

**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>®</sup> 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.



<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	\$1,552.62	\$20.09
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,639.46	\$34.15
Max out of Pocket:	In: \$3,500/\$7,000 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,105.25	\$40.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,424.98	\$57.26
<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	\$1,469.09	\$20.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,497.46	\$34.15
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,938.18	\$40.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,186.91	\$57.26
<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	\$1,495.34	\$20.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,542.08	\$34.15
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,990.68	\$40.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,261.72	\$57.26
<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	\$1,522.77	\$20.09
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,588.71	\$34.15
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,045.54	\$40.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,339.89	\$57.26
<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	\$1,825.08	\$20.09
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,102.64	\$34.15
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,650.16	\$40.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,201.48	\$57.26
<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	\$1,216.92	\$20.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,068.77	\$34.15
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,433.85	\$40.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,468.23	\$57.26
<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	\$1,287.05	\$20.09
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,187.98	\$34.15
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,574.09	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,668.08	\$57.26
<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	\$1,343.17	\$20.09
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,283.39	\$34.15
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,686.34	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,828.03	\$57.26

**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 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.



<b>Gold Plans</b>				
<b>NY G LBTY GT 30/60/1250/100 EPO 23</b>				
		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,142.96	\$20.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,943.03	\$34.15
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$2,285.92	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,257.44	\$57.26
<b>NY G FRDM NG 15/35/1750/90 EPO 23</b>				
PCP/Spec:	\$15/\$35	Single	\$1,246.10	\$20.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,118.36	\$34.15
Max out of Pocket:	In: \$7,750/\$15,500	Employee/ Spouse*	\$2,492.19	\$40.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,551.37	\$57.26
<b>NY G FRDM NG 25/40/1750/80 EPO 23</b>				
PCP/Spec:	\$25/\$40	Single	\$1,235.41	\$20.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,100.20	\$34.15
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,470.81	\$40.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,520.91	\$57.26
<b>NY G FRDM NG 25/40/1500/80 PPO 23</b>				
PCP/Spec:	\$25/\$40	Single	\$1,288.58	\$20.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,190.59	\$34.15
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,577.16	\$40.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,672.46	\$57.26
<b>NY G FRDM NG 50/50/1000/90 EPO 23</b>				
PCP/Spec:	\$50/\$50	Single	\$1,251.20	\$20.09
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,127.04	\$34.15
Max out of Pocket:	In: \$6,450/\$12,900	Employee/ Spouse*	\$2,502.39	\$40.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,565.91	\$57.26
<b>NY G FRDM NG 1500/90 PPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,235.33	\$20.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,100.07	\$34.15
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,470.67	\$40.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,520.70	\$57.26
<b>NY G FRDM NG 1500/90 EPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,189.12	\$20.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$2,021.51	\$34.15
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,378.24	\$40.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,388.99	\$57.26
<b>NY G MTRO GT 25/40/1250/80 EPO 23</b>				
PCP/Spec:	\$25/\$40	Single	\$1,032.66	\$20.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,755.52	\$34.15
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,065.31	\$40.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,943.07	\$57.26
<b>NY G MTRO GT 25/40/600/80 EPO HNY 23</b>				
PCP/Spec:	\$25/\$40 after Deductible	Single	\$887.44	\$20.09
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,508.64	\$34.15
Max out of Pocket:	In: \$4,750/\$9,500	Employee/ Spouse*	\$1,774.87	\$40.18
RX plan:	\$10/\$35/\$70 Std Select	Family	\$2,529.20	\$57.26
<b>NY G LBTY NG 30/60/2000/70 EPO 23</b>				
PCP/Spec:	\$30/\$60	Single	\$1,114.91	\$20.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,895.35	\$34.15
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,229.83	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,177.51	\$57.26
<b>NY G MTRO NG 25/40/1250/80 EPO ME 23</b>				
PCP/Spec:	\$25/\$40	Single	\$1,069.81	\$20.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,818.67	\$34.15
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,139.61	\$40.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,048.95	\$57.26
<b>NY G FRDM NG 30/60/2250/70 EPO 23</b>				
PCP/Spec:	\$30/\$60	Single	\$1,179.54	\$20.09
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$2,005.22	\$34.15
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,359.08	\$40.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,361.68	\$57.26
<b>NY G LBTY NG 25/50/100 EPO ZD 23</b>				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,257.98	\$20.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,138.57	\$34.15
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,515.97	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,585.26	\$57.26
<b>NY G LBTY NG 1500/90 EPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,123.15	\$20.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,909.36	\$34.15
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,246.30	\$40.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$3,200.98	\$57.26
<b>NY G LBTY NG 20/40/2000/80 EPO 23</b>				
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,119.01	\$20.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,902.33	\$34.15
Max out of Pocket:	In: \$8,750/\$17,500	Employee/ Spouse*	\$2,238.03	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$3,189.19	\$57.26
<b>NY G FRDM NG 1750/100 EPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,208.52	\$20.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$2,054.49	\$34.15
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,417.04	\$40.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,444.28	\$57.26
<b>NY G FRDM NG 25/50/100 EPO ZD 23</b>				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,328.52	\$20.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,258.49	\$34.15
Max out of Pocket:	In: \$6,250/\$12,500	Employee/ Spouse*	\$2,657.05	\$40.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,786.30	\$57.26

