

2021 New York Small Group (1-100) Oxford Products: Q1 2021 Rates

Use the table below to review monthly rates for New York small group Oxford¹ 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.



Platinum Plans				
NY P FRDM NG 5/15/100 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,347.78	\$16.99
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 70%	Parent/Child (ren)	\$2,291.23	\$28.88
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$2,695.56	\$33.98
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,841.18	\$48.42
NY P FRDM NG 20/40/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,270.48	\$16.99
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,159.82	\$28.88
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,540.96	\$33.98
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,620.87	\$48.42
NY P FRDM NG 5/15/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,297.74	\$16.99
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,206.15	\$28.88
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,595.48	\$33.98
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,698.56	\$48.42
NY P FRDM NG 20/40/100 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,317.64	\$16.99
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 70%	Parent/Child (ren)	\$2,239.99	\$28.88
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,635.28	\$33.98
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,755.27	\$48.42
NY P FRDM NG 20/40/100 PPO FAIR 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,575.98	\$16.99
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 80%	Parent/Child (ren)	\$2,679.16	\$28.88
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$3,151.95	\$33.98
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,491.53	\$48.42
NY P MTRO GT 15/30/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$997.90	\$16.99
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,696.42	\$28.88
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$1,995.79	\$33.98
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,844.00	\$48.42
NY P LBTY GT 15/35/250/90 EPO LA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,093.76	\$16.99
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,859.39	\$28.88
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,187.52	\$33.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,117.22	\$48.42
NY P LBTY NG 25/70/500/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$35	Single	\$1,140.75	\$16.99
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$1,939.28	\$28.88
Max out of Pocket:	In: \$2,800/\$5,600	Employee/ Spouse*	\$2,281.51	\$33.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,251.14	\$48.42

2021 New York Small Group (1-100) Oxford Products: Q1 2021 Rates

Use the table below to review monthly rates for New York small group Oxford¹ 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.



Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$984.97	\$16.99
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,674.45	\$28.88
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$1,969.94	\$33.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,807.17	\$48.42
NY G FRDM NG 15/35/1750/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,061.82	\$16.99
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$1,805.09	\$28.88
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,123.63	\$33.98
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,026.17	\$48.42
NY G FRDM NG 25/40/1750/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,052.57	\$16.99
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,789.37	\$28.88
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,105.14	\$33.98
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$2,999.82	\$48.42
NY G FRDM NG 25/40/1500/80 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,101.79	\$16.99
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,873.05	\$28.88
Max out of Pocket:	In: \$6,300/\$12,600 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,203.59	\$33.98
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,140.11	\$48.42
NY G FRDM NG 50/50/1000/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,075.15	\$16.99
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,827.75	\$28.88
Max out of Pocket:	In: \$5,700/\$11,400	Employee/ Spouse*	\$2,150.30	\$33.98
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,064.17	\$48.42
NY G FRDM NG 1500/90 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,046.38	\$16.99
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,778.84	\$28.88
Max out of Pocket:	In: \$5,000/\$10,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,092.76	\$33.98
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,982.18	\$48.42
NY G FRDM NG 1500/90 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,003.05	\$16.99
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,705.18	\$28.88
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,006.09	\$33.98
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,858.69	\$48.42
NY G MTRO GT 25/40/1250/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$838.83	\$16.99
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,426.00	\$28.88
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,677.65	\$33.98
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,390.65	\$48.42
NY G MTRO GT 25/40/600/80 EPO HNY 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$723.38	\$16.99
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,229.75	\$28.88
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,446.77	\$33.98
RX plan:	\$10/\$35/\$70	Family	\$2,061.64	\$48.42
NY G LBTY NG 30/60/2000/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$930.22	\$16.99
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,581.38	\$28.88
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,860.45	\$33.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,651.14	\$48.42
NY G MTRO NG 25/40/1250/80 EPO ME 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$860.71	\$16.99
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,463.20	\$28.88
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,721.42	\$33.98
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,453.02	\$48.42
NY G FRDM NG 30/60/2250/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$980.01	\$16.99
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,666.01	\$28.88
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,960.01	\$33.98
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$2,793.02	\$48.42
NY G LBTY NG 25/50/100 EPO ZD 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,069.30	\$16.99
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,817.81	\$28.88
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,138.60	\$33.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,047.51	\$48.42
NY G LBTY NG 1500/90 EPO HSAM 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$947.57	\$16.99
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,610.87	\$28.88
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$1,895.14	\$33.98
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,700.57	\$48.42
NY G LBTY NG 40/80/2000/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$914.75	\$16.99
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,555.07	\$28.88
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,829.50	\$33.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,607.04	\$48.42

2021 New York Small Group (1-100) Oxford Products: Q1 2021 Rates

Use the table below to review monthly rates for New York small group Oxford¹ 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.



