

2022 New York Small Group (1-100) Oxford Products: Q4 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				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Single	\$1,601.93	\$20.54
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Parent/Child (ren)	\$2,723.28	\$34.92
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,203.86	\$41.08
		Family	\$4,565.50	\$58.54
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	\$1,506.39	\$20.54
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,560.86	\$34.92
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,012.78	\$41.08
		Family	\$4,293.21	\$58.54
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	\$1,539.10	\$20.54
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,616.47	\$34.92
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,078.20	\$41.08
		Family	\$4,386.44	\$58.54
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	\$1,565.88	\$20.54
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Parent/Child (ren)	\$2,662.00	\$34.92
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,131.76	\$41.08
		Family	\$4,462.76	\$58.54
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	\$1,891.10	\$20.54
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Parent/Child (ren)	\$3,214.87	\$34.92
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,782.20	\$41.08
		Family	\$5,389.64	\$58.54
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	\$1,213.28	\$20.54
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,062.58	\$34.92
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,426.56	\$41.08
		Family	\$3,457.85	\$58.54
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	\$1,307.63	\$20.54
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,222.97	\$34.92
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,615.26	\$41.08
		Family	\$3,726.75	\$58.54
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	\$1,391.40	\$20.54
Max out of Pocket:	In: \$3,050/\$6,100	Parent/Child (ren)	\$2,365.38	\$34.92
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,782.80	\$41.08
		Family	\$3,965.49	\$58.54

2022 New York Small Group (1-100) Oxford Products: Q4 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				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Single	\$1,175.85	\$20.54
Max out of Pocket:	In: \$6,400/\$12,800	Parent/Child (ren)	\$1,998.95	\$34.92
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,351.70	\$41.08
		Family	\$3,351.17	\$58.54
NY G FRDM NG 15/35/1750/90 EPO 22				
PCP/Spec:	\$15/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Single	\$1,275.91	\$20.54
Max out of Pocket:	In: \$7,500/\$15,000	Parent/Child (ren)	\$2,169.05	\$34.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,551.82	\$41.08
		Family	\$3,636.34	\$58.54
NY G FRDM NG 25/40/1750/80 EPO 22				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Single	\$1,265.51	\$20.54
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,151.37	\$34.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,531.02	\$41.08
		Family	\$3,606.70	\$58.54
NY G FRDM NG 25/40/1500/80 PPO 22				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Single	\$1,327.12	\$20.54
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Parent/Child (ren)	\$2,256.10	\$34.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,654.24	\$41.08
		Family	\$3,782.29	\$58.54
NY G FRDM NG 50/50/1000/90 EPO 22				
PCP/Spec:	\$50/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Single	\$1,290.08	\$20.54
Max out of Pocket:	In: \$6,200/\$12,400	Parent/Child (ren)	\$2,193.14	\$34.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,580.16	\$41.08
		Family	\$3,676.73	\$58.54
NY G FRDM NG 1500/90 PPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Single	\$1,260.08	\$20.54
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Parent/Child (ren)	\$2,142.14	\$34.92
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,520.16	\$41.08
		Family	\$3,591.23	\$58.54
NY G FRDM NG 1500/90 EPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,207.52	\$20.54
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$2,052.78	\$34.92
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,415.04	\$41.08
		Family	\$3,441.43	\$58.54
NY G MTRO GT 25/40/1250/80 EPO 22				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$1,028.78	\$20.54
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,748.93	\$34.92
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,057.56	\$41.08
		Family	\$2,932.02	\$58.54
NY G MTRO GT 25/40/600/80 EPO HNY 22				
PCP/Spec:	\$25/\$40 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Single	\$882.31	\$20.54
Max out of Pocket:	In: \$4,000/\$8,000	Parent/Child (ren)	\$1,499.93	\$34.92
RX plan:	\$10/\$35/\$70	Employee/ Spouse*	\$1,764.62	\$41.08
		Family	\$2,514.58	\$58.54
NY G LBTY NG 30/60/2000/70 EPO 22				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Single	\$1,132.82	\$20.54
Max out of Pocket:	In: \$8,400/\$16,800	Parent/Child (ren)	\$1,925.79	\$34.92
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,265.64	\$41.08
		Family	\$3,228.54	\$58.54
NY G MTRO NG 25/40/1250/80 EPO ME 22				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$1,065.82	\$20.54
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,811.89	\$34.92
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,131.64	\$41.08
		Family	\$3,037.59	\$58.54
NY G FRDM NG 30/60/2250/70 EPO 22				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Single	\$1,190.77	\$20.54
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$2,024.31	\$34.92
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,381.54	\$41.08
		Family	\$3,393.69	\$58.54
NY G LBTY NG 25/50/100 EPO ZD 22				
PCP/Spec:	\$25/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,284.95	\$20.54
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,184.42	\$34.92
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,569.90	\$41.08
		Family	\$3,662.11	\$58.54
NY G LBTY NG 1500/90 EPO HSAM 22				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,146.83	\$20.54
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,949.61	\$34.92
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$2,293.66	\$41.08
		Family	\$3,268.47	\$58.54
NY G LBTY NG 20/40/2000/80 EPO 22				
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Single	\$1,144.64	\$20.54
Max out of Pocket:	In: \$8,500/\$17,000	Parent/Child (ren)	\$1,945.89	\$34.92
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,289.28	\$41.08
		Family	\$3,262.22	\$58.54
NY G FRDM NG 1750/100 EPO HSAM 22				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Single	\$1,228.48	\$20.54
Max out of Pocket:	In: \$6,800/\$13,600	Parent/Child (ren)	\$2,088.42	\$34.92
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,456.96	\$41.08
		Family	\$3,501.17	\$58.54
NY G FRDM NG 25/50/100 EPO 22				
PCP/Spec:	\$25/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,357.93	\$20.54
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,308.48	\$34.92
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,715.86	\$41.08
		Family	\$3,870.10	\$58.54

