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 5/15/10	0 PPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,601.93	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,723.28	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,203.86	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,565.50	\$54.41
NY P FRDM NG 20/40/1	00 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,506.39	\$19.09
Ded and Coinsurance:	ln: \$0, 0%	Parent/Child (ren)	\$2,560.86	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$3,012.78	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,293.21	\$54.41
NY P FRDM NG 5/15/10	0 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,539.10	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,616.47	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$3,078.20	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,386.44	\$54.41
NY P FRDM NG 20/40/1	00 PPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,565.88	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,662.00	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,131.76	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,462.76	\$54.41
NY P FRDM NG 20/40/1	00 PPO FAIR 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,891.10	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$3,214.87	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,782.20	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$5,389.64	\$54.41
NY P MTRO GT 15/30/1	00 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,213.28	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,062.58	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,426.56	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,457.85	\$54.41
NY P LBTY GT 15/30/25	0/90 EPO LA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,307.63	\$19.09
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,222.97	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,615.26	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,726.75	\$54.41
NY P LBTY NG 5/35/500		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,391.40	\$19.09
	Her I: \$5/\$35 Her II: \$25/\$70			
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,365.38	\$32.45
Ded and Coinsurance: Max out of Pocket:		Parent/Child (ren)		
	In: \$500/\$1,000, 0%		\$2,365.38	\$32.45

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.



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Main and air Probability March 2007 15,000	PCP/Spec:				
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NV 6 FROM NO 2436017-2002 620-22 For and Continuation C. For State Continuation C. For and Co	RX plan:				
Storage					
Man out of Probet 1,500.00375,000 Employee Spouse* 1,500.0035,000	PCP/Spec:	\$25/\$40			\$19.09
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PCMPSpec: Deductable and Colmutarance Single \$1,200.08 \$19.09					
Deck and Consumance In. \$1,5003\$1,000, 10% to Lt. \$3,000\$6,000, 40% Employee Spouse \$2,121.4 \$32.45	PCP/Spec:				
RX plant	Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,142.14	\$32.45
NO STREM NOS 1500/08 EPO 188-A 22 Test	Max out of Pocket:				
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RX plan: Dot Med/RX then \$109404980 Family \$3.441.43 \$54.41 Time Rate (sealect counties) Record of Proceedings \$1,028.78 \$10.09 Record of Procedings \$2,057.56 \$3.84 \$10.09 Record of Procedings \$2,005.75 \$3.84 \$10.09 \$1.00 \$1.0	Ded and Coinsurance:				
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PCP/Spec: S25/40 after Deductible Single S882.31 \$19.09 Ded and Consurance: In: \$6000/\$20, 2009 Parent/Child (ren) \$1,499.39 \$32.45 Max out of Pocket: In: \$4,000(\$8,000 Employee/ Spouse* \$1,764.62 \$38.18 Max Out of Pocket: S2,514.58 \$54.41 NY GLETY NG 80/80/200070 EPD 22 Tier Rate (select counties) Pop 29 Rider Polyspec: S30/850 Single \$1,132.82 \$19.09 Ded and Consurance: In: \$2,000(\$4,000,00% Parent/Child (ren) \$1,925.79 \$32.45 Max out of Pocket: In: \$8,400(\$6,000) Parent/Child (ren) \$1,925.79 \$32.45 Max out of Pocket: In: \$8,000(\$18.000 Employee/Spouse* \$2,285.44 \$38.18 MRX plan: Non-T1 Ded \$200 tenes \$10550/\$90 Family Rate (select counties) Dep 29 Rider Polyspec: Rate (select counties) Dep	RX plan:		_		
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RX plan: Non-T1 Ded \$200 then \$10(\$50(\$90) Family S3,228.54 S\$4.41					
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Non-T1 Ded \$150 then \$10/\$65/\$95 Family \$3,037.59 \$54.41 NY G FRDM NG 30/60/2250/70 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$30/\$60 Single \$1,190.77 \$19.99 Ded and Coinsurance: In: \$2,250/\$4,500, 30% Parent/Child (ren) \$2,024.31 \$32.45 Max out of Pocket: In: \$8,700/\$17,400 Employee/ Spouse* \$2,381.54 \$33.81 RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80 Family \$3,393.69 \$54.41 NY G LBTY NG 25/50/100 EPO 2D 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/\$550 Single \$1,264.95 \$19.09 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,184.42 \$32.45 Max out of Pocket: In: \$0,0% Parent/Child (ren) \$2,184.42 \$32.45 Max out of Pocket: In: \$0,0% Parent/Child (ren) \$2,184.42 \$32.45 Max out of Pocket: In: \$0,0% Parent/Child (ren) \$2,164.42 \$32.45 Max out of Pocket: In: \$0,0% Parent/Child (ren) \$3,662.11 \$54.41 Ny G LBTY NG 150/909 EPO HSAM 22 Tier Rate (select counties) Rate (se					
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Tier Rate (select counties) Dep 29 Rider					
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Tier Rate (select counties) Dep 29 Rider	Max out of Pocket:				
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Ded and Coinsurance: In: \$2,000/\$4,000, 20% Parent/Child (ren) \$1,945.89 \$32.45 Max out of Pocket: In: \$8,500/\$17,000 Employee/ Spouse* \$2,289.28 \$38.18 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Family \$3,262.22 \$54.41 NY G FRDM NG 1750/100 EPO HSAM 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deductible and Coinsurance Single \$1,228.48 \$19.09 Ded and Coinsurance: In: \$6,800/\$13,600 Parent/Child (ren) \$2,088.42 \$32.45 Max out of Pocket: In: \$6,800/\$13,600 Employee/ Spouse* \$2,456.96 \$38.18 RX plan: Ded Med/fix then \$10/\$40/\$80 Employee/ Spouse* \$2,456.96 \$38.18 NY G FRDM NG 25/50/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/\$50 Single \$1,357.93 \$19.09 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,384.84 \$32.45 Max out of Pocket: In: \$6,000/\$12,000 Employee/ Spouse* \$2,715.86 \$38.18	PCP/Spec:				
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NY G FRDM NG 1750/100 EPO HSAM 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Deductible and Coinsurance Single \$1,228.48 \$19.09 Ded and Coinsurance: In: \$1,750/\$3,500,0% Parent/Child (ren) \$2,088.42 \$32.45 Max out of Pocket: In: \$6,800/\$\$13,600 Employee/ Spouse* \$2,456.96 \$38.18 RX plan: Ded Med/Rx then \$10/\$40/\$80 Family \$3,501.17 \$54.41 NY G FRDM NG 25/50/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/\$50 Single \$1,357.93 \$19.09 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,308.48 \$32.45 Max out of Pocket: In: \$6,000/\$12,000 Employee/ Spouse* \$2,715.86 \$38.18	Max out of Pocket:				
PCP/Spec: Deductible and Coinsurance Single \$1,228.48 \$19.09 Ded and Coinsurance: In: \$1,750/\$3,500,0% Parent/Child (ren) \$2,088.42 \$32.45 Max out of Pocket: In: \$6,800/\$13,600 Employee/ Spouse* \$2,456.96 \$38.18 RX plan: Ded Med/fx then \$10/\$40/\$80 Family \$3,501.17 \$54.41 NY G FRDM NG 25/50/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/\$50 Single \$1,357.93 \$19.09 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,308.48 \$32.45 Max out of Pocket: In: \$6,000/\$12,000 Employee/ Spouse* \$2,715.86 \$38.18					
Ded and Coinsurance: In: \$1,750/\$3,500,0% Parent/Child (ren) \$2,088.42 \$32.45 Max out of Pocket: In: \$6,800/\$13,600 Employee/ Spouse* \$2,456.96 \$38.18 RX plan: Ded Med/Rx then \$10/\$40/\$80 Family \$3,501.17 \$54.41 RY G FRDM NG 25/50/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/\$50 Single \$1,357.93 \$19.09 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,308.48 \$32.45 Max out of Pocket: In: \$6,000/\$12,000 Employee/ Spouse* \$2,715.86 \$38.18 Control of Pocket: Contro	PCP/Spec:				
Max out of Pocket: In: \$6,800/\$13,600 Employee/ Spouse* \$2,456.96 \$38.18 RX plan: Ded Med/Rx then \$10/\$40/\$80 Family \$3,501.17 \$54.41 NY G FRDM NG 25/50/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/\$50 Single \$1,357.93 \$19.09 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,308.48 \$32.45 Max out of Pocket: In: \$6,000/\$12,000 Employee/ Spouse* \$2,715.86 \$38.18	Ded and Coinsurance:				
NY G FRDM NG 25/50/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$25/550 Single \$1,357.93 \$19.09 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,308.48 \$32.45 Max out of Pocket: In: \$6,000/\$12,000 Employee/ Spouse* \$2,715.86 \$38.18	Max out of Pocket:	In: \$6,800/\$13,600	Employee/ Spouse*	\$2,456.96	\$38.18
PCP/Spec: \$25/\$50 Single \$1,357.93 \$19.09 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,308.48 \$32.45 Max out of Pocket: In: \$6,000/\$12,000 Employee/ Spouse* \$2,715.86 \$38.18	RX plan:		_		
Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,308.48 \$32.45 Max out of Pocket: In: \$6,000/\$12,000 Employee/ Spouse* \$2,715.86 \$38.18					
Max out of Pocket: In: \$6,000/\$12,000 Employee/ Spouse* \$2,715.86 \$38.18					
	Max out of Pocket:	In: \$6,000/\$12,000			\$38.18
	RX plan:				

