

2021 New York Small Group (1-100) Oxford Products: Q3 2021 Rates

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



Platinum Plans				
NY P FRDM NG 5/15/100 PPO 21				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 70%	Single	\$1,501.75	\$18.93
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Parent/Child (ren)	\$2,552.98	\$32.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,003.51	\$37.86
		Family	\$4,280.00	\$53.95
NY P FRDM NG 20/40/100 EPO 21				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,415.63	\$18.93
Max out of Pocket:	In: \$3,000/\$6,000	Parent/Child (ren)	\$2,406.57	\$32.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,831.25	\$37.86
		Family	\$4,034.54	\$53.95
NY P FRDM NG 5/15/100 EPO 21				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,446.01	\$18.93
Max out of Pocket:	In: \$3,000/\$6,000	Parent/Child (ren)	\$2,458.21	\$32.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,892.01	\$37.86
		Family	\$4,121.12	\$53.95
NY P FRDM NG 20/40/100 PPO 21				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 70%	Single	\$1,468.18	\$18.93
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Parent/Child (ren)	\$2,495.91	\$32.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,936.36	\$37.86
		Family	\$4,184.31	\$53.95
NY P FRDM NG 20/40/100 PPO FAIR 21				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 80%	Single	\$1,756.02	\$18.93
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Parent/Child (ren)	\$2,985.24	\$32.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,512.05	\$37.86
		Family	\$5,004.67	\$53.95
NY P MTRO GT 15/30/100 EPO 21				
PCP/Spec:	\$15/\$30	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,111.89	\$18.93
Max out of Pocket:	In: \$3,000/\$6,000	Parent/Child (ren)	\$1,890.22	\$32.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,223.79	\$37.86
		Family	\$3,168.90	\$53.95
NY P LBTY GT 15/35/250/90 EPO LA 21				
PCP/Spec:	\$15/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$250/\$500, 10%	Single	\$1,218.72	\$18.93
Max out of Pocket:	In: \$3,000/\$6,000	Parent/Child (ren)	\$2,071.82	\$32.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,437.44	\$37.86
		Family	\$3,473.35	\$53.95
NY P LBTY NG 25/70/500/100 EPO 21				
PCP/Spec:	\$5/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Single	\$1,271.08	\$18.93
Max out of Pocket:	In: \$2,800/\$5,600	Parent/Child (ren)	\$2,160.84	\$32.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,542.17	\$37.86
		Family	\$3,622.59	\$53.95

2021 New York Small Group (1-100) Oxford Products: Q3 2021 Rates

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Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,097.49	\$18.93
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,865.74	\$32.18
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$2,194.99	\$37.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,127.86	\$53.95
NY G FRDM NG 15/35/1750/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,183.12	\$18.93
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,011.31	\$32.18
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,366.24	\$37.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,371.89	\$53.95
NY G FRDM NG 25/40/1750/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,172.82	\$18.93
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,993.79	\$32.18
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,345.64	\$37.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,342.53	\$53.95
NY G FRDM NG 25/40/1500/80 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,227.66	\$18.93
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$2,087.02	\$32.18
Max out of Pocket:	In: \$6,300/\$12,600 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,455.32	\$37.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,498.83	\$53.95
NY G FRDM NG 50/50/1000/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,197.97	\$18.93
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,036.56	\$32.18
Max out of Pocket:	In: \$5,700/\$11,400	Employee/ Spouse*	\$2,395.95	\$37.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,414.23	\$53.95
NY G FRDM NG 1500/90 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,165.92	\$18.93
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,982.06	\$32.18
Max out of Pocket:	In: \$5,000/\$10,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,331.83	\$37.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,322.86	\$53.95
NY G FRDM NG 1500/90 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,117.64	\$18.93
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,899.98	\$32.18
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,235.27	\$37.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,185.27	\$53.95
NY G MTRO GT 25/40/1250/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$934.66	\$18.93
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,588.93	\$32.18
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,869.32	\$37.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,663.79	\$53.95
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	\$806.03	\$18.93
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,370.25	\$32.18
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,612.05	\$37.86
RX plan:	\$10/\$35/\$70	Family	\$2,297.17	\$53.95
NY G LBTY NG 30/60/2000/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,036.49	\$18.93
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,762.04	\$32.18
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$2,072.99	\$37.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,954.01	\$53.95
NY G MTRO NG 25/40/1250/80 EPO ME 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$959.04	\$18.93
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,630.36	\$32.18
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,918.08	\$37.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,733.26	\$53.95
NY G FRDM NG 30/60/2250/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,091.96	\$18.93
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,856.34	\$32.18
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$2,183.93	\$37.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,112.09	\$53.95
NY G LBTY NG 25/50/100 EPO ZD 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,191.46	\$18.93
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,025.49	\$32.18
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,382.92	\$37.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,395.66	\$53.95
NY G LBTY NG 1500/90 EPO HSAM 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,055.82	\$18.93
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,794.90	\$32.18
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,111.64	\$37.86
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$3,009.09	\$53.95
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	\$1,019.25	\$18.93
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,732.73	\$32.18
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,038.50	\$37.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,904.86	\$53.95