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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	\$1,008.68	\$20.54
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,714.76	\$34.92
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,017.36	\$41.08
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,874.74	\$58.54
NY S FRDM NG 40/70/3000/65 EPO 22			
PCP/Spec: \$40/\$70	Single	\$1,065.86	\$20.54
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,811.96	\$34.92
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,131.72	\$41.08
RX plan: Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$3,037.70	\$58.54
NY S LBTY NG 30/75/3500/60 EPO 22			
PCP/Spec: \$30/\$75	Single	\$987.74	\$20.54
Ded and Coinsurance: In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,679.16	\$34.92
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,975.48	\$41.08
RX plan: Non-T1 Ded \$200 then \$10/\$50/50%, max \$800	Family	\$2,815.06	\$58.54
NY S MTR0 GT 30/80/3500/70 EPO 22			
PCP/Spec: \$30/\$80	Single	\$855.09	\$20.54
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,453.65	\$34.92
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,710.18	\$41.08
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,437.01	\$58.54
NY S FRDM NG 30/60/2000/80 PPO HSA 22			
PCP/Spec: \$30/\$60 after Deductible	Single	\$1,120.80	\$20.54
Ded and Coinsurance: In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,905.36	\$34.92
Max out of Pocket: In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,241.60	\$41.08
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$3,194.28	\$58.54
NY S LBTY GT 25/50/4500/50 EPO 22			
PCP/Spec: \$25/\$50	Single	\$969.05	\$20.54
Ded and Coinsurance: In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,647.39	\$34.92
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,938.10	\$41.08
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,761.79	\$58.54
NY S FRDM NG 40/70/3000/65 PPO 22			
PCP/Spec: \$40/\$70	Single	\$1,117.88	\$20.54
Ded and Coinsurance: In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,900.40	\$34.92
Max out of Pocket: In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,235.76	\$41.08
RX plan: Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$3,185.96	\$58.54
NY S FRDM NG 25/50/2250/80 EPO HSA 22			
PCP/Spec: \$25/\$50 after Deductible	Single	\$1,077.02	\$20.54
Ded and Coinsurance: In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,830.93	\$34.92
Max out of Pocket: In: \$6,900/\$13,800	Employee/ Spouse*	\$2,154.04	\$41.08
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$3,069.51	\$58.54
NY S FRDM NG 2000/70 EPO HSA 22			
PCP/Spec: Deductible and Coinsurance	Single	\$1,057.22	\$20.54
Ded and Coinsurance: In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,797.27	\$34.92
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$2,114.44	\$41.08
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$3,013.08	\$58.54
NY S MTR0 NG 30/80/3500/70 EPO ME 22			
PCP/Spec: \$30/\$80	Single	\$885.88	\$20.54
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,506.00	\$34.92
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,771.76	\$41.08
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,524.76	\$58.54
NY S LBTY NG 25/50/2500/80 EPO HSA 22			
PCP/Spec: \$25/\$50 after Deductible	Single	\$1,007.81	\$20.54
Ded and Coinsurance: In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,713.28	\$34.92
Max out of Pocket: In: \$6,900/\$13,800	Employee/ Spouse*	\$2,015.62	\$41.08
RX plan: Ded Med/Rx then \$10/\$50/\$90	Family	\$2,872.26	\$58.54
NY S MTR0 GT 35/50/3500/70 EPO HSA 22			
PCP/Spec: \$35/\$50 after Deductible	Single	\$812.89	\$20.54
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,381.91	\$34.92
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,625.78	\$41.08
