

2022 New York Small Group (1-100) Oxford Products: Q2 2022 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 22				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Single	\$1,478.36	\$18.96
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Parent/Child (ren)	\$2,513.21	\$32.23
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,956.72	\$37.92
		Family	\$4,213.33	\$54.04
NY P FRDM NG 20/40/100 EPO 22				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,390.19	\$18.96
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,363.32	\$32.23
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,780.38	\$37.92
		Family	\$3,962.04	\$54.04
NY P FRDM NG 5/15/100 EPO 22				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,420.38	\$18.96
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,414.65	\$32.23
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,840.76	\$37.92
		Family	\$4,048.08	\$54.04
NY P FRDM NG 20/40/100 PPO 22				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Single	\$1,445.10	\$18.96
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Parent/Child (ren)	\$2,456.67	\$32.23
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,890.20	\$37.92
		Family	\$4,118.54	\$54.04
NY P FRDM NG 20/40/100 PPO FAIR 22				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Single	\$1,745.23	\$18.96
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Parent/Child (ren)	\$2,966.89	\$32.23
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,490.46	\$37.92
		Family	\$4,973.91	\$54.04
NY P MTRO GT 15/30/100 EPO 22				
PCP/Spec:	\$15/\$30	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,119.69	\$18.96
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$1,903.47	\$32.23
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,239.38	\$37.92
		Family	\$3,191.12	\$54.04
NY P LBTY GT 15/30/250/90 EPO LA 22				
PCP/Spec:	\$15/\$30	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$250/\$500, 10%	Single	\$1,206.76	\$18.96
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,051.49	\$32.23
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,413.52	\$37.92
		Family	\$3,439.27	\$54.04
NY P LBTY NG 5/35/500/100 EPO 22				
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Single	\$1,284.07	\$18.96
Max out of Pocket:	In: \$3,050/\$6,100	Parent/Child (ren)	\$2,182.92	\$32.23
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,568.14	\$37.92
		Family	\$3,659.60	\$54.04

