

Platinum Plans				
NY P FRDM NG 5/15/10	0 PPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,525.78	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,593.83	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,051.56	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,348.47	\$54.41
NY P FRDM NG 20/40/1	00 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,434.78	\$19.09
Ded and Coinsurance:	ln: \$0, 0%	Parent/Child (ren)	\$2,439.13	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,869.56	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,089.12	\$54.41
NY P FRDM NG 5/15/10	D EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,465.93	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,492.08	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,931.86	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,177.90	\$54.41
NY P FRDM NG 20/40/1	00 PPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,491.45	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,535.47	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,982.90	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,250.63	\$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	\$1,801.21	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$3,062.06	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,602.42	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$5,133.45	\$54.41
NY P MTRO GT 15/30/1	00 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,155.61	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,964.54	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,311.22	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,293.49	\$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	\$1,245.47	\$19.09
Ded and Coinsurance:	ln: \$250/\$500, 10%	Parent/Child (ren)	\$2,117.30	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,490.94	\$38.18
RX plan:				
rx pian.	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,549.59	\$54.41
NY P LBTY NG 5/35/500		Family Tier	\$3,549.59 Rate (select counties)	\$54.41 Dep 29 Rider
NY P LBTY NG 5/35/500	/100 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
NY P LBTY NG 5/35/500 PCP/Spec:		Tier Single	Rate (select counties) \$1,325.26	Dep 29 Rider \$19.09
NY P LBTY NG 5/35/500 PCP/Spec: Ded and Coinsurance:	/100 EPO 22 Tier I: \$5/\$35 Tier II: \$25/\$70 In: \$500/\$1,000, 0%	Tier Single Parent/Child (ren)	Rate (select counties) \$1,325.26 \$2,252.94	Dep 29 Rider \$19.09 \$32.45



Gold Plans				
NY G LBTY GT 30/60/125		Tier	Rate (select counties) \$1,119.96	Dep 29 Rider \$19.09
PCP/Spec: Ded and Coinsurance:	\$30/\$60 In: \$1,250/\$2,500, 0%	Single Parent/Child (ren)	\$1,119.96 \$1,903.93	\$19.09 \$32.45
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$2,239.92	\$38.18
	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,191.89	\$54.41
NY G FRDM NG 15/35/17 PCP/Spec:	\$15/\$35	Tier Single	Rate (select counties) \$1,215.26	Dep 29 Rider \$19.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,065.94	\$32.45
Max out of Pocket:	In: \$7,500/\$15,000	Employee/ Spouse*	\$2,430.52	\$38.18
RX plan: NY G FRDM NG 25/40/17	Non-T1 Ded \$150 then \$10/\$40/\$80	Family Tier	\$3,463.49 Rate (select counties)	\$54.41 Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,205.36	\$19.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,049.11	\$32.45
Max out of Pocket: RX plan:	In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse* Family	\$2,410.72 \$3,435.28	\$38.18 \$54.41
NY G FRDM NG 25/40/15		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,264.04	\$19.09
	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*	\$2,148.87 \$2,528.08	\$32.45 \$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,602.51	\$54.41
NY G FRDM NG 50/50/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$50/\$50 In: \$1,000/\$2,000, 10%	Single Parent/Child (ren)	\$1,228.75 \$2,088.88	\$19.09 \$32.45
Max out of Pocket:	In: \$6,200/\$12,400	Employee/ Spouse*	\$2,457.50	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,501.94	\$54.41
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% Out: \$3,000/\$6,000, 40%	Single Parent/Child (ren)	\$1,200.18 \$2,040.31	\$19.09 \$32.45
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,400.36	\$38.18
RX plan: NY G FRDM NG 1500/90	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,420.51	\$54.41
NY G FRDM NG 1500/90 PCP/Spec:	Deductible and Coinsurance	Tier Single	Rate (select counties) \$1,150.12	Dep 29 Rider \$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,955.20	\$32.45
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,300.24	\$38.18
RX plan: NY G MTRO GT 25/40/12	Ded Med/Rx then \$10/\$40/\$80 250/80 EPQ 22	Family Tier	\$3,277.84 Rate (select counties)	\$54.41 Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$979.88	\$19.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,665.80	\$32.45
Max out of Pocket: RX plan:	In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family	\$1,959.76 \$2,792.66	\$38.18 \$54.41
NY G MTRO GT 25/40/60		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$840.37	\$19.09
Ded and Coinsurance: Max out of Pocket:	In: \$600/\$1,200, 20% In: \$4,000/\$8,000	Parent/Child (ren) Employee/ Spouse*	\$1,428.63 \$1,680.74	\$32.45 \$38.18
RX plan:	\$10/\$35/\$70	Family	\$2,395.05	\$54.41
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)	\$1,078.97 \$1,834.25	\$19.09 \$32.45
Max out of Pocket:	In: \$8,400/\$16,800	Employee/ Spouse*	\$2,157.94	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,075.06	\$54.41
NY G MTRO NG 25/40/12 PCP/Spec:	250/80 EPO ME 22 \$25/\$40	Tier Single	Rate (select counties) \$1,015.15	Dep 29 Rider \$19.09