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.



	ntact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.			
Silver Plans NY S LBTY NG 40/70/30	00/65 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$1,008.68	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,714.76	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,017.36	\$38.18
RX plan: NY S FRDM NG 40/70/30	Non-T1 Ded \$200 then \$10/\$50/\$90	Family Tier	\$2,874.74 Rate (select counties)	\$54.41 Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$1,065.86	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,811.96	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,131.72	\$38.18
RX plan: NY S LBTY NG 30/75/35	Non-T1 Ded \$200 then \$10/\$40/\$80	Family Tier	\$3,037.70 Rate (select counties)	\$54.41 Dep 29 Rider
PCP/Spec:	\$30/\$75	Single	\$987.74	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,679.16	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,975.48	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,815.06 Rate (select counties)	\$54.41 Dep 29 Rider
NY S MTRO GT 30/80/35 PCP/Spec:	\$30/\$80	Tier Single	\$855.09	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,453.65	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,710.18	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,437.01	\$54.41
NY S FRDM NG 30/60/20 PCP/Spec:	\$30/\$60 after Deductible	Tier Single	Rate (select counties) \$1,120.80	Dep 29 Rider \$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,905.36	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,241.60	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,194.28	\$54.41
NY S LBTY GT 25/50/450		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$25/\$50 In: \$4,500/\$9,000, 50%	Single Parent/Child (ren)	\$969.05 \$1,647.39	\$19.09 \$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,938.10	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,761.79	\$54.41
NY S FRDM NG 40/70/30		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$1,117.88	\$19.09
Ded and Coinsurance: Max out of Pocket:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50% In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Parent/Child (ren) Employee/ Spouse*	\$1,900.40 \$2,235.76	\$32.45 \$38.18
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Out: \$10,500/\$21,000 Non-T1 Ded \$200 then \$10/\$40/\$80	Family Spouse*	\$2,235.76 \$3,185.96	\$38.18 \$54.41
NY S FRDM NG 25/50/22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50 after Deductible	Single	\$1,077.02	\$19.09
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,830.93	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$2,154.04 \$3,069.51	\$38.18 \$54.41
RX plan: NY S FRDM NG 2000/70	Ded Med/Rx then \$10/\$40/\$80	Family Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,057.22	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,797.27	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,114.44	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,013.08	\$54.41
NY S MTRO NG 30/80/35 PCP/Spec:	\$30/70 EPO ME 22 \$30/\$80	Tier Single	Rate (select counties) \$885.88	Dep 29 Rider \$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,506.00	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,771.76	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,524.76	\$54.41
NY S LBTY NG 25/50/25		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50 after Deductible	Single	\$1,007.81	\$19.09
Ded and Coinsurance: Max out of Pocket:	In: \$2,500/\$5,000, 20% In: \$6,900/\$13,800	Parent/Child (ren) Employee/ Spouse*	\$1,713.28 \$2,015.62	\$32.45 \$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,872.26	\$54.41
NY S MTRO GT 35/50/35	500/70 EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$35/\$50 after Deductible	Single	\$812.89	\$19.09
Ded and Coinsurance: Max out of Pocket:	In: \$3,500/\$7,000, 30% In: \$7,050/\$14,100	Parent/Child (ren) Employee/ Spouse*	\$1,381.91 \$1,625.78	\$32.45 \$38.18
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,316.74	\$56.16 \$54.41
NY S MTRO NG 50/100/-		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$100	Single	\$994.72	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,691.02	\$32.45
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family	\$1,989.44 \$2,834.95	\$38.18 \$54.41
NY S LBTY NG 4000/80		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$947.59	\$19.09
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,610.90	\$32.45
Max out of Pocket: RX plan:	In: \$7,050/\$14,100 Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse* Family	\$1,895.18 \$2,700.63	\$38.18 \$54.41
NY S LBTY NG 50/100/1		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$100	Single	\$1,125.04	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,912.57	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,250.08	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,206.36	\$54.41
NY S LBTY NG 25/45/50/ PCP/Spec:	00/50 EPO 22 Tier I: \$25/\$45 Tier II: \$45/\$75	Tier Single	Rate (select counties) \$978.30	Dep 29 Rider \$19.09
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$978.30 \$1,663.11	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,956.60	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,788.16	\$54.41
NY S LBTY NG 40/70/45		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$40/\$70 In: \$4,500/\$9,000, 40%	Single Parent/Child (ren)	\$989.36 \$1,681.91	\$19.09 \$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,978.72	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,819.68	\$54.41
NY S FRDM NG 50/100/1		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$100	Single	\$1,185.85	\$19.09
Ded and Coinsurance: Max out of Pocket:	In: \$0, 0% In: \$8,700/\$17,400	Parent/Child (ren) Employee/ Spouse*	\$2,015.95 \$2,371.70	\$32.45 \$38.18
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$65/\$95	Family Spouse*	\$2,371.70 \$3,379.67	\$38.18 \$54.41
NY S MTRO GT 40/70/30		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$891.84	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,516.13	\$32.45
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family	\$1,783.68 \$2,541.74	\$38.18 \$54.41
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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.



Bronze Plans				
NY B FRDM NG 5800/50	EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$935.16	\$19.09
Ded and Coinsurance:	ln: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,589.77	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,870.32	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,665.21	\$54.41
NY B LBTY NG 7000/100	EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$887.28	\$19.09
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,508.38	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,774.56	\$38.18
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,528.75	\$54.41
NY B MTRO GT 7000/10	0 EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$757.24	\$19.09
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,287.31	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,514.48	\$38.18
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,158.13	\$54.41
NY B LBTY NG 25/75/57	50/70 EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$887.95	\$19.09
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,509.52	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,775.90	\$38.18
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,530.66	\$54.41
NY B LBTY NG 30/60/67	50/80 PPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$925.75	\$19.09
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,573.78	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,851.50	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,638.39	\$54.41
NY B MTRO GT 40/75/65	500/50 EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$754.02	\$19.09
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,281.83	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,508.04	\$38.18
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$2,148.96	\$54.41

^{*} Employee / Spouse rate is the rate for Employee / Domestic Partner coverage if additional coverage is available and purchased by the group.

¹ Oxford insurance products are underwritten by Oxford Health Insurance, Inc. ©2017 Oxford Health Plans LLC. All rights reserved.

