

2022 New York Small Group (1-100) Oxford Products: Q3 2022 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.



Platinum Plans				
NY P FRDM NG 5/15/100 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,563.39	\$20.05
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,657.76	\$34.09
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,126.78	\$40.10
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,455.66	\$57.14
NY P FRDM NG 20/40/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,470.15	\$20.05
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,499.26	\$34.09
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,940.30	\$40.10
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,189.93	\$57.14
NY P FRDM NG 5/15/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,502.07	\$20.05
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,553.52	\$34.09
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$3,004.14	\$40.10
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,280.90	\$57.14
NY P FRDM NG 20/40/100 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,528.21	\$20.05
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,597.96	\$34.09
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,056.42	\$40.10
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,355.40	\$57.14
NY P FRDM NG 20/40/100 PPO FAIR 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,845.61	\$20.05
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$3,137.54	\$34.09
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,691.22	\$40.10
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$5,259.99	\$57.14
NY P MTRO GT 15/30/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,184.09	\$20.05
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,012.95	\$34.09
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,368.18	\$40.10
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,374.66	\$57.14
NY P LBTY GT 15/30/250/90 EPO LA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,276.17	\$20.05
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,169.49	\$34.09
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,552.34	\$40.10
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,637.08	\$57.14
NY P LBTY NG 5/35/500/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,357.93	\$20.05
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,308.48	\$34.09
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,715.86	\$40.10
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,870.10	\$57.14

2022 New York Small Group (1-100) Oxford Products: Q3 2022 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.



Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,147.56	\$20.05
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,950.85	\$34.09
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$2,295.12	\$40.10
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,270.55	\$57.14
NY G FRDM NG 15/35/1750/90 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,245.22	\$20.05
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,116.87	\$34.09
Max out of Pocket:	In: \$7,500/\$15,000	Employee/ Spouse*	\$2,490.44	\$40.10
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,548.88	\$57.14
NY G FRDM NG 25/40/1750/80 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,235.07	\$20.05
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,099.62	\$34.09
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,470.14	\$40.10
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,519.95	\$57.14
NY G FRDM NG 25/40/1500/80 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,295.20	\$20.05
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,201.84	\$34.09
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,590.40	\$40.10
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,691.32	\$57.14
NY G FRDM NG 50/50/1000/90 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,259.04	\$20.05
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,140.37	\$34.09
Max out of Pocket:	In: \$6,200/\$12,400	Employee/ Spouse*	\$2,518.08	\$40.10
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,588.26	\$57.14
NY G FRDM NG 1500/90 PPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,229.77	\$20.05
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,090.61	\$34.09
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,459.54	\$40.10
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,504.84	\$57.14
NY G FRDM NG 1500/90 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,178.47	\$20.05
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$2,003.40	\$34.09
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,356.94	\$40.10
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,358.64	\$57.14
NY G MTRO GT 25/40/1250/80 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,004.03	\$20.05
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,706.85	\$34.09
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,008.06	\$40.10
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,861.49	\$57.14
NY G MTRO GT 25/40/600/80 EPO HNY 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$861.09	\$20.05
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,463.85	\$34.09
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,722.18	\$40.10
RX plan:	\$10/\$35/\$70	Family	\$2,454.11	\$57.14
NY G LBTY NG 30/60/2000/70 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,105.57	\$20.05
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,879.47	\$34.09
Max out of Pocket:	In: \$8,400/\$16,800	Employee/ Spouse*	\$2,211.14	\$40.10
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,150.87	\$57.14
NY G MTRO NG 25/40/1250/80 EPO ME 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,040.18	\$20.05
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,768.31	\$34.09
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,080.36	\$40.10
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,964.51	\$57.14
NY G FRDM NG 30/60/2250/70 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,162.12	\$20.05
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,975.60	\$34.09
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,324.24	\$40.10
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,312.04	\$57.14
NY G LBTY NG 25/50/100 EPO ZD 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,254.03	\$20.05
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,131.85	\$34.09
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,508.06	\$40.10
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,573.99	\$57.14
NY G LBTY NG 1500/90 EPO HSAM 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,119.24	\$20.05
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,902.71	\$34.09
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,238.48	\$40.10
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$3,189.83	\$57.14
NY G LBTY NG 20/40/2000/80 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,117.10	\$20.05
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,899.07	\$34.09
Max out of Pocket:	In: \$8,500/\$17,000	Employee/ Spouse*	\$2,234.20	\$40.10
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,183.74	\$57.14
NY G FRDM NG 1750/100 EPO HSAM 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,198.92	\$20.05
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$2,038.16	\$34.09
Max out of Pocket:	In: \$6,800/\$13,600	Employee/ Spouse*	\$2,397.84	\$40.10
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,416.92	\$57.14
NY G FRDM NG 25/50/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,325.27	\$20.05
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,252.96	\$34.09
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,650.54	\$40.10
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,777.02	\$57.14