	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,725.76	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,030.30	\$38.18
RX plan: NY G FRDM NG 30/60/22	Non-T1 Ded \$150 then \$10/\$65/\$95	Family Tier	\$2,893.18 Rate (select counties)	\$54.41 Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,134.16	\$19.09
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,928.07	\$32.45
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse* Family	\$2,268.32 \$3,232.36	\$38.18 \$54.41
NY G LBTY NG 25/50/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,223.87	\$19.09
Ded and Coinsurance: Max out of Pocket:	In: \$0, 0% In: \$6,000/\$12,000	Parent/Child (ren) Employee/ Spouse*	\$2,080.58 \$2,447.74	\$32.45 \$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,488.03	\$56.16 \$54.41
NY G LBTY NG 1500/90	EPO HSAM 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,092.31	\$19.09
Ded and Coinsurance: Max out of Pocket:	In: \$1,500/\$3,000, 10% In: \$5.500/\$11,000	Parent/Child (ren) Employee/ Spouse*	\$1,856.93 \$2,184.62	\$32.45 \$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$3,113.08	\$54.41
NY G LBTY NG 20/40/20		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$2,000/\$4,000, 20%	Single Parent/Child (ren)	\$1,090.23 \$1,853.39	\$19.09 \$32.45
Max out of Pocket:	In: \$8,500/\$17,000	Employee/ Spouse*	\$2,180.46	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,107.16	\$54.41
NY G FRDM NG 1750/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	Deductible and Coinsurance In: \$1,750/\$3,500, 0%	Single Parent/Child (ren)	\$1,170.08 \$1,989.14	\$19.09 \$32.45
Max out of Pocket:	In: \$6,800/\$13,600	Employee/ Spouse*	\$2,340.16	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,334.73	\$54.41
NY G FRDM NG 25/50/10 PCP/Spec:	\$25/\$50	Tier Single	Rate (select counties) \$1,293.38	Dep 29 Rider \$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,198.75	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,586.76	\$38.18 \$54.41
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,686.13	\$54.41



	ontact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.			
Silver Plans NY S LBTY NG 40/70/3	000/65 EDO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$960.74	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,633.26	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,921.48	\$38.18 \$54.41
RX plan: NY S FRDM NG 40/70/3	Non-T1 Ded \$200 then \$10/\$50/\$90	Family Tier	\$2,738.11 Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$1,015.19	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,725.82	\$32.45
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$200 then \$10/\$40/\$80	Employee/ Spouse* Family	\$2,030.38 \$2,893.29	\$38.18 \$54.41
NY S LBTY NG 30/75/3		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$75	Single	\$940.79	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,599.34	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400 Non-T1 Ded \$200 then \$10/\$50/50%. max 800%	Employee/ Spouse*	\$1,881.58 \$2.681.25	\$38.18 \$54.41
RX plan: NY S MTRO GT 30/80/3		Family Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$814.44	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,384.55	\$32.45
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family	\$1,628.88 \$2,321.15	\$38.18 \$54.41
NY S FRDM NG 30/60/2		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,067.52	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,814.78	\$32.45
Max out of Pocket: RX plan:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000  Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,135.04 \$3,042.43	\$38.18 \$54.41
NY S LBTY GT 25/50/45		Family Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$922.99	\$19.09
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,569.08	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$1,845.98 \$2.630.52	\$38.18 \$54.41
RX plan: NY S FRDM NG 40/70/3		Family Tier	\$2,630.52 Rate (select counties)	\$54.41 Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$1,064.75	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,810.08	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400 Out: \$10,500/\$21,000 Non-T1 Ded \$200 then \$10/\$40/\$80	Employee/ Spouse*	\$2,129.50	\$38.18
RX plan: NY S FRDM NG 25/50/2		Family Tier	\$3,034.54 Rate (select counties)	\$54.41 Dep 29 Rider
PCP/Spec:	\$25/\$50 after Deductible	Single	\$1,025.82	\$19.09
Ded and Coinsurance:	ln: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,743.89	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$2,051.64	\$38.18
RX plan: NY S FRDM NG 2000/7	Ded Med/Rx then \$10/\$40/\$80	Family Tier	\$2,923.59 Rate (select counties)	\$54.41 Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,006.96	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,711.83	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,013.92	\$38.18
RX plan: NY S MTRO NG 30/80/3	Ded Med/Rx then \$10/\$40/\$80	Family Tier	\$2,869.84 Rate (select counties)	\$54.41 Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$843.77	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,434.41	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,687.54	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,404.74	\$54.41
NY S LBTY NG 25/50/25 PCP/Spec:	\$25/\$50 after Deductible	Tier Single	Rate (select counties) \$959.90	Dep 29 Rider \$19.09
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,631.83	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,919.80	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,735.72	\$54.41
