPO 23 Tier I: \$25/\$45 Tier II: \$45/\$75	Tier Single	Rate (select counties) \$986.10	Dep 29 Rider \$20.43
ed and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,676.37	\$34.73
ax out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,972.20	\$40.86
X plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,810.38	\$58.23
Y S LBTY NG 40/80/ CP/Spec:	5000/60 EPO 23 \$40/\$80	Tier Single	Rate (select counties) \$984.86	Dep 29 Rider \$20.43
ed and Coinsurance:		Parent/Child (ren)	\$1,674.27	\$34.73
lax out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,969.73	\$40.86
X plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,806.86	\$58.23
Y S FRDM NG 50/10 CP/Spec:	0/100 EPO ZD 23 PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier	Rate (select counties)	Dep 29 Rider
ed and Coinsurance:		Single Parent/Child (ren)	\$1,200.00 \$2,040.00	\$20.43 \$34.73
lax out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$2,400.00	\$40.86
X plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,420.00	\$58.23
Y S MTRO GT 40/80, CP/Spec:		Tier	Rate (select counties)	Dep 29 Rider
	\$40/\$80	Single	\$911.42	\$20.43
	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1.549.41	
Ded and Coinsurance: Max out of Pocket:	In: \$3,250/\$6,500, 40% In: \$9,100/\$18,200	Parent/Child (ren) Employee/ Spouse*	\$1,549.41 \$1,822.84	\$34.73 \$40.86

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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.



Ded and Coinsurance: In: \$5,000/\$10,000, 50% Parent/Child (ren) \$1,649.35 \$\$34.73 Max out of Pocket: In: \$7,050/\$14,100 SED 23 \$40.86	Bronze Plans				
Ded and Coinsurance: In: \$5,000/\$10,000, 50% Parent/Child (ren) \$1,649.95 \$34.73 Max out of Pocket: In: \$7,050/\$14,100 Employee/ Spouse* \$1,940.42 \$40.86 XP plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk Family \$2,765.10 \$55.23 VP B LBTY NS 7000/100 EPO HSA 23 Tor Rate (select counties) Dag 29 Rider Ded and Coinsurance: In: \$7,000/\$14,000,0% Parent/Child (ren) \$1,551.09 \$34.73 Wax out of Pocket: In: \$7,000/\$14,000,0% Stopper Spouse* \$1,824.82 \$40.86 XP plan: Ded Med/Rx then 0%/0%/0% Std Select Family \$2,600.36 \$55.32 VP BMTRO GT 7000/100 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Ded/uctible and Coinsurance Single \$801.92 \$2.00.36 Ded and Coinsurance: In: \$7,000/\$14,000, 0% Parent/Child (ren) \$1,632.37 \$34.73 Max out of Pocket: In: \$7,000/\$14,000, 0% Stopper Select Family \$2,260.36 \$40.86 XP B LTY NS 25/\$755 after Deductible Single \$	NY B FRDM NG 5000/50) EPO HSA 23	Tier	Rate (select counties)	Dep 29 Rider
Max out of Pocket: In: \$7,050/\$14,100 Employee/ Spouse* \$1,940,42 \$40,86 RX plan: Ded Med/RX then \$10/\$40/\$80 Broad Ntwk Family \$2,765.10 \$56.23 VP B LBTY NG 7000/100 EPO HSA 23 Ter Rate (select counties) Dep2 9R Ider PCP/Spec: Deductible and Coinsurance Single \$912,41 \$20,43 Ded and Coinsurance: In: \$7,000/\$14,000,0% Barent/Child (ren) \$1,521.00 \$34,73 Max out of Pocketi: In: \$7,000/\$14,000 State Employee/ Spouse* \$18,824.82 \$40.86 RX plan: Ded Med/RX then 0%/0%/0% Std Select Family \$2,20.03.6 \$58.23 NY B MTRO GT 7000/100 EPO HSA 23 Tier Rate (select counties) Dep 29 Ridder CPC/Spec: Deductible and Coinsurance Single \$80.192 \$20.43 Max out of Pocket: In: \$7,000/\$14,000 % State \$40.86 RX plan: Ded Med/RX then 0%/0%/0% Std Select Family \$2,226.43 \$58.23 NY B LBTY NG 25/75/57/07 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider	PCP/Spec:	Deductible and Coinsurance		\$970.21	\$20.43
RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk Family \$2,765.10 \$58.23 VN B LBTY NS 700/100 EPO HSA 22 Tier Rate (select counties) Dep 29 Ridder CPC/PSpec: Ded ductible and Coinsurance Single \$912.41.1 \$20.43 Ded and Coinsurance: In: \$7,000/\$14,000.0% Parent/Child (ren) \$1,551.09 \$34.73 Max out of Pocket: In: \$7,000/\$14,000.0% Employee/ Spouse* \$1,824.82 \$40.86 XP plan: Ded Med/Rx then 0%/0%/0% Sid Select Family \$2,00.36 \$55.23 VP B DTY NO 20/70100 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deductible and Coinsurance Single \$801.92 \$20.43 Ded and Coinsurance: In: \$7,000/\$14,000 Parent/Child (ren) \$1,363.27 \$34.73 Wa tof Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$1,603.85 \$40.86 RX plan: Ded Med/Rx then 0%/0%/0% Sid Select Family \$2,285.49 \$55.23 VP B LSTY NG 25/5/5/5/07/07 EPO HSA2 Tier Rate (select counties) Dep 29 Rider	Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,649.35	\$34.73
NY B LBTY NG 7000/100 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deductible and Coinsurance Single \$912.41 \$20.43 Ded and Coinsurance In: \$7,000/\$14,000,0% Parent/Child (ren) \$1,551.09 \$34,73 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$1,824.82 \$40.86 RX plan: Ded Med/RX then 0%/0%/0% Std Select Family \$2,600.36 \$58.23 PCP/Spec: Deductible and Coinsurance Single \$801.92 \$20.43 Ded and Coinsurance: In: \$7,000\$14,000,0% Parent/Child (ren) \$1,633.27 \$34,73 Max out of Pocket: In: \$7,000\$14,000,0% Employee/ Spouse* \$1,603.85 \$40.86 XP plan: Ded Med/RX then 0%/0%/0% Std Select Family \$2,285.49 \$58.23 YB LBTY NG 25/75/57/07 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/\$75 after Deductible \$57.00(\$15,00,03% \$58.23 YB LBTY NG 25/75/57/07 EPO HSA 23 Tier Rate (select countlies) Dep 29 Rider	Max out of Pocket:				
PCP/Spec: Deductible and Coinsurance Single \$912.41 \$20.43 Ded and Coinsurance: In: \$7,000/\$14,000,0% Parent/Child (ren) \$1,551.09 \$33.73 Max out of Pocket: In: \$7,000/\$14,000 Sta24.82 \$40.86 RX plan: Ded Med/Rx then 0%/0%/0% Std Select Family \$2,600.36 \$58.23 VP B MTRO CT 7000/100 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider Ded and Coinsurance: In: \$7,000/\$14,000,0% Sta24.82 \$40.486 Max out of Pocket: In: \$7,000/\$14,000,0% Sta4.82 \$40.86 Max out of Pocket: In: \$7,000/\$14,000,0% Sta4.82 \$40.86 Max out of Pocket: In: \$7,000/\$14,000 Sta4.73 Sta4.73 Max out of Pocket: In: \$7,000/\$14,000 Sta2.82 \$40.86 CP/Spec: Sta7.51 Sta4 Sta2.33 \$40.86 XP baller Y GS 2/5/5/50/70 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider CP/Spec: \$25/5/75 afre Deductible Single \$904.91 \$20.43 Ded and Coinsurance:<			Family	\$2,765.10	\$58.23
Ded and Coinsurance: In: \$7,000/\$14,000,0% Parent/Child (ren) \$1,551.09 \$34.73 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$1,824.82 \$40.86 NY B MTRO GT 7000/100 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deduct/Rx then 0%/0%/14,000,0% Std Select Single \$80.192 \$20.43 Ded and Coinsurance: In: \$7,000/\$14,000,0% Std Select Family \$2,285.49 \$40.86 NY B MTRO GT 7000/100 Employee/ Spouse* \$1,603.27 \$34.73 Max out of Pocket: In: \$7,000/\$14,000,0% Barent/Child (ren) \$1,633.27 \$34.73 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$1,603.27 \$34.73 Wax out of Pocket: In: \$5,700/\$14,000 Employee/ Spouse* \$1,603.82 \$40.86 RX plan: Ded Med/Rx then 0%/0%/0% Std Select Family \$2,285.49 \$2.88.23 Del Select Single Single \$904.91 \$2.04.3 \$2.40.85 Ded and Coinsurance: In: \$5,750/\$1,500,00% BATY MG \$0/6/6/50/\$00 PO HSA 23				· · · · · · · · · · · · · · · · · · ·	
Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$1,824.82 \$40.86 RX plan: Ded Med/Rx then 0%/0%/0% Std Select Family \$2,600.36 \$58.23 NY B MTRO GT 7000/100 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider CPC/Spec: Deductible and Coinsurance Single \$801.92 \$20.43 Ded and Coinsurance: In: \$7,000/\$14,000,0% Parent/Child (ren) \$1,363.27 \$34.73 Max out of Pocket: In: \$7,000/\$14,000,0% Stoppose* \$1,603.85 \$40.86 VP B LBTY NG 25/75/570/70 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/\$75 after Deductible Single \$904.91 \$20.43 Ded Mad/Rx then 30%/30%/30% Std Select Family \$2,78.49 \$58.23 YB LBTY NG 30/60/6750/80 PPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/\$75 after Deductible Single \$904.91 \$20.43 Max out of Pocket: In: \$7,350(\$14,700 \$26.43 \$40.86 PCP/Spec: \$30/\$60 after Deductible <td>PCP/Spec:</td> <td></td> <td></td> <td>1.1</td> <td></td>	PCP/Spec:			1.1	
