

**2021 New York Small Group (1-100) Oxford Products: Q4 2021 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



<b>Platinum Plans</b>		Tier	Rate (select counties)	Dep 29 Rider
<b>NY P FRDM NG 5/15/100 PPO 21</b>				
PCP/Spec:	\$5/\$15	Single	\$1,418.39	\$17.88
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 70%	Parent/Child (ren)	\$2,411.26	\$30.40
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$2,836.78	\$35.76
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,042.40	\$50.96
<b>NY P FRDM NG 20/40/100 EPO 21</b>				
PCP/Spec:	\$20/\$40	Single	\$1,337.04	\$17.88
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,272.97	\$30.40
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,674.08	\$35.76
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,810.56	\$50.96
<b>NY P FRDM NG 5/15/100 EPO 21</b>				
PCP/Spec:	\$5/\$15	Single	\$1,365.73	\$17.88
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,321.73	\$30.40
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,731.45	\$35.76
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,892.32	\$50.96
<b>NY P FRDM NG 20/40/100 PPO 21</b>				
PCP/Spec:	\$20/\$40	Single	\$1,386.67	\$17.88
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 70%	Parent/Child (ren)	\$2,357.35	\$30.40
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,773.35	\$35.76
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,952.02	\$50.96
<b>NY P FRDM NG 20/40/100 PPO FAIR 21</b>				
PCP/Spec:	\$20/\$40	Single	\$1,658.54	\$17.88
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 80%	Parent/Child (ren)	\$2,819.52	\$30.40
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$3,317.07	\$35.76
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,726.83	\$50.96
<b>NY P MTRO GT 15/30/100 EPO 21</b>				
PCP/Spec:	\$15/\$30	Single	\$1,050.17	\$17.88
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,785.29	\$30.40
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,100.34	\$35.76
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,992.98	\$50.96
<b>NY P LBTY GT 15/35/250/90 EPO LA 21</b>				
PCP/Spec:	\$15/\$35	Single	\$1,151.07	\$17.88
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,956.81	\$30.40
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,302.13	\$35.76
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,280.53	\$50.96
<b>NY P LBTY NG 25/70/500/100 EPO 21</b>				
PCP/Spec:	\$5/\$35	Single	\$1,200.51	\$17.88
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,040.88	\$30.40
Max out of Pocket:	In: \$2,800/\$5,600	Employee/ Spouse*	\$2,401.02	\$35.76
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,421.46	\$50.96

**2021 New York Small Group (1-100) Oxford Products: Q4 2021 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



<b>Gold Plans</b>				
NY G LBTY GT 30/60/1250/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,036.57	\$17.88
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,762.17	\$30.40
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$2,073.14	\$35.76
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,954.22	\$50.96
NY G FRDM NG 15/35/1750/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,117.44	\$17.88
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$1,899.65	\$30.40
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,234.88	\$35.76
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,184.71	\$50.96
NY G FRDM NG 25/40/1750/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,107.70	\$17.88
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,883.10	\$30.40
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,215.41	\$35.76
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,156.96	\$50.96
NY G FRDM NG 25/40/1500/80 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,159.51	\$17.88
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,971.16	\$30.40
Max out of Pocket:	In: \$6,300/\$12,600 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,319.01	\$35.76
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,304.59	\$50.96
NY G FRDM NG 50/50/1000/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,131.47	\$17.88
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,923.50	\$30.40
Max out of Pocket:	In: \$5,700/\$11,400	Employee/ Spouse*	\$2,262.94	\$35.76
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,224.69	\$50.96
NY G FRDM NG 1500/90 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,101.19	\$17.88
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,872.03	\$30.40
Max out of Pocket:	In: \$5,000/\$10,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,202.38	\$35.76
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,138.40	\$50.96
NY G FRDM NG 1500/90 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,055.59	\$17.88
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,794.50	\$30.40
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,111.18	\$35.76
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,008.43	\$50.96
NY G MTRO GT 25/40/1250/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$882.77	\$17.88
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,500.71	\$30.40
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,765.54	\$35.76
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,515.89	\$50.96
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	\$761.28	\$17.88
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,294.17	\$30.40
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,522.55	\$35.76
RX plan:	\$10/\$35/\$70	Family	\$2,169.64	\$50.96
NY G LBTY NG 30/60/2000/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$978.95	\$17.88
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,664.22	\$30.40
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,957.90	\$35.76
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,790.01	\$50.96
NY G MTRO NG 25/40/1250/80 EPO ME 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$905.79	\$17.88
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,539.85	\$30.40
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,811.59	\$35.76
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,581.51	\$50.96
NY G FRDM NG 30/60/2250/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,031.34	\$17.88
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,753.28	\$30.40
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$2,062.69	\$35.76
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$2,939.33	\$50.96
NY G LBTY NG 25/50/100 EPO ZD 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,125.32	\$17.88
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,913.04	\$30.40
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,250.64	\$35.76
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,207.15	\$50.96
NY G LBTY NG 1500/90 EPO HSAM 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$997.20	\$17.88
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,695.24	\$30.40
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$1,994.40	\$35.76
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,842.02	\$50.96
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	\$962.67	\$17.88
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,636.54	\$30.40
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,925.34	\$35.76
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,743.61	\$50.96