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



Ded and Coinsurance: In: \$0,0% Out: \$2,200/\$4,000,30% Parent/Child (ren) \$2,560.20 \$30.52	Platinum Plans				
Ded and Coinsurance: In: \$0,0% Out: \$2,000;\$4,000,30% ParentChild (ren) \$2,560.20 \$30.52 Max out of Pocket: In: \$3,25066,560 Out: \$5,2500510,500 Employee/ Spouse* \$3.012.00 \$35.52 Max out of Pocket: In: \$3,25006,500 Out: \$5,7500510,500 Employee/ Spouse* \$4,202.10 \$51.16 Mrg. ParentChild (ren) \$4,407.51 \$30.52 Mrg. ParentChild (ren) \$2,407.51 \$30.52 Mrg. ParentChild (ren) \$4,237.51 \$30.52 Mrg. ParentChild (ren) \$4,237.51 \$30.52 Mrg. ParentChild (ren) \$4,237.51 \$30.52 Mrg. ParentChild (ren) \$2,497.81 \$30.52 Mrg. ParentChild (ren) \$2,597.82 \$30.52 Mrg. ParentChild (ren) \$2,597.82 \$30.52 Mrg. ParentChild (ren) \$4,237.51 \$30.52 Mrg. ParentChild (ren) \$3,023.35 \$30.52 Mrg. ParentChild (ren) \$3,023.35 \$30.52 Mrg. ParentChild (ren) \$3,023.35 \$30.	NY P FRDM NG 5/15/10	0 PPO 22	Tier	Rate (select counties)	Dep 29 Rider
Max out of Pocket: In: \$3,250/\$6,500 Out: \$5,250/\$10,500 Employee! Spouse* \$3,012.00 \$35.90 \$55.90	PCP/Spec:	\$5/\$15	Single	\$1,506.00	\$17.95
RX plan: Non-T1 Ded \$100 then \$5/835/\$70 Family S4, 292.10 S51.16	Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,560.20	\$30.52
NY P FRDM NG 20/40/100 EPO 22 Tier Rate (select counties) Dep 29 Rider	Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,012.00	\$35.90
PCPI/Spec: \$20\$40 Single \$1.416.18 \$17.95 Ded and Coinsurance: In: \$0.0% Parent/Child (ren) \$2.407.51 \$30.52 Max out of Pocket: In: \$3.250\\$6,500 Employee/ Spouse* \$2.832.36 \$35.90 RX plan: Non-T1 Ded \$100 then \$5\\$35\\$70 Family \$4.036.11 \$51.16 NY P FRDM NIG \$5\\$15\\$100 EPD 22 Ter Rate (select counties) Rate	RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,292.10	\$51.16
Ded and Coinsurance: in: \$0,0 % Parent/Child (ren) \$2,407.51 \$30.52	NY P FRDM NG 20/40/1	00 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
Max out of Pocket: In: \$3,250 \$6,500 Employee/ Spouse* \$2,832.36 \$35.90	PCP/Spec:	\$20/\$40	Single	\$1,416.18	\$17.95
RX plan: Non-T1 Ded \$100 then \$5/\$35/\$70 Family \$4,036.11 \$51.16 NY P FRDM NG 5/15/100 EPO 22 Tier Rato (select counties) Dep 29 Rider PCP/Spec: \$5/\$15 Single \$1,446.93 \$17.95 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,459.78 \$30.52 Max out of Pocket: In: \$2,209/\$5,500 Employee/ Spouse* \$2,893.86 \$35.90 RX plan: Non-T1 Ded \$100 then \$5/\$35/\$70 Family \$4,123.75 \$51.16 NY P FRDM NG 20/40/100 PPO 22 Tier Rato (select counties) PCP/Spec: \$2,008.40 Single \$1,472.12 \$17.95 Ded and Coinsurance: In: \$0,0% Out: \$3,000/\$5,000.30% Employee/ Spouse* \$2,893.86 \$35.90 RX plan: Non-T1 Ded \$100 then \$5/\$35/\$70 Family \$4,123.75 \$51.16 Dep 29 Rider Share	Ded and Coinsurance:	ln: \$0, 0%	Parent/Child (ren)	\$2,407.51	\$30.52
Tier Rate (select counties) Dep 29 Rider					
PCP/Spec \$5/\$15	RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,036.11	\$51.16
Ded and Coinsurance: In: \$0,0%	NY P FRDM NG 5/15/10	0 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
Max out of Pocket: In: \$3.250/\$6,500 Employee/ Spouse* \$2,893.86 \$3.50 NXP plan: Non-T1 Ded \$100 then \$5/\$35/\$70 Family \$4,123.75 \$51.16 NYP FRDM NG 20/40/100 PPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$2,0/\$40 Single \$1,472.12 \$17.95 Ded and Coinsurance: In: \$0,0% Out: \$3,000/\$6,000,30% Parent/Child (ren) \$2,502.60 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Employee/ Spouse* \$2,944.24 \$35.90 RX plan: Non-T1 Ded \$100 then \$5/\$35/\$70 Family \$4,195.54 \$51.16 NY P FRDM NG 20/40/100 PPO FAIR 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$2,0540 Single \$1,777.86 \$17.95 Ded and Coinsurance: In: \$0,0% Out: \$5,000/\$110,000, 20% Parent/Child (ren) \$3,022.36 \$30.02 Max out of Pocket: In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Employee/ Spouse* \$3,555.72 \$35.90 RZ plan: Non-T1 Ded \$100 then \$5/\$35/\$15,500 Family \$5,066.90<	PCP/Spec:	\$5/\$15		\$1,446.93	\$17.95
RX plan: Non-T1 Ded \$100 then \$5/\$35/\$70 Family \$4,123.75 \$51.16 NY P FRDM NG 20/40/100 PPO 22 Tier Rate (select counties) Dep 29 Rider					
NY P FRDM NG 20/40/100 PPO 22 Tier Rate (select counties) Dep 29 Rider	Max out of Pocket:				
PCP/Spec: \$20/\$40 Single \$1,472.12 \$17.95 Ded and Coinsurance: In: \$0,0 \(\text{Out:} \) \$3,000/\$6,000, 30\(\text{S}) \$30.52 RX plan: Non-T1 Ded \$100 then \$5/\$35/\$70 Family \$4,195.54 \$51.16 NY PFRDM No 20/40/100 PPO FAIR 22 Tier Rate (select counties) RX plan: RX pl			Family	\$4,123.75	\$51.16
Ded and Coinsurance: In: \$0, 0% Out: \$3,000/\$6,000, 30%	NY P FRDM NG 20/40/1	00 PPO 22	Tier	Rate (select counties)	Dep 29 Rider
Max out of Pocket: In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Employee/ Spouse* \$2,944.24 \$35.90 RX plan: Non-T1 Ded \$100 then \$5/\$35/\$70 Family \$4,195.54 \$51.16 NY P FRDM NG 20/40/100 PPO FAIR 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$20/\$40 Single \$1,777.86 \$17.95 Ded and Coinsurance: In: \$0,0% Out: \$5,000/\$10,000,20% Parent/Child (ren) \$3,022.36 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Employee/ Spouse* \$3,555.72 \$33.59.0 MX plan: Non-T1 Ded \$100 then \$5/\$35/\$70 Family \$5,666.90 \$51.16 NY P MTRO GT 15/30/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,140.62 \$17.95 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,281.24 \$35.90 MX P LBTY GT 15/30/250/90 EPO LA 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,229.32 \$17.95 <	PCP/Spec:	\$20/\$40	Single	\$1,472.12	\$17.95
RX plan: Non-T1 Ded \$100 then \$5/\$35/\$70 Family \$4,195.54 \$51.16 NY P FRDM NG 20/40/100 PPO FAIR 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$20/\$40 Single \$1,777.86 \$17.95 Ded and Coinsurance: In: \$0,0% Out: \$5,000/\$10,000, 20% Parent/Child (ren) \$3,022.36 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Employee/ Spouse* \$3,555.72 \$35.90 RX plan: Non-T1 Ded \$100 then \$5/\$35/\$70 Family \$5,066.90 \$51.16 NY P MTRO GT 15/30/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,140.62 \$17.95 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$1,939.05 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,281.24 \$33.590 RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Family \$3,250.77 \$51.16 NY P LBTY GT 15/30/250/90 EPO LA 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,229.32 \$17.95 Ded and Coinsurance: In: \$2,50/\$5,500 10% Parent/Child (ren) \$2,089.84 \$30.52 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Parent/Child (ren) \$2,089.84 \$30.52 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Parent/Child (ren) \$2,089.84 \$30.52 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Parent/Child (ren) \$2,089.84 \$30.52 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Parent/Child (ren) \$2,089.84 \$30.52 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Parent/Child (ren) \$2,089.84 \$30.52 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Parent/Child (ren) \$2,089.84 \$30.52 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Parent/Child (ren) \$2,29.37 \$51.16 NY P LBTY NG \$5/35/500/100 EPO 22 Tier \$20/\$50,50,00 \$2,223.74 \$30.52 Ded and Coinsurance: In: \$20/\$50/\$5,100 Parent/Child (ren) \$2,223.74 \$30.52 Max out of Pocket: In: \$3,50/\$50,50,00 Employee/ Spouse* \$2,461.61 \$35.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$5,100	Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,502.60	\$30.52
NY P FRDM NG 20/40/100 PPO FAIR 22 Tier Rate (select counties) Dep 29 Rider					
PCP/Spec: \$20/\$40 Single \$1,777.86 \$17.95 Ded and Coinsurance: In: \$0,0% Out: \$5,000/\$10,000, 20% Parent/Child (ren) \$3,02.36 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Employee/ Spouse* \$3,555.72 \$35.90 RX plan: Non-T1 Ded \$100 then \$5/\$35/\$70 Family \$5,066.90 \$51.16 NY P MTRO GT 15/30/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,140.62 \$17.95 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$1,939.05 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,281.24 \$35.90 RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Family \$3,250.77 \$51.16 NY P LBTY GT 15/30/250/90 EPO LA 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,229.32 \$17.95 Ded and Coinsurance: In: \$250/\$50,500,10% Parent/Child (ren) \$2,089.84 \$30.52 Max	RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,195.54	\$51.16
Ded and Coinsurance: In: \$0,0% Out: \$5,000/\$10,000, 20% Parent/Child (ren) \$3,022.36 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Employee/ Spouse* \$3,555.72 \$35.90 RX plan: Family \$5,066.90 \$51.16 NY P MTRO GT 15/30/100 EPO 22 Tier Rate (select counties) Dep 28 Rider PCP/Spec: \$15/\$30 Single \$1,140.62 \$17.95 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$1,939.05 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,281.24 \$33.590 RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Employee/ Spouse* \$2,281.24 \$35.90 NY P LBTY GT 15/30/250/90 EPO LA 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,229.32 \$17.95 Ded and Coinsurance: In: \$3,250/\$6,500 Parent/Child (ren) \$2,089.84 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,488.64 \$30.52 NY P LBTY NG			Tier		