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Silver Plans		Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/70/3000/65 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$984.42	\$20.05
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,673.51	\$34.09
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,968.84	\$40.10
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,805.60	\$57.14
NY S FRDM NG 40/70/3000/65 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$1,040.22	\$20.05
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,768.37	\$34.09
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,080.44	\$40.10
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,964.63	\$57.14
NY S LBTY NG 30/75/3500/60 EPO 22				
PCP/Spec:	\$30/\$75	Single	\$963.98	\$20.05
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,638.77	\$34.09
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,927.96	\$40.10
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800	Family	\$2,747.34	\$57.14
NY S MTRO GT 30/80/3500/70 EPO 22				
PCP/Spec:	\$30/\$80	Single	\$834.52	\$20.05
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,418.68	\$34.09
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,669.04	\$40.10
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,378.38	\$57.14
NY S FRDM NG 30/60/2000/80 PPO HSA 22				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,093.83	\$20.05
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,859.51	\$34.09
Max out of Pocket:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,187.66	\$40.10
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,117.42	\$57.14
NY S LBTY GT 25/50/4500/50 EPO 22				
PCP/Spec:	\$25/\$50	Single	\$945.74	\$20.05
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,607.76	\$34.09
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,891.48	\$40.10
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,695.36	\$57.14
NY S FRDM NG 40/70/3000/65 PPO 22				
PCP/Spec:	\$40/\$70	Single	\$1,090.99	\$20.05
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,854.68	\$34.09
Max out of Pocket:	In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,181.98	\$40.10
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$3,109.32	\$57.14
NY S FRDM NG 25/50/2250/80 EPO HSA 22				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$1,051.11	\$20.05
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,786.89	\$34.09
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$2,102.22	\$40.10
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,995.66	\$57.14
NY S FRDM NG 2000/70 EPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,031.78	\$20.05
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,754.03	\$34.09
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,063.56	\$40.10
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,940.57	\$57.14
NY S MTRO NG 30/80/3500/70 EPO ME 22				
PCP/Spec:	\$30/\$80	Single	\$864.57	\$20.05
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,469.77	\$34.09
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,729.14	\$40.10
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,464.02	\$57.14
NY S LBTY NG 25/50/2500/80 EPO HSA 22				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$983.56	\$20.05
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,672.05	\$34.09
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,967.12	\$40.10
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,803.15	\$57.14
NY S MTRO GT 35/50/3500/70 EPO HSA 22				
PCP/Spec:	\$35/\$50 after Deductible	Single	\$793.34	\$20.05
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,348.68	\$34.09
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,586.68	\$40.10
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,261.02	\$57.14
NY S MTRO NG 50/100/100 EPO ZD 22				
PCP/Spec:	\$50/\$100	Single	\$970.79	\$20.05
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,650.34	\$34.09
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,941.58	\$40.10
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,766.75	\$57.14
NY S LBTY NG 4000/80 EPO HSAM 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$924.80	\$20.05
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,572.16	\$34.09
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,849.60	\$40.10
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,635.68	\$57.14
NY S LBTY NG 50/100/100 EPO ZD 22				
PCP/Spec:	\$50/\$100	Single	\$1,097.98	\$20.05
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,866.57	\$34.09
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,195.96	\$40.10
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,129.24	\$57.14
NY S LBTY NG 25/45/5000/50 EPO 22				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$954.76	\$20.05
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,623.09	\$34.09
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,909.52	\$40.10
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,721.07	\$57.14
NY S LBTY NG 40/70/4500/60 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$965.56	\$20.05
Ded and Coinsurance:	In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,641.45	\$34.09
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,931.12	\$40.10
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,751.85	\$57.14
NY S FRDM NG 50/100/100 EPO ZD 22				
PCP/Spec:	\$50/\$100	Single	\$1,157.32	\$20.05
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,967.44	\$34.09
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,314.64	\$40.10
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,298.36	\$57.14
NY S MTRO GT 40/70/3000/65 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$870.39	\$20.05
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,479.66	\$34.09
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,740.78	\$40.10
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,480.61	\$57.14

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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 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Single	\$912.66 \$20.05
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,551.52 \$34.09
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$1,825.32 \$40.10
		Family	\$2,601.08 \$57.14
NY B LBTY NG 7000/100 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$865.94 \$20.05
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,472.10 \$34.09
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,731.88 \$40.10
		Family	\$2,467.93 \$57.14
NY B MTRO GT 7000/100 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$739.02 \$20.05
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,256.33 \$34.09
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,478.04 \$40.10
		Family	\$2,106.21 \$57.14
NY B LBTY NG 25/75/5750/70 EPO HSA 22			
PCP/Spec:	\$25/\$75 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Single	\$866.59 \$20.05
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,473.20 \$34.09
RX plan:	Ded Med/Rx then 30%/30%/30%	Employee/ Spouse*	\$1,733.18 \$40.10
		Family	\$2,469.78 \$57.14
NY B LBTY NG 30/60/6750/80 PPO HSA 22			
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Single	\$903.48 \$20.05
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Parent/Child (ren)	\$1,535.92 \$34.09
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$1,806.96 \$40.10
		Family	\$2,574.92 \$57.14
NY B MTRO GT 40/75/6500/50 EPO HSA 22			
PCP/Spec:	\$40/\$75 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Single	\$735.88 \$20.05
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,251.00 \$34.09
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Employee/ Spouse*	\$1,471.76 \$40.10
		Family	\$2,097.26 \$57.14

* 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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