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Silver Plans		Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/70/3000/65 EPO 21				
PCP/Spec:	\$40/\$70	Single	\$916.67	\$18.93
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,558.34	\$32.18
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,833.34	\$37.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,612.51	\$53.95
NY S FRDM NG 40/70/3000/65 EPO 21				
PCP/Spec:	\$40/\$70	Single	\$974.84	\$18.93
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,657.22	\$32.18
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,949.67	\$37.86
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,778.28	\$53.95
NY S LBTY NG 30/75/3500/60 EPO 21				
PCP/Spec:	\$30/\$75	Single	\$895.02	\$18.93
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,521.53	\$32.18
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,790.04	\$37.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,550.80	\$53.95
NY S MTRO GT 30/80/3500/70 EPO 21				
PCP/Spec:	\$30/\$80	Single	\$766.44	\$18.93
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,302.95	\$32.18
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,532.88	\$37.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,184.34	\$53.95
NY S FRDM NG 30/60/2000/80 PPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,027.46	\$18.93
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,746.68	\$32.18
Max out of Pocket:	In: \$6,400/\$12,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,054.92	\$37.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,928.26	\$53.95
NY S LBTY GT 25/50/4500/50 EPO 21				
PCP/Spec:	\$25/\$50	Single	\$889.17	\$18.93
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,511.59	\$32.18
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,778.34	\$37.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,534.14	\$53.95
NY S FRDM NG 40/70/3000/65 PPO 21				
PCP/Spec:	\$40/\$70	Single	\$1,021.08	\$18.93
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,735.83	\$32.18
Max out of Pocket:	In: \$8,550/\$17,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,042.15	\$37.86
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,910.07	\$53.95
NY S FRDM NG 25/50/2250/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$984.85	\$18.93
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,674.25	\$32.18
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,969.70	\$37.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,806.82	\$53.95
NY S FRDM NG 2000/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$961.17	\$18.93
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,633.98	\$32.18
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,922.34	\$37.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,739.34	\$53.95
NY S MTRO NG 30/80/3500/70 EPO ME 21				
PCP/Spec:	\$30/\$80	Single	\$786.42	\$18.93
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,336.92	\$32.18
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,572.84	\$37.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,241.31	\$53.95
NY S LBTY NG 25/50/2500/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$914.13	\$18.93
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,554.03	\$32.18
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,828.26	\$37.86
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,605.27	\$53.95
NY S MTRO GT 35/50/3500/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$723.61	\$18.93
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,230.13	\$32.18
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,447.21	\$37.86
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,062.28	\$53.95
NY S MTRO NG 50/100/100 EPO ZD 21				
PCP/Spec:	\$50/\$100	Single	\$897.17	\$18.93
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,525.19	\$32.18
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,794.33	\$37.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,556.93	\$53.95
NY S LBTY NG 4000/80 EPO HSAM 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$850.79	\$18.93
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,446.34	\$32.18
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$1,701.57	\$37.86
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,424.74	\$53.95
NY S LBTY NG 50/100/100 EPO 21				
PCP/Spec:	\$50/\$100	Single	\$1,039.40	\$18.93
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,766.98	\$32.18
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$2,078.81	\$37.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,962.30	\$53.95
NY S LBTY NG 45/75/5000/50 EPO 21				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$867.17	\$18.93
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,474.18	\$32.18
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,734.33	\$37.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,471.43	\$53.95

2021 New York Small Group (1-100) Oxford Products: Q3 2021 Rates

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



Bronze Plans				
NY B FRDM NG 5800/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$830.51	\$18.93
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,411.86	\$32.18
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,661.01	\$37.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,366.94	\$53.95
NY B LBTY NG 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$774.82	\$18.93
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,317.20	\$32.18
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,549.65	\$37.86
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,208.25	\$53.95
NY B MTRO GT 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$651.80	\$18.93
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,108.07	\$32.18
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,303.60	\$37.86
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,857.63	\$53.95
NY B LBTY NG 25/75/5750/70 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$776.36	\$18.93
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,319.82	\$32.18
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,552.72	\$37.86
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,212.63	\$53.95
NY B LBTY NG 30/60/6750/80 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$815.38	\$18.93
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 80%	Parent/Child (ren)	\$1,386.16	\$32.18
Max out of Pocket:	In: \$7,000/\$14,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,630.77	\$37.86
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,323.85	\$53.95
NY B MTRO GT 40/75/6500/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$656.93	\$18.93
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,116.78	\$32.18
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,313.85	\$37.86
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,872.23	\$53.95

* 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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