Max out of Pocket: In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Employee/ Spouse* \$3,555.72 \$35.90 RX plan: Non-T1 Ded \$100 then \$5/\$35/\$70 Family \$5,066.90 \$51.16 NY P MTRO GT 15/30/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,140.62 \$17.95 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$1,939.05 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,281.24 \$35.90 NY P LBTY GT 15/30/250/90 EPO LA 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,229.32 \$17.95 Ded and Coinsurance: In: \$250/\$50,010 Single \$1,229.32 \$17.95 Ded and Coinsurance: In: \$250/\$50,010 Parent/Child (ren) \$2,089.84 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,488.64 \$35.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Employee/ Spouse* \$2,488.64 \$35.90	PCP/Spec:				
RX plan: Non-T1 Ded \$100 then \$5/\$35/\$70 Family \$5,066.90 \$51.16 NY P MTRO GT 15/30/100 EPO 22 Tier Rate (select counties) Dep 28 Rider PCP/Spec: \$15/\$30 Single \$1,140.62 \$17.95 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$1,939.05 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,281.24 \$35.90 RX plan: Non-T1 Ded \$100 then \$10/\$65/\$95 Family \$3,250.77 \$51.16 NY P LBTY GT 15/30/250/90 EPO LA 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,229.32 \$17.95 Ded and Coinsurance: In: \$3,250/\$6,500 Parent/Child (ren) \$2,089.84 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,458.64 \$33.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Employee/ Spouse* \$2,458.64 \$33.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Family \$3,503.56 \$51.16 NY P LBTY NG 5/35/500/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Tier Si/\$35 Tier II: \$25/\$70 Single \$1,308.08 \$17.95 Ded and Coinsurance: In: \$30,50/\$6,100 Employee/ Spouse* \$2,237.4 \$30.52 Max out of Pocket: In: \$3,050/\$6,100 Employee/ Spouse* \$2,237.4 \$30.52 Max out of Pocket: In: \$3,050/\$6,100 Employee/ Spouse* \$2,2616.16 \$35.90 RX plan: Single Sin	Ded and Coinsurance:	1.7.	,	1 - 7	
NY P MTRO GT 15/30/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 \$ingle \$1,140.62 \$17.95 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$1,939.05 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,281.24 \$35.90 RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Family \$3,250.77 \$51.16 NY P LBTY GT 15/30/250/90 EPO LA 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,229.32 \$17.95 Ded and Coinsurance: In: \$3,250/\$6,500 Parent/Child (ren) \$2,089.84 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,488.64 \$35.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Family \$3,503.56 \$51.16 NY P LBTY NG 5/35/500/100 EPO 22 Tier Rate (select counties) Dep 28 Rider PCP/Spec: Tier I: \$5\$/\$35 Tier II: \$25/\$70 Single \$1,308.08 \$17.95 Ded and Coinsurance:					
PCP/Spec: \$15/\$30 Single \$1,140.62 \$17.95 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$1,393.05 \$30.52 Mx out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,281.24 \$35.90 RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Family \$3,250.77 \$51.16 NY P LBTY GT 15/30/250/90 EPO LA 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,229.32 \$17.95 Ded and Coinsurance: In: \$250/\$50,500,10% Parent/Child (ren) \$2,089.84 \$30.52 Mx out of Pocket: In: \$3,250/\$50,500 Employee/ Spouse* \$2,488.64 \$35.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Family \$3,503.56 \$51.16 NY P LBTY NG 5/35/500/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Tier ; \$5/\$35 Tier It: \$25/\$70 Single \$1,308.08 \$17.95 Ded and Coinsurance: In: \$3,050/\$5,100 Parent/Child (ren) \$2,223.74 \$30.52 Max out of Poc			Family	1-1	
Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$1,939.05 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,281.24 \$35.90 RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Family \$3,250.77 \$51.16 NY P LBTY GT 15/30/250/90 EPO LA 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,229.32 \$17.95 Ded and Coinsurance: In: \$250/\$5.00, 10% Parent/Child (ren) \$2,089.84 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,458.64 \$35.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Family \$3,503.56 \$51.16 NY P LBTY NG 5/35/500/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Tier (s. \$5/\$35 Tier II: \$25/\$70 Single \$1,308.08 \$17.95 Ded and Coinsurance: In: \$30,50/\$5,100 Parent/Child (ren) \$2,223.74 \$30.52 Max out of Pocket: In: \$3,050/\$5,100 Employee/ Spouse* \$2,616.16 \$35.90 <td></td> <td></td> <td></td> <td></td> <td></td>					
Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,281.24 \$35.90 RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Family \$3,250.77 \$51.16 NY P LBTY GT 15/30/250/90 EPO LA 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,229.32 \$17.95 Ded and Coinsurance: In: \$250/\$500, 10% Parent/Child (ren) \$2,089.84 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,458.64 \$35.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Family \$3,503.56 \$51.16 NY P LBTY NG 5/35/500/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Tier I: \$5/635 Tier I: \$25/\$70 Single \$1,308.08 \$17.95 Ded and Coinsurance: In: \$3,050/\$5,000,0% Parent/Child (ren) \$2,223.74 \$30.52 Max out of Pocket: In: \$3,050/\$5,100 Employee/ Spouse* \$2,616.16 \$35.90	PCP/Spec:			\$1,140.62	\$17.95
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Family \$3,250.77 \$51.16 NY P LBTY GT 15/30/250/90 EPO LA 22 Tier Rate (select counties) Dep 28 Rider PCP/Spec: \$15/\$30 Single \$1,229.32 \$17.95 Ded and Coinsurance: In: \$250/\$500, 10% Parent/Child (ren) \$2,089.84 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,488.64 \$35.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Family \$3,503.56 \$51.16 NY P LBTY NG 5/35/500/100 EPO 22 Tier Rate (select counties) Dep 28 Rider PCP/Spec: Tier I: \$55/\$35 Tier II: \$25/\$70 Single \$1,308.08 \$17.95 Ded and Coinsurance: In: \$500/\$1,000,0% Parent/Child (ren) \$2,223.74 \$30.52 Max out of Pocket: In: \$3,050/\$6,100 Employee/ Spouse* \$2,616.16 \$35.90				. ,	
NY P LBTY GT 15/30/250/90 EPO LA 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: \$15/\$30 Single \$1,229.32 \$17.95 Ded and Coinsurance: In: \$250/\$50,10% Parent/Child (ren) \$2,089.84 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,488.64 \$35.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Family \$3,503.56 \$51.16 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 \$1,308.08 \$17.95 Ded and Coinsurance: In: \$3,050/\$6,100 Parent/Child (ren) \$2,223.74 \$30.52 Max out of Pocket: In: \$3,050/\$6,100 Employee/ Spouse* \$2,616.16 \$35.90					
PCP/Spec: \$15/\$30 Single \$1,229.32 \$17.95 Ded and Coinsurance: In: \$250/\$50/\$50,10% Parent/Child (ren) \$2,089.84 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,458.64 \$35.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Family \$3,503.56 \$51.16 NY P LBTY NG 5/35/500/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Tier ; \$5/\$35 Tier II: \$25/\$70 Single \$1,308.08 \$17.95 Ded and Coinsurance: In: \$3,050/\$1,000,0% Parent/Child (ren) \$2,223.74 \$30.52 Max out of Pocket: In: \$3,050/\$5,100 Employee/ Spouse* \$2,616.16 \$35.90			Family		
Ded and Coinsurance: In: \$250/\$500, 10% Parent/Child (ren) \$2,089.84 \$30.52 Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,458.64 \$35.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Family \$3,503.56 \$51.16 NY P LBTY NG 5/35/500/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Tier I: \$55/35 Tier II: \$25/\$70 Single \$1,308.08 \$17.95 Ded and Coinsurance: In: \$500/\$1,000,0% Parent/Child (ren) \$2,223.74 \$30.52 Max out of Pocket: In: \$3,050/\$6,100 Employee/ Spouse* \$2,616.16 \$35.90					
Max out of Pocket: In: \$3,250/\$6,500 Employee/ Spouse* \$2,458.64 \$35.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Family \$3,503.56 \$51.16 NY P LBTY NG 5/35/500/100 EPO 22 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Tier I: \$55/\$35 Tier II: \$25/\$70 Single \$1,308.08 \$17.95 Ded and Coinsurance: In: \$500/\$1,000,0% Parent/Child (ren) \$2,223.74 \$30.52 Max out of Pocket: In: \$3,050/\$6,100 Employee/ Spouse* \$2,616.16 \$35.90					
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Family \$3,503.56 \$51.16 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 \$1,308.08 \$17.95 Ded and Coinsurance: In: \$500/\$1,000, 0% Parent/Child (ren) \$2,223.74 \$30.52 Max out of Pocket: In: \$3,050/\$6,100 Employee/ Spouse* \$2,616.16 \$35.90			,	, ,	
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 \$1,308.08 \$17.95 Ded and Coinsurance: In: \$500/\$1,000,0% Parent/Child (ren) \$2,223.74 \$30.52 Max out of Pocket: In: \$3,050/\$6,100 Employee/ Spouse* \$2,616.16 \$35.90					
PCP/Spec: Tier I: \$5/\$35 Tier II: \$25/\$70 Single \$1,308.08 \$17.95 Ded and Coinsurance: In: \$500/\$1,000,0% Parent/Child (ren) \$2,223.74 \$30.52 Max out of Pocket: In: \$3,050/\$6,100 Employee/ Spouse* \$2,616.16 \$35.90	RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,503.56	\$51.16
Ded and Coinsurance: In: \$500/\$1,000,0% Parent/Child (ren) \$2,223.74 \$30.52 Max out of Pocket: In: \$3,050/\$6,100 Employee/ Spouse* \$2,616.16 \$35.90	NY P LBTY NG 5/35/500		Tier	Rate (select counties)	Dep 29 Rider
Max out of Pocket: In: \$3,050/\$6,100 Employee/ Spouse* \$2,616.16 \$35.90	PCP/Spec:				
	Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,223.74	\$30.52
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Family \$3,728.03 \$51.16	May out of Dooksts				
			Employee/ Spouse*	\$2,616.16	\$35.90