NY S MTRO GT 35/50/3 PCP/Spec:	\$35/\$50 after Deductible	Tier Single	Rate (select counties) \$774.25	Dep 29 Rider \$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,316.23	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,548.50	\$38.18
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,206.61	\$54.41
NY S MTRO NG 50/100 PCP/Spec:	\$50/\$100	Tier Single	Rate (select counties) \$947.44	Dep 29 Rider \$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,610.65	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,894.88	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,700.20 Rate (select counties)	\$54.41
NY S LBTY NG 4000/80 PCP/Spec:	Deductible and Coinsurance	Tier Single	\$902.55	Dep 29 Rider \$19.09
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,534.34	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,805.10	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,572.27 Rate (select counties)	\$54.41
NY S LBTY NG 50/100/ PCP/Spec:	\$50/\$100	Tier Single	\$1,071.56	Dep 29 Rider \$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,821.65	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,143.12	\$38.18
RX plan: NY S LBTY NG 25/45/50	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,053.95	\$54.41 Dep 29 Rider
PCP/Spec:	Tier I: \$25/\$45   Tier II: \$45/\$75	Tier Single	Rate (select counties) \$931.79	\$19.09
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,584.04	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,863.58	\$38.18
RX plan: NY S LBTY NG 40/70/4	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,655.60	\$54.41
PCP/Spec:	\$40/\$70	Tier Single	Rate (select counties) \$942.33	Dep 29 Rider \$19.09
Ded and Coinsurance:	In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,601.96	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,884.66	\$38.18
DV -I	Non-T1 Ded \$200 then \$10/\$50/\$90	Family Tier	\$2,685.64 Rate (select counties)	\$54.41 Dep 29 Rider
RX plan: NY S FROM NG 50/100				
NY S FRDM NG 50/100		Single	\$1.129.48	\$19.09
NY S FRDM NG 50/100/ PCP/Spec:	100 EPO 2D 22 \$50.\\$100 In: \$0, 0\%	Single Parent/Child (ren)	\$1,129.48 \$1,920.12	\$19.09 \$32.45
NY S FRDM NG 50/100/ PCP/Spec: Ded and Coinsurance: Max out of Pocket:	\$50/\$100 In: \$0, 0% In: \$8,700/\$17,400	Parent/Child (ren) Employee/ Spouse*	\$1,920.12 \$2,258.96	\$32.45 \$38.18
NY S FRDM NG 50/100, PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	\$50/\$100 In: \$0,0% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$65/\$95	Parent/Child (ren) Employee/ Spouse* Family	\$1,920.12 \$2,258.96 \$3,219.02	\$32.45 \$38.18 \$54.41
NYS FRDM NG 50/100/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NYS MTRO GT 40/70/3	\$50/\$100 In: \$0, 0% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$65/\$95 000/65 EPO 22	Parent/Child (ren) Employee/ Spouse* Family Tier	\$1,920.12 \$2,258.96 \$3,219.02 Rate (select counties)	\$32.45 \$38.18 \$54.41 Dep 29 Rider
NY S FRDM NG 50/100/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	\$50/\$100 In: \$0,0% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$65/\$95	Parent/Child (ren) Employee/ Spouse* Family	\$1,920.12 \$2,258.96 \$3,219.02	\$32.45 \$38.18 \$54.41
NY S FRDM NG 50/100/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY S MTRO GT 40/70/3 PCP/Spec:	\$50/\$100 In: \$0, 0% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$65/\$95 000/65 EPO 22 \$40/\$70	Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$1,920.12 \$2,258.96 \$3,219.02 Rate (select counties) \$849.45	\$32.45 \$38.18 \$54.41 Dep 29 Rider \$19.09



Bronze Plans				
NY B FRDM NG 5800/50	EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$890.71	\$19.09
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,514.21	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,781.42	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,538.52	\$54.41
NY B LBTY NG 7000/100	EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$845.10	\$19.09
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,436.67	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,690.20	\$38.18
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,408.54	\$54.41
NY B MTRO GT 7000/10	EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$721.24	\$19.09
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,226.11	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,442.48	\$38.18
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,055.53	\$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	\$845.74	\$19.09
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,437.76	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,691.48	\$38.18
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,410.36	\$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	\$881.75	\$19.09
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,498.98	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,763.50	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,512.99	\$54.41
NY B MTRO GT 40/75/65	00/50 EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$718.17	\$19.09
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,220.89	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,436.34	\$38.18
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$2.046.78	\$54.41

<sup>\*</sup> Employee / Spouse rate is the rate for Employee / Domestic Partner coverage if additional coverage is available and purchased by the group.

<sup>&</sup>lt;sup>1</sup> Oxford insurance products are underwritten by Oxford Health Insurance, Inc. ©2017 Oxford Health Plans LLC. All rights reserved.



