

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 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	\$1,578.83	\$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 20/40/100 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 5/15/100 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 20/40/100 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 20/40/100 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	Family	\$5,289.28	\$58.23
NY P MTRO GT 15/25/100 EPO 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,237.47	\$20.43
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,103.70	\$34.73
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,474.93	\$40.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,526.78	\$58.23
NY P LBTY GT 10/25/250/90 EPO LA 23		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,308.77	\$20.43
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,224.91	\$34.73
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,617.54	\$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,729.99	\$58.23
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	\$1,365.85	\$20.43
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,321.94	\$34.73
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,731.69	\$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,892.66	\$58.23

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 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.



Gold Plans			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY G LBTY GT 30/60/1250/100 EPO 23			
PCP/Spec: \$30/\$60	Single	\$1,162.25	\$20.43
Ded and Coinsurance: In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,975.83	\$34.73
Max out of Pocket: In: \$6,650/\$13,300	Employee/ Spouse*	\$2,324.50	\$40.86
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,312.42	\$58.23
NY G FRDM NG 15/35/1750/90 EPO 23			
PCP/Spec: \$15/\$35	Single	\$1,267.13	\$20.43
Ded and Coinsurance: In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,154.12	\$34.73
Max out of Pocket: In: \$7,750/\$15,500	Employee/ Spouse*	\$2,534.26	\$40.86
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,611.32	\$58.23
NY G FRDM NG 25/40/1750/80 EPO 23			
PCP/Spec: \$25/\$40	Single	\$1,256.26	\$20.43
Ded and Coinsurance: In: \$1,750/\$3,500, 20%	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: Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,580.34	\$58.23
NY G FRDM NG 25/40/1500/80 PPO 23			
PCP/Spec: \$25/\$40	Single	\$1,310.33	\$20.43
Ded and Coinsurance: In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	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 50/50/1000/90 EPO 23			
PCP/Spec: \$50/\$50	Single	\$1,272.31	\$20.43
Ded and Coinsurance: In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$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 1500/90 PPO HSA 23			
PCP/Spec: Deductible and Coinsurance	Single	\$1,256.19	\$20.43
Ded and Coinsurance: In: \$1,500/\$3,000, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,135.52	\$34.73
Max out of Pocket: In: \$5,750/\$11,500 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,512.37	\$40.86
RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,580.13	\$58.23
NY G FRDM NG 1500/90 EPO HSA 23			
PCP/Spec: Deductible and Coinsurance	Single	\$1,209.19	\$20.43
Ded and Coinsurance: In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$2,055.62	\$34.73
Max out of Pocket: In: \$5,750/\$11,500	Employee/ Spouse*	\$2,418.38	\$40.86
RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,446.20	\$58.23
NY G MTR0 GT 25/40/1250/80 EPO 23			
PCP/Spec: \$25/\$40	Single	\$1,050.09	\$20.43
Ded and Coinsurance: In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,785.16	\$34.73
Max out of Pocket: In: \$6,250/\$12,500	Employee/ Spouse*	\$2,100.18	\$40.86
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,992.75	\$58.23
NY G MTR0 GT 25/40/600/80 EPO HNY 23			
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: \$10/\$35/\$70 Std Select	Family	\$2,571.89	\$58.23
NY G LBTY NG 30/60/2000/70 EPO 23			
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 MTR0 NG 25/40/1250/80 EPO ME 23			
PCP/Spec: \$25/\$40	Single	\$1,087.86	\$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 30/60/2250/70 EPO 23			
PCP/Spec: \$30/\$60	Single	\$1,199.45	\$20.43
Ded and Coinsurance: In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$2,039.06	\$34.73
Max out of Pocket: In: \$8,000/\$16,000	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 25/50/100 EPO ZD 23			
PCP/Spec: PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,279.22	\$20.43
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$2,174.67	\$34.73
Max out of Pocket: In: \$6,250/\$12,500	Employee/ Spouse*	\$2,558.43	\$40.86
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,645.77	\$58.23
NY G LBTY NG 1500/90 EPO HSA 23			
PCP/Spec: Deductible and Coinsurance	Single	\$1,142.11	\$20.43
Ded and Coinsurance: In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,941.58	\$34.73
Max out of Pocket: In: \$5,750/\$11,500	Employee/ Spouse*	\$2,284.22	\$40.86
RX plan: Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$3,255.01	\$58.23
NY G LBTY NG 20/40/2000/80 EPO 23			
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 1750/100 EPO HSA 23			
PCP/Spec: Deductible and Coinsurance	Single	\$1,228.92	\$20.43
Ded and Coinsurance: In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$2,089.16	\$34.73
Max out of Pocket: In: \$7,050/\$14,100	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 25/50/100 EPO ZD 23			
PCP/Spec: PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,350.96	\$20.43
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$2,296.62	\$34.73
Max out of Pocket: In: \$6,250/\$12,500	Employee/ Spouse*	\$2,701.91	\$40.86
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,850.23	\$58.23