RX plan: Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,316.74	\$58.54
NY S MTR0 NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$994.72	\$20.54
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,691.02	\$34.92
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,989.44	\$41.08
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,834.95	\$58.54
NY S LBTY NG 4000/80 EPO HSAM 22			
PCP/Spec: Deductible and Coinsurance	Single	\$947.59	\$20.54
Ded and Coinsurance: In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,610.90	\$34.92
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,895.18	\$41.08
RX plan: Ded Med/Rx then \$10/\$50/\$90	Family	\$2,700.63	\$58.54
NY S LBTY NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$1,125.04	\$20.54
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,912.57	\$34.92
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,250.08	\$41.08
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,206.36	\$58.54
NY S LBTY NG 25/45/5000/50 EPO 22			
PCP/Spec: Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$978.30	\$20.54
Ded and Coinsurance: In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,663.11	\$34.92
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,956.60	\$41.08
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,788.16	\$58.54
NY S LBTY NG 40/70/4500/60 EPO 22			
PCP/Spec: \$40/\$70	Single	\$989.36	\$20.54
Ded and Coinsurance: In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,681.91	\$34.92
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,978.72	\$41.08
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,819.68	\$58.54
NY S FRDM NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$1,185.85	\$20.54
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$2,015.95	\$34.92
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,371.70	\$41.08
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,379.67	\$58.54
NY S MTR0 GT 40/70/3000/65 EPO 22			
PCP/Spec: \$40/\$70	Single	\$891.84	\$20.54
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,516.13	\$34.92
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,783.68	\$41.08
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,541.74	\$58.54

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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	\$935.16 \$20.54
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,589.77 \$34.92
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$1,870.32 \$41.08
		Family	\$2,665.21 \$58.54
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	\$887.28 \$20.54
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,508.38 \$34.92
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,774.56 \$41.08
		Family	\$2,528.75 \$58.54
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	\$757.24 \$20.54
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,287.31 \$34.92
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,514.48 \$41.08
		Family	\$2,158.13 \$58.54
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	\$887.95 \$20.54
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,509.52 \$34.92
RX plan:	Ded Med/Rx then 30%/30%/30%	Employee/ Spouse*	\$1,775.90 \$41.08
		Family	\$2,530.66 \$58.54
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	\$925.75 \$20.54
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Parent/Child (ren)	\$1,573.78 \$34.92
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$1,851.50 \$41.08
		Family	\$2,638.39 \$58.54
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	\$754.02 \$20.54
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,281.83 \$34.92
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Employee/ Spouse*	\$1,508.04 \$41.08
		Family	\$2,148.96 \$58.54

* 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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