Ded and Coinsurance:   In: \$0, 0% Out: \$2,200/\$4,000, 30%   Parent/Child (ren)   \$2,438.50   \$30.52	Platinum Plans				
Ded and Coinsurance:   In: \$0,0% Out: \$2,000;\$4,000,30%   Parent/Child (ren)   \$2,438.50   \$30.52   Max out of Pocket:   In: \$3,25066,550 Out: \$5,200516,500   Employee/ \$5,868.62   \$35.50   \$35.50   Ry plan:   \$4,088.07   \$5.116   Ry FRDM NG 2014/100 EPD 22   Titer Rate (select counties)   Ry plan:   Ry p	NY P FRDM NG 5/15/10	0 PPO 22	Tier	Rate (select counties)	Dep 29 Rider
Max out of Pocket:   In: \$3,250/85,000 Out: \$5,250/\$10,500   Employeel Spouse*   \$2,868.82   \$35.90	PCP/Spec:	\$5/\$15	Single	\$1,434.41	\$17.95
RX plan:   Non-T1 Ded \$100 then \$5/835/\$70   Family   S4,088.07   S51.16	Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,438.50	\$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*		
PCPF Spec:   \$20\$40   Single   \$1.348.86   \$17.95     Ded and Coinsurance:   In: \$0.0%   Parent/Child (ren)   \$2.293.06   \$30.52     Max out of Pocket:   In: \$3.250 \$6,500   Employee/ Spouse*   \$2.697.72   \$35.50     RX plan:   Non-T1 Ded \$100 then \$5\\$35\\$70   Family   \$3.844.25   \$51.16     Non-T1 Ded \$100 then \$5\\$35\\$70   Family   \$3.344.25   \$51.16     Non-T1 Ded \$100 then \$5\\$35\\$70   Family   \$3.342.86   \$30.52     Max out of Pocket:   In: \$3.250\\$6,500   Employee/ Spouse*   \$2.756.30   \$35.90     RX plan:   Non-T1 Ded \$100 then \$5\\$35\\$70   Family   \$3.327.73   \$51.16     NY P FRDM NG 2040/100 PPO 22   Ter   Rate (select counties)   Dep 29 Rider     PCPF Spec:   \$20\$40   Single   \$1.402.14   \$17.95     Ded and Coinsurance:   In: \$0.0%   Out: \$3.000/\$6,000,30%   Parent/Child (ren)   \$2.393.64   \$30.52     Max out of Pocket:   In: \$3.250/\$6,500 Out: \$7.750/\$15,500   Employee/ Spouse*   \$2.804.28   \$35.90     RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   Employee/ Spouse*   \$2.804.28   \$35.90     Ded and Coinsurance:   In: \$0.0%   Out: \$3.750/\$15,500   Employee/ Spouse*   \$2.804.28   \$35.90     Ded and Coinsurance:   In: \$0.0%   Out: \$7.750/\$15,500   Employee/ Spouse*   \$2.804.28   \$35.90     Ded and Coinsurance:   In: \$0.0%   Out: \$7.750/\$15,500   Employee/ Spouse*   \$2.804.28   \$35.90     Ded and Coinsurance:   In: \$0.0%   Out: \$7.750/\$15,500   Employee/ Spouse*   \$2.804.28   \$35.90     Ded and Coinsurance:   In: \$0.0%   Out: \$7.750/\$15,500   Employee/ Spouse*   \$3.386.70   \$35.90     Ded and Coinsurance:   In: \$0.0%   Out: \$7.750/\$15,500   Employee/ Spouse*   \$3.386.70   \$35.90     Ded and Coinsurance:   In: \$0.0%   Out: \$7.750/\$15,500   Employee/ Spouse*   \$3.386.70   \$35.90     Ded and Coinsurance:   In: \$0.0%   Out: \$7.750/\$15,500   Employe	RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,088.07	\$51.16
Ded and Coinsurance:   In: \$0,0 %   Parent/Child (ren)   \$2,293.06   \$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*         \$2,697.72         \$35.90           RX plan:         Non-11 Ded \$100 then \$5/\$35/\$70         Family         \$3,844.25         \$5.16           NY P RRDM NO \$1/\$1/100 EPO 22         Tier         Rate (select counties)         Dap 29 Rider           PCP/Spec:         \$5/\$15         Single         \$1,378.15         \$17.95           Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren.)         \$2,242.86         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,756.30         \$35.90           RX plan:         Non-11 Ded \$100 then \$5/\$35/\$70         Family         \$3,927.73         \$51.16           NYP FRBM NS 20/40/100 PPO 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$20/\$40         Same (select counties)         Dep 29 Rider           PCP/Spec:         \$20/\$40         Same (select counties)         Dep 29 Rider           Max out of Pocket:         In: \$3,250/\$6,500         Quit; \$7,750/\$15,500         Employee/ Spouse*         \$2,804.28         \$35.90           NY P FRDM NS 20/40/100 PPO PC PAIR 22         Tier         Rate (select counties)         Reg (select counties)         Reg (select counties)         Reg (select	PCP/Spec:	\$20/\$40	Single	\$1,348.86	\$17.95
RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   Family   \$3,844.25   \$5.1.16     NY P FRDM NG 5/15/100 EPO 22   Tier   Rate (select counties)   Dep 29 Rider     PCP/Spec:   \$5/\$15   \$10,90%   Parent/Child (ren)   \$2,342.86   \$30.52     Max out of Pocket:   In: \$3,250/\$5,500   Employee/ Spouse*   \$2,756.30   \$35.90     RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   Family   \$3,927.73   \$51.16     NY P FRDM NG 20/40/100 PPO 22   Tier   Rate (select counties)   Dep 29 Rider     PCP/Spec:   \$20/\$40   Single   \$1,402.14   \$17.95     Ded and Coinsurance:   In: \$0,0% Out: \$3,000/\$5,000, 30%   Parent/Child (ren)   \$2,335.64   \$30.52     Max out of Pocket:   In: \$3,250/\$5,500   Employee/ Spouse*   \$2,383.64   \$30.52     RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   Parent/Child (ren)   \$2,333.64   \$30.52     RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   Family   \$3,996.10   \$51.16     NY P FRDM