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



Gold Plans				
NY G LBTY GT 30/60/12	50/100 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,105.44	\$17.95
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,879.25	\$30.52
Max out of Pocket: RX plan:	In: \$6,400/\$12,800 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family	\$2,210.88 \$3,150.50	\$35.90 \$51.16
NY G FRDM NG 15/35/17		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,199.51	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$1,750/\$3,500, 10% In: \$7,500/\$15,000	Parent/Child (ren) Employee/ Spouse*	\$2,039.17 \$2,399.02	\$30.52 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,418.60	\$51.16
NY G FRDM NG 25/40/17		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,189.73	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$1,750/\$3,500, 20% In: \$6,000/\$12,000	Parent/Child (ren) Employee/ Spouse*	\$2,022.54 \$2,379.46	\$30.52 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,390.73	\$51.16
NY G FRDM NG 25/40/15		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,247.65	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40% In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Parent/Child (ren) Employee/ Spouse*	\$2,121.01 \$2,495.30	\$30.52 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,555.80	\$51.16
NY G FRDM NG 50/50/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,212.82	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$1,000/\$2,000, 10% In: \$6,200/\$12,400	Parent/Child (ren) Employee/ Spouse*	\$2,061.79 \$2,425.64	\$30.52 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,456.54	\$51.16
NY G FRDM NG 1500/90		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,184.62	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40% In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Parent/Child (ren) Employee/ Spouse*	\$2,013.85 \$2,369.24	\$30.52 \$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,376.17	\$51.16
NY G FRDM NG 1500/90		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	Deductible and Coinsurance In: \$1,500/\$3,000, 10%	Single Parent/Child (ren)	\$1,135.21 \$1,929.86	\$17.95 \$30.52
Max out of Pocket:	In: \$5,500/\$3,000, 10%	Employee/ Spouse*	\$1,929.86	\$30.52 \$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,235.35	\$51.16
NY G MTRO GT 25/40/12		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$25/\$40 In: \$1,250/\$2,500, 20%	Single Parent/Child (ren)	\$967.17 \$1,644.19	\$17.95 \$30.52
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$1,934.34	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,756.43	\$51.16
NY G MTRO GT 25/40/60		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$25/\$40 after Deductible In: \$600/\$1,200, 20%	Single Parent/Child (ren)	\$829.48 \$1,410.12	\$17.95 \$30.52
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,658.96	\$35.90
RX plan:	\$10/\$35/\$70	Family	\$2,364.02	\$51.16
NY G LBTY NG 30/60/20		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$30/\$60 In: \$2,000/\$4,000, 30%	Single Parent/Child (ren)	\$1,064.98 \$1,810.47	\$17.95 \$30.52
Max out of Pocket:	In: \$8,400/\$16,800	Employee/ Spouse*	\$2,129.96	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,035.19	\$51.16
NY G MTRO NG 25/40/12 PCP/Spec:	\$250/80 EPO ME 22 \$25/\$40	Tier Single	Rate (select counties) \$1,001.99	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,703.38	\$30.52
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,003.98	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,855.67	\$51.16
NY G FRDM NG 30/60/22 PCP/Spec:	\$30/\$60	Tier Single	Rate (select counties) \$1,119.46	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,903.08	\$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,238.92	\$35.90
RX plan: NY G LBTY NG 25/50/10	Non-T1 Ded \$150 then \$10/\$40/\$80	Family Tier	\$3,190.46	\$51.16 Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	Rate (select counties) \$1,208.00	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,053.60	\$30.52
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,416.00	\$35.90
RX plan: NY G LBTY NG 1500/90	Non-T1 Ded \$200 then \$10/\$50/\$90 EPO HSAM 22	Family Tier	\$3,442.80 Rate (select counties)	\$51.16 Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,078.15	\$17.95
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,832.86	\$30.52
Max out of Pocket: RX plan:	In: \$5,500/\$11,000 Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse* Family	\$2,156.30 \$3,072.73	\$35.90 \$51.16
NY G LBTY NG 20/40/20		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,076.10	\$17.95
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,829.37	\$30.52
Max out of Pocket: RX plan:	In: \$8,500/\$17,000 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family	\$2,152.20 \$3,066.89	\$35.90 \$51.16
NY G FRDM NG 1750/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,154.91	\$17.95
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$1,963.35	\$30.52
Max out of Pocket: RX plan:	In: \$6,800/\$13,600 Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse* Family	\$2,309.82 \$3,291.49	\$35.90 \$51.16
NY G FRDM NG 25/50/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,276.62	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,170.25	\$30.52
Max out of Pocket: RX plan:	In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family	\$2,553.24 \$3,638.37	\$35.90 \$51.16
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Use the table below to review monthly rates for New York small group Oxford 1 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.



employees.				
Silver Plans	00/65 EDO 22	Tior	Poto (celest counties)	Don 30 Birles
NY S LBTY NG 40/70/30 PCP/Spec:	00/65 EPO 22 \$40/\$70	Tier Single	Rate (select counties) \$948.28	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,612.08	\$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,896.56	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,702.60	\$51.16
NY S FRDM NG 40/70/3 PCP/Spec:	000/65 EPO 22 \$40/\$70	Tier Single	Rate (select counties) \$1,002.03	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,703.45	\$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,004.06	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,855.79	\$51.16
NY S LBTY NG 30/75/35 PCP/Spec:	00/60 EPO 22 \$30/\$75	Tier Single	Rate (select counties) \$928.59	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,578.60	\$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,857.18	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,646.48	\$51.16
NY S MTRO GT 30/80/3: PCP/Spec:	\$30/\$80	Tier Single	Rate (select counties) \$803.88	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,366.60	\$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,607.76	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,291.06	\$51.16
NY S FRDM NG 30/60/20 PCP/Spec:	\$30/\$60 after Deductible	Tier Single	Rate (select counties) \$1,053.68	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,791.26	\$30.52
Max out of Pocket:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,107.36	\$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,002.99	\$51.16
NY S LBTY GT 25/50/45 PCP/Spec:	00/50 EPO 22 \$25/\$50	Tier Single	Rate (select counties) \$911.02	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,548.73	\$30.52
Max out of Pocket:	ln: \$8,700/\$17,400	Employee/ Spouse*	\$1,822.04	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,596.41	\$51.16
NY S FRDM NG 40/70/3 PCP/Spec:	000/65 PPO 22 \$40/\$70	Tier Single	Rate (select counties) \$1,050.94	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,786.60	\$30.52
Max out of Pocket:	In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,101.88	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,995.18	\$51.16
NY S FRDM NG 25/50/2: PCP/Spec:	\$25//80 EPO HSA 22 \$25/\$50 after Deductible	Tier Single	Rate (select counties) \$1,012.52	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,721.28	\$30.52
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$2,025.04	\$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,885.68	\$51.16
NY S FRDM NG 2000/70 PCP/Spec:	Deductible and Coinsurance	Tier Single	Rate (select counties) \$993.91	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,689.65	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,987.82	\$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,832.64	\$51.16
NY S MTRO NG 30/80/3 PCP/Spec:	500/70 EPO ME 22 \$30/\$80	Tier Single	Rate (select counties) \$832.83	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,415.81	\$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,665.66	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,373.57	\$51.16
NY S LBTY NG 25/50/25 PCP/Spec:	00/80 EPO HSA 22 \$25/\$50 after Deductible	Tier Single	Rate (select counties) \$947.46	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,610.68	\$30.52
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,894.92	\$35.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,700.26	\$51.16
NY S MTRO GT 35/50/3		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$35/\$50 after Deductible In: \$3.500/\$7,000, 30%	Single Parent/Child (ren)	\$764.21 \$1,299.16	\$17.95 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,528.42	\$35.90
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,178.00	\$51.16
NY S MTRO NG 50/100/		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$50/\$100 In: \$0, 0%	Single Parent/Child (ren)	\$935.15 \$1,589.76	\$17.95 \$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,870.30	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,665.18	\$51.16
NY S LBTY NG 4000/80		Tier	Rate (select counties)	Dep 29 Rider \$17.95
PCP/Spec: Ded and Coinsurance:	Deductible and Coinsurance In: \$4,000/\$8,000, 20%	Single Parent/Child (ren)	\$890.85 \$1,514.45	\$17.95 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,781.70	\$35.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,538.92	\$51.16
NY S LBTY NG 50/100/1		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$50/\$100 In: \$0, 0%	Single Parent/Child (ren)	\$1,057.67 \$1,798.04	\$17.95 \$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,115.34	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,014.36	\$51.16
NY S LBTY NG 25/45/50		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	Tier I: \$25/\$45 Tier II: \$45/\$75 In: \$5,000/\$10,000, 50%	Single Parent/Child (ren)	\$919.71 \$1,563.51	\$17.95 \$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,839.42	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,621.17	\$51.16
NY S LBTY NG 40/70/45		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$40/\$70 In: \$4,500/\$9,000, 40%	Single Parent/Child (ren)	\$930.11 \$1,581.19	\$17.95 \$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,860.22	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,650.81	\$51.16
NY S FRDM NG 50/100/		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$50/\$100 In: \$0, 0%	Single Parent/Child (ren)	\$1,114.84 \$1,895.23	\$17.95 \$30.52
Max out of Pocket:	ln: \$8,700/\$17,400	Employee/ Spouse*	\$2,229.68	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,177.29	\$51.16
NY S MTRO GT 40/70/3		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$40/\$70 In: \$3,000/\$6,000, 35%	Single Parent/Child (ren)	\$838.44 \$1,425.35	\$17.95 \$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,676.88	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,389.55	\$51.16