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Silver Plans		Tier	Rate (select counties)	Dep 29 Rider
<b>NY S LBTY NG 40/80/3250/60 EPO 23</b>				
PCP/Spec:	\$40/\$80	Single	\$984.39	\$20.09
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,673.47	\$34.15
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,968.79	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,805.52	\$57.26
<b>NY S FRDM NG 40/80/3250/60 EPO 23</b>				
PCP/Spec:	\$40/\$80	Single	\$1,041.70	\$20.09
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,770.88	\$34.15
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$2,083.39	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,968.83	\$57.26
<b>NY S LBTY NG 30/75/4000/50 EPO 23</b>				
PCP/Spec:	\$30/\$75	Single	\$964.52	\$20.09
Ded and Coinsurance:	In: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,639.69	\$34.15
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,929.04	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Std Select	Family	\$2,748.89	\$57.26
<b>NY S MTRO GT 30/80/3750/60 EPO 23</b>				
PCP/Spec:	\$30/\$80	Single	\$862.94	\$20.09
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,466.99	\$34.15
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,725.87	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,459.37	\$57.26
<b>NY S FRDM NG 30/60/2250/70 PPO HSA 23</b>				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,081.92	\$20.09
Ded and Coinsurance:	In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,839.26	\$34.15
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$15,000/\$30,000	Employee/ Spouse*	\$2,163.84	\$40.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,083.47	\$57.26
<b>NY S LBTY GT 30/60/4500/50 EPO 23</b>				
PCP/Spec:	\$30/\$60	Single	\$947.36	\$20.09
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,610.52	\$34.15
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,894.72	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,699.98	\$57.26
<b>NY S FRDM NG 40/80/3250/60 PPO 23</b>				
PCP/Spec:	\$40/\$80	Single	\$1,082.73	\$20.09
Ded and Coinsurance:	In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,840.63	\$34.15
Max out of Pocket:	In: \$9,100/\$18,200 Out: \$15,000/\$30,000	Employee/ Spouse*	\$2,165.46	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,085.78	\$57.26
<b>NY S FRDM NG 30/60/3000/80 EPO HSA 23</b>				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,030.26	\$20.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,751.45	\$34.15
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$2,060.52	\$40.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,936.25	\$57.26
<b>NY S FRDM NG 2500/60 EPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,010.78	\$20.09
Ded and Coinsurance:	In: \$2,500/\$5,000, 40%	Parent/Child (ren)	\$1,718.33	\$34.15
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$2,021.56	\$40.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,880.72	\$57.26
<b>NY S MTRO NG 30/80/3750/60 EPO ME 23</b>				
PCP/Spec:	\$30/\$80	Single	\$893.97	\$20.09
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,519.75	\$34.15
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,787.94	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,547.82	\$57.26
<b>NY S LBTY NG 30/60/3000/80 EPO HSA 23</b>				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$972.79	\$20.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,653.74	\$34.15
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$1,945.57	\$40.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,772.44	\$57.26
<b>NY S MTRO GT 35/50/4000/70 EPO HSA 23</b>				
PCP/Spec:	\$35/\$50 after Deductible	Single	\$821.49	\$20.09
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Parent/Child (ren)	\$1,396.52	\$34.15
Max out of Pocket:	In: \$7,200/\$14,400	Employee/ Spouse*	\$1,642.97	\$40.18
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Family	\$2,341.24	\$57.26
<b>NY S MTRO NG 50/100/100 EPO ZD 23</b>				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,015.85	\$20.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,726.95	\$34.15
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$2,031.70	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,895.18	\$57.26
<b>NY S LBTY NG 4000/80 EPO HSA 23</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$933.94	\$20.09
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,587.71	\$34.15
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,867.88	\$40.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Family	\$2,661.73	\$57.26
<b>NY S LBTY NG 50/100/100 EPO ZD 23</b>				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,115.71	\$20.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,896.71	\$34.15
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$2,231.42	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$3,179.77	\$57.26
<b>NY S LBTY NG 25/45/5000/50 EPO 23</b>				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$969.73	\$20.09
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,648.54	\$34.15
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,939.46	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,763.73	\$57.26
<b>NY S LBTY NG 40/80/5000/60 EPO 23</b>				
PCP/Spec:	\$40/\$80	Single	\$968.51	\$20.09
Ded and Coinsurance:	In: \$5,000/\$10,000, 40%	Parent/Child (ren)	\$1,646.48	\$34.15
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,937.03	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,760.27	\$57.26
<b>NY S FRDM NG 50/100/100 EPO ZD 23</b>				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,180.07	\$20.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,006.13	\$34.15
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$2,360.15	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,363.21	\$57.26
<b>NY S MTRO GT 40/80/3250/60 EPO 23</b>				
PCP/Spec:	\$40/\$80	Single	\$896.28	\$20.09
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,523.69	\$34.15
Max out of Pocket:	In: \$9,100/\$18,200	Employee/ Spouse*	\$1,792.57	\$40.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Std Select	Family	\$2,554.41	\$57.26