Silver Plans		Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/70/3000/65 EPO 21				
PCP/Spec:	\$40/\$70	Single	\$822.69	\$16.99
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,398.57	\$28.88
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,645.37	\$33.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,344.66	\$48.42
NY S FRDM NG 40/70/3000/65 EPO 21				
PCP/Spec:	\$40/\$70	Single	\$874.88	\$16.99
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,487.30	\$28.88
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,749.77	\$33.98
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,493.42	\$48.42
NY S LBTY NG 30/75/3500/60 EPO 21				
PCP/Spec:	\$30/\$75	Single	\$803.25	\$16.99
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,365.52	\$28.88
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,606.50	\$33.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,289.25	\$48.42
NY S MTRO GT 30/80/3500/70 EPO 21				
PCP/Spec:	\$30/\$80	Single	\$687.85	\$16.99
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,169.34	\$28.88
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,375.70	\$33.98
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$1,960.38	\$48.42
NY S FRDM NG 30/60/2000/80 PPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$922.11	\$16.99
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,567.58	\$28.88
Max out of Pocket:	In: \$6,400/\$12,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,844.22	\$33.98
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,628.01	\$48.42
NY S LBTY GT 25/50/4500/50 EPO 21				
PCP/Spec:	\$25/\$50	Single	\$798.00	\$16.99
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,356.61	\$28.88
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,596.01	\$33.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,274.31	\$48.42
NY S FRDM NG 40/70/3000/65 PPO 21				
PCP/Spec:	\$40/\$70	Single	\$916.39	\$16.99
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,557.86	\$28.88
Max out of Pocket:	In: \$8,550/\$17,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,832.78	\$33.98
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,611.72	\$48.42
NY S FRDM NG 25/50/2250/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$883.87	\$16.99
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,502.58	\$28.88
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,767.74	\$33.98
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,519.03	\$48.42
NY S FRDM NG 2000/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$862.63	\$16.99
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,466.46	\$28.88
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,725.25	\$33.98
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,458.49	\$48.42
NY S MTRO NG 30/80/3500/70 EPO ME 21				
PCP/Spec:	\$30/\$80	Single	\$705.79	\$16.99
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,199.85	\$28.88
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,411.58	\$33.98
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,011.50	\$48.42
NY S LBTY NG 25/50/2500/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$820.41	\$16.99
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,394.69	\$28.88
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,640.81	\$33.98
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,338.16	\$48.42
NY S MTRO GT 35/50/3500/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$649.41	\$16.99
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,104.00	\$28.88
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,298.82	\$33.98
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,850.82	\$48.42
NY S MTRO NG 50/100/100 EPO ZD 21				
PCP/Spec:	\$50/\$100	Single	\$805.17	\$16.99
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,368.80	\$28.88
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,610.35	\$33.98
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,294.75	\$48.42
NY S LBTY NG 4000/80 EPO HSAM 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$763.55	\$16.99
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,298.03	\$28.88
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$1,527.09	\$33.98
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,176.11	\$48.42
NY S LBTY NG 50/100/100 EPO 21				
PCP/Spec:	\$50/\$100	Single	\$932.84	\$16.99
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,585.83	\$28.88
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,865.67	\$33.98
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,658.58	\$48.42
NY S LBTY NG 45/75/5000/50 EPO 21				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$778.25	\$16.99
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,323.02	\$28.88
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,556.50	\$33.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,218.01	\$48.42

2021 New York Small Group (1-100) Oxford Products: Q1 2021 Rates

Use the table below to review monthly rates for New York small group Oxford¹ 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.



Bronze Plans				
NY B FRDM NG 5800/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$745.35	\$16.99
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,267.10	\$28.88
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,490.70	\$33.98
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,124.25	\$48.42
NY B LBTY NG 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$695.38	\$16.99
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,182.16	\$28.88
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,390.77	\$33.98
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,981.85	\$48.42
NY B MTRO GT 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$584.97	\$16.99
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$994.46	\$28.88
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,169.95	\$33.98
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,667.17	\$48.42
NY B LBTY NG 25/75/5750/70 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$696.76	\$16.99
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,184.48	\$28.88
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,393.51	\$33.98
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$1,985.76	\$48.42
NY B LBTY NG 30/60/6750/80 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$731.79	\$16.99
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 80%	Parent/Child (ren)	\$1,244.04	\$28.88
Max out of Pocket:	In: \$7,000/\$14,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,463.57	\$33.98
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,085.59	\$48.42
NY B MTRO GT 40/75/6500/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$589.57	\$16.99
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,002.27	\$28.88
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,179.14	\$33.98
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,680.27	\$48.42

* 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. ©2020 Oxford Health Plans LLC. All rights reserved.