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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	\$879.16	\$17.95
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,494.57	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,758.32	\$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,505.61	\$51.16
NY B LBTY NG 7000/100		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$834.15	\$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,418.06	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,668.30	\$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,377.33	\$51.16
NY B MTRO GT 7000/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$711.89	\$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,210.21	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,423.78	\$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,028.89	\$51.16
NY B LBTY NG 25/75/57	50/70 EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$834.77	\$17.95
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,419.11	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,669.54	\$35.90
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,379.09	\$51.16
NY B LBTY NG 30/60/67	50/80 PPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$870.32	\$17.95
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,479.54	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,740.64	\$35.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,480.41	\$51.16
NY B MTRO GT 40/75/6	500/50 EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$708.86	\$17.95
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,205.06	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,417.72	\$35.90
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$2,020.25	\$51.16

^{*} Employee / Spouse rate is the rate for Employee / Domestic Partner coverage if additional coverage is available and purchased by the group.

¹ Oxford insurance products are underwritten by Oxford Health Insurance, Inc. ©2017 Oxford Health Plans LLC. All rights reserved.

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Platinum Plans				
NY P FRDM NG 5/15/10	0 PPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,552.14	\$18.50
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,638.64	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,104.28	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,423.60	\$52.73
NY P FRDM NG 20/40/	00 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,459.57	\$18.50
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,481.27	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,919.14	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,159.77	\$52.73
NY P FRDM NG 5/15/10	0 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,491.26	\$18.50
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,535.14	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,982.52	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,250.09	\$52.73
NY P FRDM NG 20/40/	00 PPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,517.22	\$18.50
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,579.27	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,034.44	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,324.08	\$52.73
NY P FRDM NG 20/40/	00 PPO FAIR 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,832.33	\$18.50
Ded and Coinsurance:			** ***	\$31.45
	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$3,114.96	\$31.45
Max out of Pocket:	In: \$0, 0% Out: \$5,000/\$10,000, 20% In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Parent/Child (ren) Employee/ Spouse*	\$3,114.96 \$3,664.66	\$37.00
Max out of Pocket: RX plan:			1.7	
	In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,664.66	\$37.00
RX plan:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse* Family	\$3,664.66 \$5,222.14	\$37.00 \$52.73
RX plan: NY P MTRO GT 15/30/	in: \$3,250/\$6,500 Out: \$7,750/\$15,500 Non-T1 Ded \$100 then \$5/\$35/\$70 00 EPO 22 \$15/\$30 In: \$0,0%	Employee/ Spouse* Family Tier	\$3,664.66 \$5,222.14 Rate (select counties)	\$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45
RX plan: NY P MTRO GT 15/30/ PCP/Spec: Ded and Coinsurance: Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Non-T1 Ded \$100 then \$5/\$35/\$70 00 EPO 22 \$15/\$30 In: \$0,0% In: \$3,250/\$6,500	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$3,664.66 \$5,222.14 Rate (select counties) \$1,175.57 \$1,998.47 \$2,351.14	\$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00
RX plan: NY P MTRO GT 15/30/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Non-T1 Ded \$100 then \$5/\$35/\$70 00 EPO 22 \$15/\$30 In: \$0,0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$3,664.66 \$5,222.14 Rate (select counties) \$1,175.57 \$1,998.47	\$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73
RX plan: NY P MTRO GT 15/30/ PCP/Spec: Ded and Coinsurance: Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Non-T1 Ded \$100 then \$5/\$35/\$70 00 EPO 22 \$15/\$30 In: \$0,0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$3,664.66 \$5,222.14 Rate (select counties) \$1,175.57 \$1,998.47 \$2,351.14	\$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00
RX plan: NY P MTRO GT 15/30/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Non-T1 Ded \$100 then \$5/\$35/\$70 00 EPO 22 \$15/\$30 In: \$0,0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$3,664.66 \$5,222.14 Rate (select counties) \$1,175.57 \$1,998.47 \$2,351.14 \$3,350.37	\$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73
RX plan: NY P MTRO GT 15/30/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/2	In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Non-T1 Ded \$100 then \$5/\$35/\$70 00 EPO 22 \$15/\$30 In: \$0,0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier	\$3,664.66 \$5,222.14 Rate (select counties) \$1,175.57 \$1,998.47 \$2,351.14 \$3,350.37 Rate (select counties)	\$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider
RX plan: NY P MTRO GT 15/30/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Non-T1 Ded \$100 then \$5/\$35/\$70 00 EPO 22 \$15/\$30 In: \$0,0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 50/90 EPO LA 22 \$15/\$30 In: \$250/\$500, 10% In: \$2,50/\$6,500	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$3,664.66 \$5,222.14 Rate (select counties) \$1,175.57 \$1,998.47 \$2,351.14 \$3,350.37 Rate (select counties) \$1,266.99 \$2,153.88 \$2,553.98	\$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00
RX plan: NY P MTRO GT 15/30/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/2 PCP/Spec: Ded and Coinsurance:	in: \$3,250/\$6,500 Out: \$7,750/\$15,500 Non-T1 Ded \$100 then \$5/\$35/\$70 00 EPO 22 \$15/\$30 In: \$0,0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 00/90 EPO LA 22 \$15/\$30 In: \$250/\$500, 10%	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$3,664.66 \$5,222.14 Rate (select counties) \$1,175.57 \$1,998.47 \$2,351.14 \$3,350.37 Rate (select counties) \$1,266.99 \$2,153.88	\$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45
RX plan: NY P MTRO GT 15/30/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Non-T1 Ded \$100 then \$5/\$35/\$70 00 EPO 22 \$15/\$30 In: \$0,0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 50/90 EPO LA 22 \$15/\$30 In: \$250/\$50,10% In: \$250/\$50,500 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$3,664.66 \$5,222.14 Rate (select counties) \$1,175.57 \$1,998.47 \$2,351.14 \$3,350.37 Rate (select counties) \$1,266.99 \$2,153.88 \$2,553.98	\$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00
RX plan: NY P MTRO GT 15/30/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Non-T1 Ded \$100 then \$5/\$35/\$70 00 EPO 22 \$15/\$30 In: \$0,0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 50/90 EPO LA 22 \$15/\$30 In: \$250/\$50,10% In: \$250/\$50,500 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family	\$3,664.66 \$5,222.14 Rate (select counties) \$1,175.57 \$1,998.47 \$2,351.14 \$3,350.37 Rate (select counties) \$1,266.99 \$2,153.88 \$2,553.98 \$3,610.92	\$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73
RX plan: NY P MTRO GT 15/30/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY NG 5/35/50	In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Non-T1 Ded \$100 then \$5/\$35/\$70 00 EPO 22 \$15/\$30 In: \$0,0% In: \$0,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 50/90 EPO LA 22 \$15/\$30 In: \$250/\$500, 10% In: \$3,250/\$6,500 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Tier Tier Tier Tier Tier Tier Tier	\$3,664.66 \$5,222.14 Rate (select counties) \$1,175.57 \$1,998.47 \$2,351.14 \$3,350.37 Rate (select counties) \$1,266.99 \$2,153.88 \$2,533.98 \$3,610.92 Rate (select counties)	\$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider
RX plan: NY P MTRO GT 15/30/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/2: PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY NG 5/35/50 PCP/Spec:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500 Non-T1 Ded \$100 then \$5/\$35/\$70 00 EPO 22 \$15/\$30 In: \$0,0% In: \$0,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 1090 EPO LA 22 \$15/\$30 In: \$250/\$500, 10% In: \$250/\$500, 10% In: \$270/\$600 In: \$250/\$500, 10% In: \$250/\$500, 10%	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$3,664.66 \$5,222.14 Rate (select counties) \$1,175.57 \$1,998.47 \$2,351.14 \$3,350.37 Rate (select counties) \$1,266.99 \$2,153.88 \$2,533.98 \$3,610.92 Rate (select counties)	\$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50