Ded Med/Rx then 0%/0%/0% Std Select Family \$2,600.36 \$58.23 NY B MTRO GT 7000/100 EPO HSA 23 Tier Rate (select counties) Deg 29 Rider PCP/Spec: Deductible and Coinsurance Single \$801.92 \$20.43 Ded and Coinsurance: In: \$7,000/\$14,000, 0% Parent/Child (ren) \$1,363.27 \$34.73 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$1,603.85 \$40.86 RX plan: Ded Med/Rx then 0%/0%/0% Std Select Family \$2,285.49 \$58.23 VP BLETV NG 25/75/575/75/75/75/75/75/75/75/75/75/75/7				1 1.1 1.1	
NY B MTRO GT 7000/100 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deductible and Coinsurance Single \$801.92 \$20.43 Ded and Coinsurance: In: \$7,000/\$14,000,0% Parent/Child (ren) \$1,633.27 \$34.73 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$1,603.85 \$40.86 RX plan: Ded Med/Rx then 0%/0%/0% Std Select Family \$2,285.49 \$58.23 NY B LBTY NG 25/75/5750/70 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/875 after Deductible Single \$904.91 \$20.43 NY B LBTY NG 25/75/575/01/70 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/875 after Deductible Single \$904.91 \$20.43 Max out of Pocket: In: \$7,350/\$14,700 Employee/Spouse* \$1,608.35 \$34.73 Wax out of Pocket: In: \$7,50/\$13,500,20% Std after Std after Std after CP/Spec: \$30/\$60.60/67/50/80 PPO HSA 23 Tier Rate (select counties) Dep 29 Rider <				1 1 2	
PCP/Spec: Deductible and Coinsurance Single \$801.92 \$20.43 Ded and Coinsurance: In: \$7,000/\$14,000,0% Parent/Child (ren) \$1,363.27 \$34.73 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$1,603.85 \$40.86 Xx plan: Ded Med/Rx then 0%/0%/0% Std Select Family \$2,285.49 \$58.23 VY B LBTY NG 25/75/57/0 FPO HSA 23 Tier Rat (select counties) Dep 29 Rider PCP/Spec: \$25/\$75 after Deductible Single \$904.91 \$20.43 Ded and Coinsurance: In: \$7,550/\$11,500, 30% Parent/Child (ren) \$1,538.35 \$34.73 Max out of Pocket: In: \$7,550/\$14,700 Stool\$4,700 Employee/ Spouse* \$1,809.83 \$40.86 RX plan: Ded Med/Rx then 30%/30%/30% Std Select Family \$2,579.00 \$58.23 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 \$934.48 \$20.43 Ded and Coinsurance: In: \$6,750/\$14,700 Out: \$12,500/\$25,000,20% Parent/Chil	RX plan:		Family	\$2,600.36	
Ded and Coinsurance: In: \$7,000/\$14,000,0% Parent/Child (ren) \$1,363.27 \$34.73 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$1,603.85 \$40.86 RX plan: Ded Med/Rx then 0%/0%/0% Std Select Family \$2,285.49 \$58.23 VP B LBTV NG 25/75/070 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/\$75 after Deductible Single \$904.91 \$20.43 Ded and Coinsurance: In: \$7,550/\$11,500, 30% Parent/Child (ren) \$1,538.35 \$34.73 Max out of Pocket: In: \$7,550/\$14,700 Employee/ Spouse* \$1,809.83 \$40.86 RX plan: Ded Med/Rx then 30%/30%/Std Select Family \$2,570.00 \$58.23 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 \$934.48 \$20.43 Ded and Coinsurance: In: \$6,750/\$13,200,20% Out: \$12,250/\$25,000,20% Parent/Child (ren) \$1,868.95 \$40.86 RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select Family	NY B MTRO GT 7000/10	0 EPO HSA 23		Rate (select counties)	Dep 29 Rider
Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$1,603.85 \$40.86 RX plan: Ded Med/Rx then 0%/0%/0% Std Select Family \$2,285.49 \$58.23 VY B LBTY NG 25/75/5/75/75/75/75/75/75/75/75/75/75 EPO PISA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/\$75 after Deductible Single \$904.91 \$20.43 Ded and Coinsurance: In: \$5,750/\$11.500, 30% Parent/Child (ren) \$1,538.35 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Employee/ Spouse* \$1,809.83 \$40.86 RX plan: Ded Med/Rx then 30%/30%/30% Std Select Family \$2,579.00 \$58.23 VP B LBTY NG 30/60/67/50/80 PPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$30/\$60 after Deductible Single \$934.48 \$20.43 Ded and Coinsurance: In: \$7,350/\$13.500, 20% Out: \$12,500/\$25,000, 20% Parent/Child (ren) \$1,868.95 \$40.86 RX plan: Ded Med/Rx then \$10/\$500/\$20 PO HSA 23 Employee/ Spouse* \$1,868.95 \$40.86 RX plan: Ded Med/Rx the	PCP/Spec:	Deductible and Coinsurance	Single	\$801.92	\$20.43
RX plan: Ded Med/Rx then 0%/0%/0% Std Select Family \$2,285.49 \$58.23 NY B LBTY NG 25/75/57 after Deductible Single \$904.91 \$20.43 Ded and Coinsurance: In: \$5,750/\$11,500, 30% Parent/Child (ren) \$1,538.35 \$34.73 Max out of Pocket: In: \$7,350/\$11,700, 30% Employee/ Spouse* \$1,609.83 \$40.86 RX plan: Ded Med/Rx then 30%/30%/30% Std Select Family \$2,579.00 \$58.23 VY B LBTY NG 30/60/67/50/80 PPO HSA 23 Tier Rate (select counties) Deg 29 Rider PCP/Spec: \$30/\$60 after Deductible Single \$934.48 \$20.43 Ded and Coinsurance: In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20% Family \$2,579.00 \$58.23 VY B LBTY NG 30/60/67/50/80 RPO HSA 23 Tier Rate (select counties) Deg 29 Rider PCP/Spec: \$30/\$60 after Deductible Single \$934.48 \$20.43 Ded and Coinsurance: In: \$7,350/\$14,700 Out: \$12,500/\$25,000, 20% Parent/Child (ren) \$1,588.61 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Out: \$12,500/\$25,000, 20%	Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,363.27	\$34.73
NY B LBTY NG 25/75/570/T0 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/575 after Deductible Single \$904.91 \$20.43 Ded and Coinsurance: In: \$5,750/\$11,500, 30% Parent/Child (ren) \$1,538.35 \$34.73 Max out of Pocket: In: \$5,750/\$11,500,30%/30% Std Select Employee/ Spouse* \$1,809.83 \$40.86 Rx plan: Ded Med/Rx then 30%/30%/30% Std Select Family \$2,579.00 \$58.23 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 \$934.48 \$20.43 Ded and Coinsurance: In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20% Parent/Child (ren) \$1,588.61 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Out: \$21,250/\$25,000, 20% Parent/Child (ren) \$1,588.61 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Out: \$21,250/\$25,000 Employee/ Spouse* \$1,680.95 \$40.86 RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select Family \$2,663.26 \$58.23 NY B MTRO GT 4075/6500/5	Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,603.85	\$40.86
PCP/Spec: \$25/\$75 after Deductible Single \$904.91 \$20.43 Ded and Coinsurance: In: \$5,750/\$11,500, 30% Parent/Child (ren) \$1,538.35 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Employee/Spouse* \$1,809.83 \$40.86 XP plan: Ded Med/Rx then 30%/30%/30% Std Select Family \$2,579.00 \$58.23 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 \$934.48 \$20.43 Ded Add/Rx 14,700 Out: \$12,500/\$25,000,20% Parent/Child (ren) \$1,588.61 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Out: \$12,500/\$25,000,20% Parent/Child (ren) \$1,588.61 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Out: \$12,500/\$25,000 Employee/Spouse* \$1,868.95 \$40.86 RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select Family \$2,663.26 \$58.23 NY B MTRO GT 40/75/6500/50 EPO HSA.23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$40/\$875 after Deductible Single	RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,285.49	\$58.23