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<b>Silver Plans</b>		Tier	Rate (select counties)	Dep 29 Rider
<b>NY S LBTY NG 40/70/3000/65 EPO 21</b>				
PCP/Spec:	\$40/\$70	Single	\$865.78	\$17.88
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,471.82	\$30.40
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,731.55	\$35.76
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,467.46	\$50.96
<b>NY S FRDM NG 40/70/3000/65 EPO 21</b>				
PCP/Spec:	\$40/\$70	Single	\$920.72	\$17.88
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,565.22	\$30.40
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,841.44	\$35.76
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,624.05	\$50.96
<b>NY S LBTY NG 30/75/3500/60 EPO 21</b>				
PCP/Spec:	\$30/\$75	Single	\$845.33	\$17.88
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,437.06	\$30.40
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,690.66	\$35.76
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,409.19	\$50.96
<b>NY S MTRO GT 30/80/3500/70 EPO 21</b>				
PCP/Spec:	\$30/\$80	Single	\$723.88	\$17.88
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,230.61	\$30.40
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,447.77	\$35.76
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,063.07	\$50.96
<b>NY S FRDM NG 30/60/2000/80 PPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$970.42	\$17.88
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,649.71	\$30.40
Max out of Pocket:	In: \$6,400/\$12,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,940.83	\$35.76
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,765.69	\$50.96
<b>NY S LBTY GT 25/50/4500/50 EPO 21</b>				
PCP/Spec:	\$25/\$50	Single	\$839.81	\$17.88
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,427.67	\$30.40
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,679.61	\$35.76
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,393.46	\$50.96
<b>NY S FRDM NG 40/70/3000/65 PPO 21</b>				
PCP/Spec:	\$40/\$70	Single	\$964.39	\$17.88
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,639.47	\$30.40
Max out of Pocket:	In: \$8,550/\$17,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,928.79	\$35.76
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,748.53	\$50.96
<b>NY S FRDM NG 25/50/2250/80 EPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$930.18	\$17.88
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,581.30	\$30.40
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,860.36	\$35.76
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,651.00	\$50.96
<b>NY S FRDM NG 2000/70 EPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$907.81	\$17.88
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,543.28	\$30.40
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,815.62	\$35.76
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,587.27	\$50.96
<b>NY S MTRO NG 30/80/3500/70 EPO ME 21</b>				
PCP/Spec:	\$30/\$80	Single	\$742.77	\$17.88
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,262.70	\$30.40
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,485.53	\$35.76
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,116.89	\$50.96
<b>NY S LBTY NG 25/50/2500/80 EPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$863.39	\$17.88
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,467.76	\$30.40
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,726.77	\$35.76
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,460.65	\$50.96
<b>NY S MTRO GT 35/50/3500/70 EPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$683.43	\$17.88
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,161.84	\$30.40
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,366.87	\$35.76
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,947.78	\$50.96
<b>NY S MTRO NG 50/100/100 EPO ZD 21</b>				
PCP/Spec:	\$50/\$100	Single	\$847.36	\$17.88
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,440.51	\$30.40
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,694.72	\$35.76
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,414.97	\$50.96
<b>NY S LBTY NG 4000/80 EPO HSAM 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$803.55	\$17.88
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,366.04	\$30.40
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$1,607.11	\$35.76
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,290.13	\$50.96
<b>NY S LBTY NG 50/100/100 EPO 21</b>				
PCP/Spec:	\$50/\$100	Single	\$981.70	\$17.88
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,668.90	\$30.40
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,963.40	\$35.76
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,797.84	\$50.96
<b>NY S LBTY NG 45/75/5000/50 EPO 21</b>				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$819.03	\$17.88
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,392.34	\$30.40
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,638.05	\$35.76
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,334.22	\$50.96

**2021 New York Small Group (1-100) Oxford Products: Q4 2021 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



<b>Bronze Plans</b>				
NY B FRDM NG 5800/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$784.40	\$17.88
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,333.48	\$30.40
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,568.81	\$35.76
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,235.55	\$50.96
NY B LBTY NG 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$731.81	\$17.88
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,244.09	\$30.40
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,463.63	\$35.76
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,085.67	\$50.96
NY B MTRO GT 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$615.61	\$17.88
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,046.55	\$30.40
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,231.23	\$35.76
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,754.49	\$50.96
NY B LBTY NG 25/75/5750/70 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$733.26	\$17.88
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,246.54	\$30.40
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,466.52	\$35.76
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,089.79	\$50.96
NY B LBTY NG 30/60/6750/80 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$770.12	\$17.88
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 80%	Parent/Child (ren)	\$1,309.20	\$30.40
Max out of Pocket:	In: \$7,000/\$14,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,540.23	\$35.76
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,194.83	\$50.96
NY B MTRO GT 40/75/6500/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$620.45	\$17.88
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,054.76	\$30.40
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,240.90	\$35.76
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,768.28	\$50.96

\* 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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