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 ¹ 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				
NY G LBTY GT 30/60/12		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$30/\$60 In: \$1,250/\$2,500, 0%	Single Parent/Child (ren)	\$1,139.31 \$1,936.83	\$18.50 \$31.45
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$2,278.62	\$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,247.03	\$52.73
NY G FRDM NG 15/35/1		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$15/\$35 In: \$1,750/\$3,500, 10%	Single Parent/Child (ren)	\$1,236.26 \$2,101.64	\$18.50 \$31.45
Max out of Pocket:	In: \$7,500/\$15,000	Employee/ Spouse*	\$2,472.52	\$37.00
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,523.34	\$52.73
NY G FRDM NG 25/40/1 PCP/Spec:	\$25/\$40	Tier Single	Rate (select counties) \$1,226.18	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,084.51	\$31.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,452.36	\$37.00
RX plan: NY G FRDM NG 25/40/1	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,494.61	\$52.73 Dep 29 Rider
PCP/Spec:	\$25/\$40	Tier Single	Rate (select counties) \$1,285.88	\$18.50
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,186.00	\$31.45
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,571.76	\$37.00 \$52.73
RX plan: NY G FRDM NG 50/50/1	Non-T1 Ded \$150 then \$10/\$40/\$80	Family Tier	\$3,664.76 Rate (select counties)	\$52.73 Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,249.98	\$18.50
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,124.97	\$31.45
Max out of Pocket:	In: \$6,200/\$12,400 Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,499.96 \$3,562.44	\$37.00 \$52.73
RX plan: NY G FRDM NG 1500/90		Family Tier	\$3,562.44 Rate (select counties)	\$52.73 Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,220.92	\$18.50
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,075.56	\$31.45
Max out of Pocket: RX plan:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000 Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse* Family	\$2,441.84 \$3,479.62	\$37.00 \$52.73
NY G FRDM NG 1500/90		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,169.99	\$18.50
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,988.98	\$31.45
Max out of Pocket: RX plan:	In: \$5,500/\$11,000 Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse* Family	\$2,339.98 \$3,334.47	\$37.00 \$52.73
NY G MTRO GT 25/40/1		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$996.81	\$18.50
Ded and Coinsurance: Max out of Pocket:	In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000	Parent/Child (ren) Employee/ Spouse*	\$1,694.58 \$1,993.62	\$31.45 \$37.00
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,840.91	\$52.73
NY G MTRO GT 25/40/6		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$854.89	\$18.50
Ded and Coinsurance: Max out of Pocket:	In: \$600/\$1,200, 20% In: \$4,000/\$8,000	Parent/Child (ren) Employee/ Spouse*	\$1,453.31 \$1,709.78	\$31.45 \$37.00
RX plan:	\$10/\$35/\$70	Family	\$2,436.44	\$52.73
NY G LBTY NG 30/60/20		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$30/\$60 In: \$2,000/\$4,000, 30%	Single Parent/Child (ren)	\$1,097.61 \$1,865.94	\$18.50 \$31.45
Max out of Pocket:	In: \$8,400/\$16,800	Employee/ Spouse*	\$2,195.22	\$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,128.19	\$52.73
NY G MTRO NG 25/40/1 PCP/Spec:	250/80 EPO ME 22 \$25/\$40	Tier Single	Rate (select counties) \$1,032.69	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,755.57	\$31.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,065.38	\$37.00
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,943.17	\$52.73
NY G FRDM NG 30/60/2 PCP/Spec:	\$30/\$60	Tier Single	Rate (select counties) \$1,153.76	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,961.39	\$31.45
Max out of Pocket: RX plan:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,307.52	\$37.00
NY G LBTY NG 25/50/10	Non-T1 Ded \$150 then \$10/\$40/\$80	Family Tier	\$3,288.22 Rate (select counties)	\$52.73 Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,245.01	\$18.50
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,116.52	\$31.45
Max out of Pocket: RX plan:	In: \$6,000/\$12,000 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family	\$2,490.02 \$3,548.28	\$37.00 \$52.73
NY G LBTY NG 1500/90		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,111.18	\$18.50
Ded and Coinsurance:	ln: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,889.01	\$31.45
				\$37.00
Max out of Pocket:	In: \$5,500/\$11,000 Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$2,222.36 \$3 166 86	
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$3,166.86	\$52.73
RX plan: NY G LBTY NG 20/40/20 PCP/Spec:	Ded Med/Rx then \$10/\$50/\$90 00/80 EPO 22 Tier I: \$20/\$40 Tier II: \$40/\$80	Family Tier Single	\$3,166.86 Rate (select counties) \$1,109.07	\$52.73 Dep 29 Rider \$18.50
RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance:	Ded Med/Rx then \$10/\$50/\$90 00/80 EPO 22 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$2,000/\$4,000, 20%	Family Tier Single Parent/Child (ren)	\$3,166.86 Rate (select counties) \$1,109.07 \$1,885.42	\$52.73 Dep 29 Rider \$18.50 \$31.45
RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	Ded Med/Rx then \$10/\$50/\$90 00/80 FPO 22 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$2,000/\$4,000, 20% In: \$8,500/\$47,000	Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$3,166.86 Rate (select counties) \$1,109.07 \$1,885.42 \$2,218.14	\$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00
RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Ded Med/Rx then \$10/\$50/\$90 00/80 EPO 22 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$2,000/\$4,000, 20% In: \$8,500/\$17,000 Non-T1 Ded \$200 then \$10/\$50/\$90	Family Tier Single Parent/Child (ren)	\$3,166.86 Rate (select counties) \$1,109.07 \$1,885.42	\$52.73 Dep 29 Rider \$18.50 \$31.45
RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 1750/10 PCP/Spec:	Ded Med/Rx then \$10/\$50/\$90 00/80 EPO 22 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$2,000/\$4,000, 20% In: \$8,500/\$17,000 Non-T1 Ded \$200 then \$10/\$50/\$90 DEPO HSAM 22 Deductible and Coinsurance	Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$3,166.86 Rate (select counties) \$1,109.07 \$1,885.42 \$2,218.14 \$3,160.85 Rate (select counties) \$1,190.30	\$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50
RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 1750/10 PCP/Spec: Ded and Coinsurance:	Ded Med/Rx then \$10/\$50/\$90 00/80 EPO 22 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$2,000/\$4,000, 20% In: \$8,500/\$17,000 Non-T1 Ded \$200 then \$10/\$50/\$90 0 EPO HSAM 22 Deductible and Coinsurance In: \$1,750/\$3,500, 0%	Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$3,166.86 Rate (select counties) \$1,109.07 \$1,885.42 \$2,218.14 \$3,160.85 Rate (select counties) \$1,190.30 \$2,023.51	\$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45
RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 1750/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	Ded Med/Rx then \$10/\$50/\$90 00/80 EPO 22 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$2,000/\$4,000, 20% In: \$8,500/\$47,000 Non-T1 Ded \$200 then \$10/\$50/\$90 DEPO HSAM 22 Deductible and Coinsurance In: \$1,750/\$3,500, 0% In: \$6,800/\$13,600	Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$3,166.86 Rate (select counties) \$1,109.07 \$1,885.42 \$2,218.14 \$3,160.85 Rate (select counties) \$1,190.30 \$2,023.51 \$2,380.60	\$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00
RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 1750/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 25/50/1	Ded Med/Rx then \$10/\$50/\$90 00/80 EPO 22 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$2,000/\$4,000, 20% In: \$8,500/\$47,000 Non-T1 Ded \$200 then \$10/\$50/\$90 0EPO HSAM 22 Deductible and Coinsurance In: \$1,750/\$3,500, 0% In: \$6,800/\$13,600 Ded Med/Rx then \$10/\$40/\$80 00 EPO 22	Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Tier	\$3,166.86 Rate (select counties) \$1,109.07 \$1,885.42 \$2,218.14 \$3,160.85 Rate (select counties) \$1,190.30 \$2,023.51 \$2,380.60 \$3,392.36 Rate (select counties)	\$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider
RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 1750/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 1750/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 25/50/1 PCP/Spec:	Ded Med/Rx then \$10/\$50/\$90 00/80 EPO 22 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$2,000/\$4,000, 20% In: \$8,500/\$17,000 Non-T1 Ded \$200 then \$10/\$50/\$90 0 EPO HSAM 22 Deductible and Coinsurance In: \$1,750/\$3,500, 0% In: \$6,800/\$13,600 Ded Med/Rx then \$10/\$40/\$80 0 EPO DEO 0 EPO 22 \$255/\$50	Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Family Tier Single	\$3,166.86 Rate (select counties) \$1,109.07 \$1,885.42 \$2,218.14 \$3,160.85 Rate (select counties) \$1,190.30 \$2,023.51 \$2,380.60 \$3,392.36 Rate (select counties) \$1,115.73	\$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50
RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 1750/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 25/50/1	Ded Med/Rx then \$10/\$50/\$90 00/80 EPO 22 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$2,000/\$4,000, 20% In: \$8,500/\$47,000 Non-T1 Ded \$200 then \$10/\$50/\$90 0EPO HSAM 22 Deductible and Coinsurance In: \$1,750/\$3,500, 0% In: \$6,800/\$13,600 Ded Med/Rx then \$10/\$40/\$80 00 EPO 22	Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Tier	\$3,166.86 Rate (select counties) \$1,109.07 \$1,885.42 \$2,218.14 \$3,160.85 Rate (select counties) \$1,190.30 \$2,023.51 \$2,380.60 \$3,392.36 Rate (select counties)	\$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider

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 ¹ 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.



Silver Plans				
NY S LBTY NG 40/70/30		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$977.34	\$18.50
Ded and Coinsurance: Max out of Pocket:	In: \$3,000/\$6,000, 35% In: \$8,700/\$17,400	Parent/Child (ren) Employee/ Spouse*	\$1,661.48 \$1,954.68	\$31.45 \$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,785.42	\$52.73
NY S FRDM NG 40/70/3		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$40/\$70 In: \$3,000/\$6,000, 35%	Single Parent/Child (ren)	\$1,032.73 \$1,755.64	\$18.50 \$31.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,065.46	\$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,943.28	\$52.73
NY S LBTY NG 30/75/35 PCP/Spec:	00/60 EPO 22 \$30/\$75	Tier Single	Rate (select counties) \$957.05	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,626.99	\$31.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,914.10	\$37.00
RX plan: NY S MTRO GT 30/80/3:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800% 500/70 EPO 22	Family Tier	\$2,727.59 Rate (select counties)	\$52.73 Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$828.52	\$18.50
Ded and Coinsurance: Max out of Pocket:	In: \$3,500/\$7,000, 30% In: \$8,700/\$17,400	Parent/Child (ren)	\$1,408.48 \$1,657.04	\$31.45 \$37.00
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family	\$2,361.28	\$52.73
NY S FRDM NG 30/60/2		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$30/\$60 after Deductible In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Single Parent/Child (ren)	\$1,085.97 \$1,846.15	\$18.50 \$31.45
Max out of Pocket:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$1,040.15	\$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,095.01	\$52.73
NY S LBTY GT 25/50/45		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$25/\$50 In: \$4,500/\$9,000, 50%	Single Parent/Child (ren)	\$938.93 \$1,596.18	\$18.50 \$31.45
Max out of Pocket:	ln: \$8,700/\$17,400	Employee/ Spouse*	\$1,877.86	\$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,675.95	\$52.73
NY S FRDM NG 40/70/3 PCP/Spec:	\$40/\$70	Tier Single	Rate (select counties) \$1,083.14	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,841.34	\$31.45
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Out: \$10,500/\$21,000 Non-T1 Ded \$200 then \$10/\$40/\$80	Employee/ Spouse* Family	\$2,166.28 \$3,086.95	\$37.00 \$52.73
NY S FRDM NG 25/50/2		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50 after Deductible	Single	\$1,043.54	\$18.50
Ded and Coinsurance: Max out of Pocket:	In: \$2,250/\$4,500, 20% In: \$6,900/\$13,800	Parent/Child (ren) Employee/ Spouse*	\$1,774.02 \$2,087.08	\$31.45 \$37.00
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,067.06	\$52.73
NY S FRDM NG 2000/70		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	Deductible and Coinsurance In: \$2,000/\$4,000, 30%	Single Parent/Child (ren)	\$1,024.36 \$1,741.41	\$18.50 \$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,048.72	\$37.00
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,919.43	\$52.73
NY S MTRO NG 30/80/3 PCP/Spec:	500/70 EPO ME 22 \$30/\$80	Tier Single	Rate (select counties) \$858.35	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,459.20	\$31.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,716.70	\$37.00
RX plan: NY S LBTY NG 25/50/25	Non-T1 Ded \$150 then \$10/\$65/\$95	Family Tier	\$2,446.30 Rate (select counties)	\$52.73 Dep 29 Rider
PCP/Spec:	\$25/\$50 after Deductible	Single	\$976.49	\$18.50
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,660.03	\$31.45
Max out of Pocket: RX plan:	In: \$6,900/\$13,800 Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse* Family	\$1,952.98 \$2,783.00	\$37.00 \$52.73
NY S MTRO GT 35/50/3		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$35/\$50 after Deductible	Single	\$787.63	\$18.50
Ded and Coinsurance: Max out of Pocket:	In: \$3,500/\$7,000, 30% In: \$7,050/\$14,100	Parent/Child (ren) Employee/ Spouse*	\$1,338.97 \$1,575.26	\$31.45 \$37.00
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,244.75	\$52.73
NY S MTRO NG 50/100/		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$50/\$100 In: \$0. 0%	Single Parent/Child (ren)	\$963.81 \$1,638.48	\$18.50 \$31.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,927.62	\$37.00
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,746.86	\$52.73
NY S LBTY NG 4000/80 PCP/Spec:	EPO HSAM 22 Deductible and Coinsurance	Tier Single	Rate (select counties) \$918.14	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,560.84	\$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,836.28	\$37.00
RX plan: NY S LBTY NG 50/100/1	Ded Med/Rx then \$10/\$50/\$90 00 EPO ZD 22	Family Tier	\$2,616.70 Rate (select counties)	\$52.73 Dep 29 Rider
PCP/Spec:	\$50/\$100	Single	\$1,090.08	\$18.50
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,853.14	\$31.45
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family	\$2,180.16 \$3,106.73	\$37.00 \$52.73
NY S LBTY NG 25/45/50		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$947.89	\$18.50
Ded and Coinsurance: Max out of Pocket:	In: \$5,000/\$10,000, 50% In: \$8,700/\$17,400	Parent/Child (ren) Employee/ Spouse*	\$1,611.41 \$1,895.78	\$31.45 \$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,701.49	\$52.73
NY S LBTY NG 40/70/45		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$40/\$70 In: \$4,500/\$9,000, 40%	Single Parent/Child (ren)	\$958.61 \$1,629.64	\$18.50 \$31.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,917.22	\$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,732.04	\$52.73
NY S FRDM NG 50/100/ PCP/Spec:	100 EPO ZD 22 \$50/\$100	Tier Single	Rate (select counties) \$1,148.99	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,953.28	\$31.45
Max out of Pocket:	ln: \$8,700/\$17,400	Employee/ Spouse*	\$2,297.98	\$37.00
RX plan: NY S MTRO GT 40/70/3	Non-T1 Ded \$150 then \$10/\$65/\$95	Family Tier	\$3,274.62 Rate (select counties)	\$52.73 Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$864.12	\$18.50
Ded and Coinsurance:	ln: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,469.00	\$31.45
		Employee/ Spouse*		\$37.00
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$1,728.24 \$2,462.74	\$52.73

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



Bronze Plans				
NY B FRDM NG 5800/50	EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$906.10	\$18.50
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,540.37	\$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,812.20	\$37.00
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,582.39	\$52.73
NY B LBTY NG 7000/100		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$859.71	\$18.50
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,461.51	\$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,719.42	\$37.00
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,450.17	\$52.73
NY B MTRO GT 7000/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$733.70	\$18.50
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,247.29	\$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,467.40	\$37.00
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,091.05	\$52.73
NY B LBTY NG 25/75/57	50/70 EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$860.35	\$18.50
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,462.60	\$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,720.70	\$37.00
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,452.00	\$52.73
NY B LBTY NG 30/60/67	50/80 PPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$896.98	\$18.50
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,524.87	\$31.45
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,793.96	\$37.00
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,556.39	\$52.73
NY B MTRO GT 40/75/6	500/50 EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$730.58	\$18.50
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,241.99	\$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,461.16	\$37.00
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$2,082.15	\$52.73

^{*} 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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