Ded and Coinsurance: In: \$5,750/\$11,500, 30% Parent/Child (ren) \$1,538.35 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Employee/ Spouse* \$1,809,83 \$40.86 RX plan: Ded Med/Rx then 30%/30%/30% Std Select Family \$2,579.00 \$58.23 NY B LBTY NG 30/60/6750/80 PPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$30/\$00 after Deductible Single \$99.44.8 \$20.43 Ded and Coinsurance: In: \$7,350/\$14,700 Out: \$12,500/\$25,000, 20% Parent/Child (ren) \$1,588.61 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Out: \$12,500/\$25,000, 20% Parent/Child (ren) \$1,588.61 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Out: \$12,500/\$25,000, 20% Parent/Child (ren) \$1,588.61 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Out: \$12,500/\$25,000 Employee/ Spouse* \$1,868.95 \$40.86 RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select Family \$2,663.26 \$58.23 NY B MTRO GT 40/75/650/50/50 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider P	NY B LBTY NG 25/75/57	/50/70 EPO HSA 23	Tier	Rate (select counties)	Dep 29 Rider
Max out of Pocket: In: \$7,350/\$14,700 Employee/ Spouse* \$1,809.83 \$40.86 RX plan: Ded Med/Rx then 30%/30%/30% Std Select Family \$2,579.00 \$58.23 VY B LBTY NG 30/60/6750/80 PPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$30/\$60 after Deductible Single \$934.48 \$20.43 Ded and Coinsurance: In: \$6,755/\$13,500, 20% Out: \$12,500/\$25,000, 20% Parent/Child (ren) \$1,588.61 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Out: \$31,250/\$62,500 Employee/ Spouse* \$1,868.95 \$40.86 RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select Family \$2,663.26 \$58.23 VN B NTRO GT 40/75/6500/50 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$40/\$75 after Deductible Single \$790.70 \$20.43 Ded and Coinsurance: In: \$6,500/\$13.000, 50% Parent/Child (ren) \$1,344.19 \$24.73 Bed and Coinsurance: \$6,500/\$13.000, 50% Parent/Child (ren) \$1,344.19 \$24.73 Ded and Coinsurance: In: \$6,500/\$13.000, 50% <td>PCP/Spec:</td> <td>\$25/\$75 after Deductible</td> <td>Single</td> <td>\$904.91</td> <td>\$20.43</td>	PCP/Spec:	\$25/\$75 after Deductible	Single	\$904.91	\$20.43
RX plan: Ded Med/Rx then 30%/30%/30% Std Select Family \$2,579.00 \$58.23 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 \$934.48 \$20.43 Ded and Coinsurance: In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20% Parent/Child (ren) \$1,588.61 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Out: \$12,500/\$25,000, 20% Employee/ Spouse* \$1,588.61 \$34.73 Wax out of Pocket: In: \$7,350/\$14,700 Out: \$12,500/\$25,000 Employee/ Spouse* \$1,588.61 \$34.73 WN BURRO GT 40/75/6500/50 EPO HSA 23 Family \$2,663.26 \$58.23 VP BURRO GT 40/75/6500/50 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$40/\$75 after Deductible Single \$790.70 \$20.43 Ded and Coinsurance: In: \$7,350/\$14,700 \$20.43 Parent/Child (ren) \$1,344.19 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 \$20.43 Parent/Child (ren) \$1,581.40 \$40.86	Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,538.35	\$34.73
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 \$934.48 \$20.43 Ded and Coinsurance: In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20% Parent/Child (ren) \$1,588.61 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Out: \$31,250/\$62,500 Employee/Spouse* \$1,688.95 \$40.86 RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select Family \$2,663.26 \$58.23 NY B URRO GT 40/75/6500/50 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$40/\$75 after Deductible Single \$790.70 \$20.43 Ded and Coinsurance: In: \$6,500/\$13,000, 50% Parent/Child (ren) \$1,384.19 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Employee/ Spouse* \$1,581.40 \$40.86	Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,809.83	\$40.86