2022 New York Small Group (1-100) Oxford Products: Q2 2022 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				
Plan Name		Tier	Rate (select counties)	Dep 29 Rider
NY G LBTY GT 30/60/1250/100 EPO 22				
PCP/Spec:	\$30/\$60	Single	\$1,085.15	\$18.96
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,844.76	\$32.23
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$2,170.30	\$37.92
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,092.68	\$54.04
NY G FRDM NG 15/35/1750/90 EPO 22				
PCP/Spec:	\$15/\$35	Single	\$1,177.49	\$18.96
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,001.73	\$32.23
Max out of Pocket:	In: \$7,500/\$15,000	Employee/ Spouse*	\$2,354.98	\$37.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,355.85	\$54.04
NY G FRDM NG 25/40/1750/80 EPO 22				
PCP/Spec:	\$25/\$40	Single	\$1,167.90	\$18.96
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,985.43	\$32.23
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,335.80	\$37.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,328.52	\$54.04
NY G FRDM NG 25/40/1500/80 PPO 22				
PCP/Spec:	\$25/\$40	Single	\$1,224.75	\$18.96
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,082.08	\$32.23
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,449.50	\$37.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,490.54	\$54.04
NY G FRDM NG 50/50/1000/90 EPO 22				
PCP/Spec:	\$50/\$50	Single	\$1,190.56	\$18.96
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,023.95	\$32.23
Max out of Pocket:	In: \$6,200/\$12,400	Employee/ Spouse*	\$2,381.12	\$37.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,393.10	\$54.04
NY G FRDM NG 1500/90 PPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,162.88	\$18.96
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,976.90	\$32.23
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,325.76	\$37.92
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,314.21	\$54.04
NY G FRDM NG 1500/90 EPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,114.37	\$18.96
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,894.43	\$32.23
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,228.74	\$37.92
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,175.95	\$54.04
NY G MTR0 GT 25/40/1250/80 EPO 22				
PCP/Spec:	\$25/\$40	Single	\$949.42	\$18.96
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,614.01	\$32.23
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$1,898.84	\$37.92
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,705.85	\$54.04
NY G MTR0 GT 25/40/600/80 EPO HNY 22				
PCP/Spec:	\$25/\$40 after Deductible	Single	\$814.25	\$18.96
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,384.23	\$32.23
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,628.50	\$37.92
RX plan:	\$10/\$35/\$70	Family	\$2,320.61	\$54.04
NY G LBTY NG 30/60/2000/70 EPO 22				
PCP/Spec:	\$30/\$60	Single	\$1,045.44	\$18.96
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,777.25	\$32.23
Max out of Pocket:	In: \$8,400/\$16,800	Employee/ Spouse*	\$2,090.88	\$37.92
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,979.50	\$54.04
NY G MTR0 NG 25/40/1250/80 EPO ME 22				
PCP/Spec:	\$25/\$40	Single	\$983.60	\$18.96
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,672.12	\$32.23
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$1,967.20	\$37.92
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,803.26	\$54.04
NY G FRDM NG 30/60/2250/70 EPO 22				
PCP/Spec:	\$30/\$60	Single	\$1,098.91	\$18.96
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,868.15	\$32.23
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,197.82	\$37.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,131.89	\$54.04
NY G LBTY NG 25/50/100 EPO ZD 22				
PCP/Spec:	\$25/\$50	Single	\$1,185.83	\$18.96
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,015.91	\$32.23
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,371.66	\$37.92
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,379.62	\$54.04
NY G LBTY NG 1500/90 EPO HSAM 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,058.36	\$18.96
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,799.21	\$32.23
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,116.72	\$37.92
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$3,016.33	\$54.04
NY G LBTY NG 20/40/2000/80 EPO 22				
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,056.35	\$18.96
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,795.80	\$32.23
Max out of Pocket:	In: \$8,500/\$17,000	Employee/ Spouse*	\$2,112.70	\$37.92
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,010.60	\$54.04
NY G FRDM NG 1750/100 EPO HSAM 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,133.72	\$18.96
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$1,927.32	\$32.23
Max out of Pocket:	In: \$6,800/\$13,600	Employee/ Spouse*	\$2,267.44	\$37.92
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,231.10	\$54.04
NY G FRDM NG 25/50/100 EPO 22				
PCP/Spec:	\$25/\$50	Single	\$1,253.19	\$18.96
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,130.42	\$32.23
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,506.38	\$37.92
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,571.59	\$54.04