NG 20/40/100 PPO FAIR 22   Tier   Rate (select counties)   RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   Family   \$3,996.10   \$51.16     PCP/Spec:   \$20/\$40   Single   \$1,693.35   \$17.95     Ded and Coinsurance:   In: \$0,0% Out: \$5,000/\$10,000, 20%   Family   \$3,996.10   \$51.16     PCP/Spec:   \$20/\$40   Single   \$1,693.35   \$17.95     Ded and Coinsurance:   In: \$0,0% Out: \$5,000/\$10,000, 20%   Parent/Child (ren)   \$2,278.70   \$30.52     RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   Parent/Child (ren)   \$2,278.70   \$30.52     RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   Parent/Child (ren)   \$4,626.05   \$51.16     NY P MTRO GT 15/30/100 EPO 22   Tier   Rate (select counties)   RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   \$30.52     RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   Parent/Child (ren)   \$1,846.88   \$30.52     RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   Parent/Child (ren)   \$1,846.88   \$30.52     RX plan:   Non-T1 Ded \$150 then \$10/\$56/\$95   Employee/ Spouse*   \$2,478.00   \$35.90     RX plan:   Non-T1 Ded \$150 then \$10/\$56/\$95   Employee/ Spouse*   \$2,417.8   \$35.90     RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$00   Employee/ Spou	Ded and Coinsurance:	ln: \$0, 0%	Parent/Child (ren)	\$2,293.06	\$30.52
NY P FRDM NG 5/15/100 EPO 22   Tier   Rate (salect counties)   Dep 29 Rider	Max out of Pocket:				
PCP/Spec   \$5/\$15	RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,844.25	\$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: \$3.250/86,500         Employee/ Spouse*         \$2.756.30         \$3.50.0           NX plan:         Non-T1 Ded \$100 then \$5/\$35/\$70         Family         \$3.927.73         \$5.1.16           NX P FRDM NG 20/40/100 PPO 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$2.0/\$40         Single         \$1.402.14         \$17.95           Ded and Coinsurance:         In: \$0.0% Out: \$3.000/\$6,000, 30%         Parent/Child (ren)         \$2.283.64         \$30.52           Max out of Pocket:         In: \$3.250/\$6,500 Out: \$7.750/\$15,500         Employee/ Spouse*         \$2.804.28         \$35.90           RX plan:         Non-T1 Ded \$100 then \$5/\$35/\$70         Family         \$3.996.10         \$51.16           NY P FRDM NG 20/40/100 PPO FAIR 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$20/\$40         Single         \$1.693.35         \$17.95           Ded and Coinsurance:         In: \$0.0% Out: \$5.700/\$15,500         Parent/Child (ren)         \$2.878.70         \$30.52           Max out of Pocket:         In: \$0.0% Out: \$5.700/\$15,500         Parent/Child (ren)         \$2.878.70         \$30.52           RX plan:         Non-T1 Ded \$100 then \$5/\$35/\$70         Family         \$4.826.05	PCP/Spec:	\$5/\$15		\$1,378.15	\$17.95
RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   Family   \$3,927.73   \$51.16     NY P FRDM NG 20/40/100 PPO 22   Tier Rate (select counties)   Dep 29 Rider     POP/Spec: \$20/\$40   Single   \$1,402.14   \$17.95     Ded and Coinsurance: In: \$0,0% Out: \$3,000/\$6,000, 30%   Parent/Child (ren)   \$2,383.64   \$30.52     Max out of Pocket: In: \$3,250/\$6,500 Out: \$7,750/\$15,500   Employee/ Spouse*   \$2,804.28   \$35.90     Ny P FRDM NG 20/40/100 PPO FAIR 22   Tier Rate (select counties)   Dep 29 Rider     POP/Spec: \$20/\$40   Single   \$1,693.35   \$17.95     Ded and Coinsurance: In: \$0,0% Out: \$5,000/\$10,000, 20%   Parent/Child (ren)   \$2,2878.70   \$30.52     Max out of Pocket: In: \$3,250/\$6,500 Out: \$7,750/\$15,500   Employee/ Spouse*   \$3,386.70   \$35.90     Max out of Pocket: In: \$3,250/\$6,500 Out: \$7,750/\$15,500   Employee/ Spouse*   \$3,386.70   \$35.90     Max out of Pocket: In: \$3,250/\$6,500 Out: \$7,750/\$15,500   Employee/ Spouse*   \$3,386.70   \$35.90     Max out of Pocket: In: \$3,250/\$6,500 Out: \$7,750/\$15,500   Employee/ Spouse*   \$3,386.70   \$35.90     Max out of Pocket: In: \$3,250/\$6,500 Out: \$7,750/\$15,500   Employee/ Spouse*   \$3,386.70   \$35.90     POP/Spec: S15/\$30   Single   \$1,686.40   \$17.95     Ded and Coinsurance: In: \$0,0%   Parent/Child (ren)   \$1,846.88   \$30.52     Max out of Pocket: In: \$3,250/\$6,500   Employee/ Spouse*   \$2,172.80   \$35.90     RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95   Family   \$3,096.24   \$51.16     NY P LBTY GT 15/30/250/96 EPO LA 22   Tier   Rate (select counties)   Dep 29 Rider     POP/Spec: S15/\$30   Single   \$1,170.89   \$1.795     Ded and Coinsurance: In: \$3,250/\$50,00   Employee/ Spouse*   \$2,341.78   \$33.30.2     Max out of Pocket: In: \$3,250/\$50,00   Employee/ Spouse*   \$2,341.80   \$35.90     NY P LBTY NG 5/35/500/100 EPO 22   Tier   Rate (select counties)   Dep 29 Rider     POP/Spec: S15/\$30   Employee/ Spouse*   \$2,341.80   \$35.90     Max out of Pocket: In: \$3,50/\$6,500   Employee/ Spouse*   \$2,341.80   \$30.52     Max out of Pocket: In: \$3,50/\$6,500   Employee/ Spouse*   \$2,3	Ded and Coinsurance:				
Tier   Rate (select counties)   Dep 29 Rider	Max out of Pocket:				