**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 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.



<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	\$954.10 \$20.09
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,621.98 \$34.15
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$1,908.21 \$40.18
		Family	\$2,719.20 \$57.26
<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	\$897.26 \$20.09
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$1,525.35 \$34.15
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Employee/ Spouse*	\$1,794.53 \$40.18
		Family	\$2,557.21 \$57.26
<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	\$788.61 \$20.09
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$1,340.64 \$34.15
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Employee/ Spouse*	\$1,577.22 \$40.18
		Family	\$2,247.55 \$57.26
<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	\$889.89 \$20.09
Max out of Pocket:	In: \$7,350/\$14,700	Parent/Child (ren)	\$1,512.81 \$34.15
RX plan:	Ded Med/Rx then 30%/30%/30% Std Select	Employee/ Spouse*	\$1,779.77 \$40.18
		Family	\$2,536.18 \$57.26
<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	\$918.97 \$20.09
Max out of Pocket:	In: \$7,350/\$14,700 Out: \$31,250/\$62,500	Parent/Child (ren)	\$1,562.25 \$34.15
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Std Select	Employee/ Spouse*	\$1,837.94 \$40.18
		Family	\$2,619.06 \$57.26
<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	\$777.57 \$20.09
Max out of Pocket:	In: \$7,350/\$14,700	Parent/Child (ren)	\$1,321.86 \$34.15
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,555.14 \$40.18
		Family	\$2,216.07 \$57.26

\* 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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