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Silver Plans			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/70/3000/65 EPO 22			
PCP/Spec: \$40/\$70	Single	\$930.88	\$18.96
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,582.50	\$32.23
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,861.76	\$37.92
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,653.01	\$54.04
NY S FRDM NG 40/70/3000/65 EPO 22			
PCP/Spec: \$40/\$70	Single	\$983.64	\$18.96
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,672.19	\$32.23
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,967.28	\$37.92
RX plan: Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,803.37	\$54.04
NY S LBTY NG 30/75/3500/60 EPO 22			
PCP/Spec: \$30/\$75	Single	\$911.55	\$18.96
Ded and Coinsurance: In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,549.64	\$32.23
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,823.10	\$37.92
RX plan: Non-T1 Ded \$200 then \$10/\$50/50%, max \$800	Family	\$2,597.92	\$54.04
NY S MTRO GT 30/80/3500/70 EPO 22			
PCP/Spec: \$30/\$80	Single	\$789.13	\$18.96
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,341.52	\$32.23
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,578.26	\$37.92
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,249.02	\$54.04
NY S FRDM NG 30/60/2000/80 PPO HSA 22			
PCP/Spec: \$30/\$60 after Deductible	Single	\$1,034.34	\$18.96
Ded and Coinsurance: In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,758.38	\$32.23
Max out of Pocket: In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,068.68	\$37.92
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,947.87	\$54.04
NY S LBTY GT 25/50/4500/50 EPO 22			
PCP/Spec: \$25/\$50	Single	\$894.30	\$18.96
Ded and Coinsurance: In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,520.31	\$32.23
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,788.60	\$37.92
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,548.76	\$54.04
NY S FRDM NG 40/70/3000/65 PPO 22			
PCP/Spec: \$40/\$70	Single	\$1,031.65	\$18.96
Ded and Coinsurance: In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,753.81	\$32.23
Max out of Pocket: In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,063.30	\$37.92
RX plan: Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,940.20	\$54.04
NY S FRDM NG 25/50/2250/80 EPO HSA 22			
PCP/Spec: \$25/\$50 after Deductible	Single	\$993.94	\$18.96
Ded and Coinsurance: In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,689.70	\$32.23
Max out of Pocket: In: \$6,900/\$13,800	Employee/ Spouse*	\$1,977.88	\$37.92
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,832.73	\$54.04
NY S FRDM NG 2000/70 EPO HSA 22			
PCP/Spec: Deductible and Coinsurance	Single	\$975.67	\$18.96
Ded and Coinsurance: In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,658.64	\$32.23
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,951.34	\$37.92
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,780.66	\$54.04
NY S MTRO NG 30/80/3500/70 EPO ME 22			
PCP/Spec: \$30/\$80	Single	\$817.55	\$18.96
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,389.84	\$32.23
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,635.10	\$37.92
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,330.02	\$54.04
NY S LBTY NG 25/50/2500/80 EPO HSA 22			
PCP/Spec: \$25/\$50 after Deductible	Single	\$930.07	\$18.96
Ded and Coinsurance: In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,581.12	\$32.23
Max out of Pocket: In: \$6,900/\$13,800	Employee/ Spouse*	\$1,860.14	\$37.92
RX plan: Ded Med/Rx then \$10/\$50/\$90	Family	\$2,650.70	\$54.04
NY S MTRO GT 35/50/3500/70 EPO HSA 22			
PCP/Spec: \$35/\$50 after Deductible	Single	\$750.19	\$18.96
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,275.32	\$32.23
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,500.38	\$37.92
RX plan: Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,138.04	\$54.04
NY S MTRO NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$917.99	\$18.96
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,560.58	\$32.23
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,835.98	\$37.92
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,616.27	\$54.04
NY S LBTY NG 4000/80 EPO HSAM 22			
PCP/Spec: Deductible and Coinsurance	Single	\$874.50	\$18.96
Ded and Coinsurance: In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,486.65	\$32.23
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,749.00	\$37.92
RX plan: Ded Med/Rx then \$10/\$50/\$90	Family	\$2,492.33	\$54.04
NY S LBTY NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$1,038.26	\$18.96
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,765.04	\$32.23
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,076.52	\$37.92
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,959.04	\$54.04
NY S LBTY NG 25/45/5000/50 EPO 22			
PCP/Spec: Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$902.83	\$18.96
Ded and Coinsurance: In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,534.81	\$32.23
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,805.66	\$37.92
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,573.07	\$54.04
NY S LBTY NG 40/70/4500/60 EPO 22			
PCP/Spec: \$40/\$70	Single	\$913.04	\$18.96
Ded and Coinsurance: In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,552.17	\$32.23
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,826.08	\$37.92
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,602.16	\$54.04
NY S FRDM NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$1,094.38	\$18.96
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,860.45	\$32.23
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,188.76	\$37.92
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,118.98	\$54.04
NY S MTRO GT 40/70/3000/65 EPO 22			
PCP/Spec: \$40/\$70	Single	\$823.05	\$18.96
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,399.19	\$32.23
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,646.10	\$37.92
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,345.69	\$54.04

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Bronze Plans			
NY B FRDM NG 5800/50 EPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$863.02 \$18.96
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,467.13 \$32.23
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,726.04 \$37.92
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,459.61 \$54.04
NY B LBTY NG 7000/100 EPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$818.84 \$18.96
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,392.03 \$32.23
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,637.68 \$37.92
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,333.69 \$54.04
NY B MTRO GT 7000/100 EPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$698.83 \$18.96
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,188.01 \$32.23
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,397.66 \$37.92
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,991.67 \$54.04
NY B LBTY NG 25/75/5750/70 EPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$819.45 \$18.96
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,393.07 \$32.23
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,638.90 \$37.92
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,335.43 \$54.04
NY B LBTY NG 30/60/6750/80 PPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$854.35 \$18.96
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,452.40 \$32.23
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,708.70 \$37.92
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,434.90 \$54.04
NY B MTRO GT 40/75/6500/50 EPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$695.85 \$18.96
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,182.95 \$32.23
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,391.70 \$37.92
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,983.17 \$54.04

* 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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