PCP/Spec:   \$20/\$40   Single   \$1,402.14   \$17.95     Ded and Coinsurance:   In: \$0,0 \( \text{Out:} \) \$3,000/\$6,000, 30\( \text{)} \$30.52     Max out of Pocket:   In: \$3,250/\$6,500 Out: \$7,750/\$15,500   Employee/ Spouse*   \$2,804.28   \$35.90     RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   Family   \$3,996.10   \$51.16     NY PFRDM NG 20/40/100 PPO FAIR 22   Tier   Rate (select counties)   Dep 29 Rider     PCP/Spec:   \$20/\$40   Single   \$1,693.35   \$17.95     Ded and Coinsurance:   In: \$0,0 \( \text{)} \) Out: \$5,000/\$10,000, 20\( \text{)} \) Parent/Child (ren)   \$2,2878.70   \$30.52     Max out of Pocket:   In: \$3,250/\$6,500 Out: \$7,750/\$15,500   Employee/ Spouse*   \$3,386.70   \$35.90     NN P MTRO GT 15/30/100 EPO 22   Tier   Rate (select counties)   Dep 29 Rider     PCP/Spec:   \$15/\$30   Single   \$1,086.40   \$17.95     Ded and Coinsurance:   In: \$0,0 \( \text{)} \) Out: \$5,000/\$10,000, 20\( \text{)} \) Out: \$7,750/\$15,500   Employee/ Spouse*   \$3,386.70   \$35.90     RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   Family   \$4,826.05   \$51.16     NY P MTRO GT 15/30/100 EPO 22   Tier   Rate (select counties)   Dep 29 Rider     PCP/Spec:   \$15/\$30   Single   \$1,086.40   \$17.95     Ded and Coinsurance:   In: \$0,0 \( \text{)} \) Out: \$15/\$65/\$95   Family   \$3,096.24   \$51.16     RX P LETY GT 15/30/250/90 EPO LA 22   Tier   Rate (select counties)     PCP/Spec:   \$15/\$30   Single   \$1,170.89   \$17.95     Ded and Coinsurance:   In: \$250/\$5,500 10\( \text{)} \) On-T1 Ded \$150 then \$10/\$65/\$95   Family   \$3,096.24   \$51.16     NY P LETY GT 15/30/\$50/90 EPO LA 22   Tier   Rate (select counties)     PCP/Spec:   \$15/\$30   Single   \$1,170.89   \$17.95     Ded and Coinsurance:   In: \$250/\$5,500 10\( \text{)} \) Non-T1 Ded \$150 then \$10/\$50/\$90   Employee/ Spouse*   \$2,341.78   \$35.90     RA plan:   Non-T1 Ded \$100,000			Family	\$3,927.73	\$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*         \$2,804.28         \$35.90           RX plan:         Non-T1 Ded \$100 then \$5/\$35/\$70         Family         \$3,996.10         \$51.16           NY P FRDM NG 20/40/100 PPO FAIR 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$20/\$40         Single         \$1,693.35         \$17.95           Ded and Coinsurance:         In: \$0,0% Out: \$5,000/\$10,000,20%         Parent/Child (ren)         \$2,878.70         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500 Out: \$7,750/\$15,500         Employee/ Spouse*         \$3,386.70         \$35.90           RX plan:         Non-T1 Ded \$100 then \$5/\$35/\$70         Family         \$4,826.05         \$51.16           NY P MTRO GT 15/30/100 EPO 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$15/\$30         Single         \$1,086.40         \$17.95           Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren)         \$1.846.88         \$30.52           Mx out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,172.80         \$35.90           RX plan:         Non-T1 Ded \$150 then \$10/\$65/\$95         Family         \$3,096.24         \$51.16	PCP/Spec:	\$20/\$40	Single	\$1,402.14	\$17.95
RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   \$51.16     NY P FRDM NG 20/40/100 PPO FAIR 22   Tier   Rate (select counties)   Dep 29 Rider	Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,383.64	\$30.52
NY P FRDM NG 20/40/100 PPO FAIR 22   Tier   Rate (select counties)   Dep 29 Rider	Max out of Pocket:				
PCP/Spec:         \$20/\$40         Single         \$1,693.35         \$17.95           Ded and Coinsurance:         In: \$0,0% Out: \$5,000/\$10,000, 20%         Parent/Child (ren)         \$2,878.70         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500 Out: \$7,750/\$15,500         Employee/ Spouse*         \$3,386.70         \$35.90           RX plan:         Non-T1 Ded \$100 then \$5/\$35/\$70         Family         \$4,826.05         \$51.16           NY PMTRO GT 15/30/100 EPO 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$15/\$30         Single         \$1,086.40         \$17.95           Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren)         \$1,846.88         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,172.80         \$35.90           RX plan:         Non-T1 Ded \$150 then \$10/\$65/\$95         Family         \$3.096.24         \$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         \$1,170.89         \$17.95           Ded and Coinsurance:         In: \$250/\$50,500,10%         Parent/Child (ren)         \$1,990.51         \$30.52           Max	RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,996.10	\$51.16