PCP/Spec: \$30/\$60 after Deductible Single \$934.48 \$20.43 Ded and Coinsurance: In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20% Parent/Child (ren) \$1,588.61 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Out: \$12,500/\$25,000, 20% Employee/ Spouse* \$1,868.95 \$40.86 RX plan: Ded Med/Rx then \$10\\$50/\$90 Std Select Family \$2,663.26 \$58.23 NY B MTRO GT 40/75/6500/50 EPD HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$40/\$75 after Deductible Single \$790.70 \$20.43 Ded and Coinsurance: In: \$7,350/\$14,700 \$1,869.95 \$40.86 Wax out of Pocket: In: \$7,350/\$14,700 Det 92.9 Rider PCP/Spec: \$40/\$75 after Deductible Single \$790.70 \$20.43 Ded and Coinsurance: In: \$6,500/\$13,000, 50% Parent/Child (ren) \$1,344.19 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Employee/ Spouse* \$1,581.40 \$40.86	RX plan:	Ded Med/Rx then 30%/30%/30% Std Select	Family	\$2,579.00	\$58.23
Ded and Coinsurance: In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20% Parent/Child (ren) \$1,588.61 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Out: \$31,250/\$62,500 Employee/ Spouse* \$1,868.95 \$40.86 RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select Family \$2,663.26 \$58.23 NY B MTRO GT 40/75/650/50 EPD HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$40/\$75 after Deductible Single \$790.70 \$20.43 Ded and Coinsurance: In: \$7,350/\$14,700 \$1,581.41,91 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 \$40,875 \$1,581.40 \$40.86	NY B LBTY NG 30/60/67	50/80 PPO HSA 23	Tier	Rate (select counties)	Dep 29 Rider
Max out of Pocket: In: \$7,350/\$14,700 Out: \$31,250/\$62,500 Employee/ Spouse* \$1,868.95 \$40.86 RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select Family \$2,663.26 \$58.23 NY B MTRO GT 40/75/650/50 EPO HSA 23 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$40/\$75 after Deductible Single \$790.70 \$20.43 Ded and Coinsurance: In: \$6,500/\$13,000, 50% Parent/Child (ren) \$1,344.19 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Employee/ Spouse* \$1,581.40 \$40.86	PCP/Spec:	\$30/\$60 after Deductible	Single	\$934.48	\$20.43
RX plan: Ded Med/Rx then \$10\\$50\\$90 Std Select Family \$2,663.26 \$58.23 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 \$790.70 \$20.43 Ded and Coinsurance: In: \$6,500\\$13,000,50% Parent/Child (ren) \$1,344.19 \$34.73 Max out of Pocket: In: \$7,350\\$14,700 Employee/ Spouse* \$1,581.40 \$40.86	Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,588.61	\$34.73
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 \$790.70 \$20.43 Ded and Coinsurance: In: \$6,500/\$13,000,50% Parent/Child (ren) \$1,344.19 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Employee/ Spouse* \$1,581.40 \$40.86	Max out of Pocket:	In: \$7,350/\$14,700 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,868.95	\$40.86
PCP/Spec: \$40/\$75 after Deductible Single \$790.70 \$20.43 Ded and Coinsurance: In: \$6,500/\$13,000,50% Parent/Child (ren) \$1,344.19 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Employee/ Spouse* \$1,581.40 \$40.86	RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,663.26	\$58.23
Ded and Coinsurance: In: \$6,500/\$13,000,50% Parent/Child (ren) \$1,344.19 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Employee/ Spouse* \$1,581.40 \$40.86	NY B MTRO GT 40/75/6	500/50 EPO HSA 23	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance: In: \$6,500/\$13,000,50% Parent/Child (ren) \$1,344.19 \$34.73 Max out of Pocket: In: \$7,350/\$14,700 Employee/ Spouse* \$1,581.40 \$40.86	PCP/Spec:	\$40/\$75 after Deductible	Single	\$790.70	\$20.43
	Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	-	\$1,344.19	\$34.73
	Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,581.40	\$40.86
	RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,253.49	\$58.23

* 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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