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 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			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/80/3250/60 EPO 23			
PCP/Spec:	Single	\$1,001.01	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,701.71	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,002.01	\$40.86
RX plan:	Family	\$2,852.87	\$58.23
NY S FRDM NG 40/80/3250/60 EPO 23			
PCP/Spec:	Single	\$1,059.28	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,800.78	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,118.56	\$40.86
RX plan:	Family	\$3,018.95	\$58.23
NY S LBTY NG 30/75/4000/50 EPO 23			
PCP/Spec:	Single	\$980.80	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,667.36	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,961.60	\$40.86
RX plan:	Family	\$2,795.28	\$58.23
NY S MTR0 GT 30/80/3750/60 EPO 23			
PCP/Spec:	Single	\$877.50	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,491.76	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,755.00	\$40.86
RX plan:	Family	\$2,500.88	\$58.23
NY S FRDM NG 30/60/2250/70 PPO HSA 23			
PCP/Spec:	Single	\$1,100.19	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,870.31	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,200.37	\$40.86
RX plan:	Family	\$3,135.53	\$58.23
NY S LBTY GT 30/60/4500/50 EPO 23			
PCP/Spec:	Single	\$963.35	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,637.69	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,926.70	\$40.86
RX plan:	Family	\$2,745.55	\$58.23
NY S FRDM NG 40/80/3250/60 PPO 23			
PCP/Spec:	Single	\$1,101.00	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,871.70	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,202.01	\$40.86
RX plan:	Family	\$3,137.86	\$58.23
NY S FRDM NG 30/60/3000/80 EPO HSA 23			
PCP/Spec:	Single	\$1,047.65	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,781.00	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,095.30	\$40.86
RX plan:	Family	\$2,985.80	\$58.23
NY S FRDM NG 2500/60 EPO HSA 23			
PCP/Spec:	Single	\$1,027.84	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,747.33	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,055.68	\$40.86
RX plan:	Family	\$2,929.34	\$58.23
NY S MTR0 NG 30/80/3750/60 EPO ME 23			
PCP/Spec:	Single	\$909.06	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,545.40	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,818.12	\$40.86
RX plan:	Family	\$2,590.83	\$58.23
NY S LBTY NG 30/60/3000/80 EPO HSA 23			
PCP/Spec:	Single	\$989.21	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,681.66	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,978.42	\$40.86
RX plan:	Family	\$2,819.26	\$58.23
NY S MTR0 GT 35/50/4000/70 EPO HSA 23			
PCP/Spec:	Single	\$835.35	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,420.10	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,670.70	\$40.86
RX plan:	Family	\$2,380.75	\$58.23
NY S MTR0 NG 50/100/100 EPO ZD 23			
PCP/Spec:	Single	\$1,032.99	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,756.09	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,065.99	\$40.86
RX plan:	Family	\$2,944.03	\$58.23
NY S LBTY NG 4000/80 EPO HSA 23			
PCP/Spec:	Single	\$949.70	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,614.49	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,899.41	\$40.86
RX plan:	Family	\$2,706.66	\$58.23
NY S LBTY NG 50/100/100 EPO ZD 23			
PCP/Spec:	Single	\$1,134.54	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,928.71	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,269.08	\$40.86
RX plan:	Family	\$3,233.44	\$58.23
NY S LBTY NG 25/45/5000/50 EPO 23			
PCP/Spec:	Single	\$986.10	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,676.37	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,972.20	\$40.86
RX plan:	Family	\$2,810.38	\$58.23
NY S LBTY NG 40/80/5000/60 EPO 23			
PCP/Spec:	Single	\$984.86	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,674.27	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,969.73	\$40.86
RX plan:	Family	\$2,806.86	\$58.23
NY S FRDM NG 50/100/100 EPO ZD 23			
PCP/Spec:	Single	\$1,200.00	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$2,040.00	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,400.00	\$40.86
RX plan:	Family	\$3,420.00	\$58.23
NY S MTR0 GT 40/80/3250/60 EPO 23			
PCP/Spec:	Single	\$911.42	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,549.41	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,822.84	\$40.86
RX plan:	Family	\$2,597.55	\$58.23

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 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.



Bronze Plans		Tier	Rate (select counties)	Dep 29 Rider
NY B FRDM NG 5000/50 EPO HSA 23				
PCP/Spec:	Deductible and Coinsurance	Single	\$970.21	\$20.43
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	Employee/ Spouse*	\$1,940.42	\$40.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,765.10	\$58.23
NY B LBTY NG 7000/100 EPO HSA 23				
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
NY B MTRO GT 7000/100 EPO HSA 23				
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
NY B LBTY NG 25/75/5750/70 EPO HSA 23				
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
NY B LBTY NG 30/60/6750/80 PPO HSA 23				
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*	\$1,868.95	\$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				
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/\$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.

¹ Oxford insurance products are underwritten by Oxford Health Insurance, Inc. ©2017 Oxford Health Plans LLC. All rights reserved.