Ded and Coinsurance:         In: \$0,0% Out: \$5,000/\$10,000, 20%         Parent/Child (ren)         \$2,878.70         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500 Out: \$7,750/\$15,500         Employee/ Spouse*         \$3,386.70         \$35.90           RX plan:         Non-T1 Ded \$100 then \$5/\$35/\$70         Family         \$4,826.05         \$51.16           NY P MTRO GT 15/30/100 EPO 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$15/\$30         Single         \$1,086.40         \$17.95           Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren)         \$1,846.88         \$30.52           MX out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,172.80         \$35.90           RX plan:         Non-T1 Ded \$150 then \$10/\$65/\$95         Employee/ Spouse*         \$2,172.80         \$35.90           RX plan:         Non-T1 Ded \$150/\$65/\$95         Family         \$3.096.24         \$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         \$1,170.89         \$17.95           Ded and Coinsurance:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,341.78         \$35.90		00 PPO FAIR 22	Tier	Rate (select counties)	Dep 29 Rider
Max out of Pocket:         In: \$3,250/\$6,500 Out: \$7,750/\$15,500         Employee/ Spouse*         \$3,386.70         \$35.90           RX plan:         Non-T1 Ded \$100 then \$5/\$35/\$70         Family         \$4,826.05         \$51.16           NY P MTRO GT 15/30/100 EPO 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$15/\$30         Single         \$1,086.40         \$17.95           Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren)         \$1,846.88         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,172.80         \$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         \$1,170.89         \$17.95           Ded and Coinsurance:         In: \$250/\$50,010%         Parent/Child (ren)         \$1,990.51         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,341.78         \$35.90           RX plan:         Non-T1 Ded \$200/\$50,10%         Employee/ Spouse*         \$2,341.78         \$35.90           RX plan:         Non-T1 Ded \$200 then \$10/\$50/\$90         Family         \$3,337.04         \$51.16	PCP/Spec:				
RX plan:   Non-T1 Ded \$100 then \$5/\$35/\$70   Family   \$4,826.05   \$51.16     NY P MTRO GT 15/30/100 EPO 22   Tier   Rate (select counties)   Dep 28 Rider     PCP/Spec:   \$15/\$30   Single   \$1,086.40   \$17.95     Ded and Coinsurance:   In: \$0,0%   Parent/Child (ren)   \$1,846.88   \$30.52     Max out of Pocket:   In: \$3,250/\$6,500   Employee/ Spouse*   \$2,172.80   \$35.90     RX plan:   Non-T1 Ded \$150 then \$10/\$65/\$95   Family   \$3,096.24   \$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   \$1,170.89   \$17.95     Ded and Coinsurance:   In: \$3,250/\$6,500   Parent/Child (ren)   \$1,990.51   \$30.52     Max out of Pocket:   In: \$3,250/\$6,500   Employee/ Spouse*   \$2,341.78   \$35.90     RX plan:   Non-T1 Ded \$200 then \$10/\$50/\$90   Family   \$3,337.04   \$51.16     NY P LBTY NG 5/35/500/100 EPO 22   Tier   Rate (select counties)   Dep 29 Rider     PCP/Spec:   Tier   S5/\$35 Tier II: \$25/\$70   Single   \$1,245.90   \$17.95     Ded and Coinsurance:   In: \$500/\$1,000,0%   Parent/Child (ren)   \$2,118.03   \$30.52     Max out of Pocket:   In: \$3,050/\$6,100   Employee/ Spouse*   \$2,241.80   \$35.90     RX plan:   S500/\$1,000,0%   Parent/Child (ren)   \$2,118.03   \$30.52     Max out of Pocket:   In: \$3,050/\$6,100   Employee/ Spouse*   \$2,241.80   \$35.90     RX plan:   S500/\$1,000,0%   Employee/ Spouse*   \$2,241.80   \$35.90     RX	Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$2,878.70	\$30.52
NY P MTRO GT 15/30/100 EPO 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$15/\$30         Single         \$1,086.40         \$17.95           Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren)         \$1,846.88         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,172.80         \$35.90           RX plan:         Non-T1 Ded \$150 then \$10/\$65/\$95         Family         \$3,096.24         \$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         \$1,170.89         \$17.95           Ded and Coinsurance:         In: \$3,250/\$6,500         Parent/Child (ren)         \$1,990.51         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,341.78         \$35.90           RX plan:         Non-T1 Ded \$200 then \$10/\$50/\$90         Family         \$3,337.04         \$51.16           NY P LBTY NG 5/35/500/100 EPO 22         Tier         Rate (select counties)         Dep 28 Rider           PCP/Spec:         Tier (s.) \$5,355 Tier II: \$25/\$70         Single         \$1,245.90         \$17.95           Ded and Coinsurance:					
PCP/Spec:         \$15/\$30         Single         \$1,086.40         \$17.95           Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren)         \$1,846.88         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,172.80         \$35.90           RX plan:         Non-T1 Ded \$150 then \$10/\$65/\$95         Family         \$3.096.24         \$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         \$1,170.89         \$17.95           Ded and Coinsurance:         In: \$250/\$6,500         Parent/Child (ren)         \$3.0.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,341.78         \$35.90           RX plan:         Non-T1 Ded \$200 then \$10/\$50/\$90         Family         \$3,337.04         \$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         \$1,245.90         \$17.95           Ded and Coinsurance:         In: \$3,050/\$8,100         Parent/Child (ren)         \$2,118.03         \$30.52           Max out of Pocket:         In: \$3,		1	Family	\$4,826.05	\$51.16
Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren)         \$1,846.88         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,172.80         \$35.90           RX plan:         Non-T1 Ded \$150 then \$10/\$65/\$95         Family         \$3,096.24         \$51.16           NY PLBTY GT 15/30/250/90 EPO LA 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$15/\$30         Single         \$1,170.89         \$17.95           Ded and Coinsurance:         In: \$250/\$50,010%         Parent/Child (ren)         \$1,990.51         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,341.78         \$35.90           RX plan:         Non-T1 Ded \$200 then \$10/\$50/\$90         Family         \$3,337.04         \$51.16           NY P LBTY NG 5/35/500/100 EPO 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         Tier I: \$5/\$335 Tier II: \$25/\$70         Single         \$1,245.90         \$17.95           Ded and Coinsurance:         In: \$30,050/\$6,100         Parent/Child (ren)         \$2,118.03         \$30.52           Max out of Pocket:         In: \$3,050/\$6,100         Employee/ Spouse*         \$2,491.80         \$35.90 <td></td> <td>00 FPO 22</td> <td></td> <td></td> <td></td>		00 FPO 22			
Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,172.80         \$35.90           RX plan:         Non-T1 Ded \$150 then \$10/\$65/\$95         Family         \$3,096.24         \$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         \$1,170.89         \$17.95           Ded and Coinsurance:         In: \$250/\$500, 10%         Parent/Child (ren)         \$1,990.51         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,341.78         \$35.90           RX plan:         Non-T1 Ded \$200 then \$10/\$50/\$90         Family         \$3,337.04         \$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         \$1,245.90         \$17.95           Ded and Coinsurance:         In: \$3,050/\$6,100         Parent/Child (ren)         \$2,181.03         \$30.52           Max out of Pocket:         In: \$3,050/\$6,100         Employee/ Spouse*         \$2,491.80         \$35.90					
RX plan:         Non-T1 Ded \$150 then \$10/\$65/\$95         Family         \$3,096.24         \$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         \$1,170.89         \$17.95           Ded and Coinsurance:         In: \$250/\$500, 10%         Parent/Child (ren)         \$1,990.51         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,341.78         \$35.90           RX plan:         Non-T1 Ded \$200 then \$10/\$50/\$90         Family         \$3,337.04         \$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         \$1,245.90         \$17.95           Ded and Coinsurance:         In: \$500/\$1,000,0%         Parent/Child (ren)         \$2,118.03         \$30.52           Max out of Pocket:         In: \$3,050/\$6,100         Employee/ Spouse*         \$2,491.80         \$35.90	PCP/Spec:	\$15/\$30	Single		
NY P LBTY GT 15/30/250/90 EPO LA 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$15/\$30         Single         \$1,170.89         \$17.95           Ded and Coinsurance:         In: \$250/\$50,10%         Parent/Child (ren)         \$1,990.51         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,341.78         \$35.90           RX plan:         Non-T1 Ded \$200 then \$10/\$50/\$90         Family         \$3,337.04         \$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         \$1,245.90         \$17.95           Ded and Coinsurance:         In: \$3,050/\$6,100         Parent/Child (ren)         \$2,118.03         \$30.52           Max out of Pocket:         In: \$3,050/\$6,100         Employee/ Spouse*         \$2,491.80         \$35.90	Ded and Coinsurance:	\$15/\$30 In: \$0, 0%	Single Parent/Child (ren)	\$1,086.40 \$1,846.88	\$17.95 \$30.52
PCP/Spec:         \$15/\$30         Single         \$1,170.89         \$17.95           Ded and Coinsurance:         In: \$250/\$50/\$50,10%         Parent/Child (ren)         \$1,990.51         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,341.78         \$35.90           RX plan:         Non-T1 Ded \$200 then \$10/\$50/\$90         Family         \$3,337.04         \$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         \$1,245.90         \$17.95           Ded and Coinsurance:         In: \$500/\$1,000,0%         Parent/Child (ren)         \$2,118.03         \$30.52           Max out of Pocket:         In: \$3,050/\$6,100         Employee/ Spouse*         \$2,491.80         \$35.90	Ded and Coinsurance: Max out of Pocket:	\$15/\$30 In: \$0, 0% In: \$3,250/\$6,500	Single Parent/Child (ren) Employee/ Spouse*	\$1,086.40 \$1,846.88 \$2,172.80	\$17.95 \$30.52 \$35.90
Ded and Coinsurance:         In: \$250/\$500, 10%         Parent/Child (ren)         \$1,990.51         \$30.52           Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,341.78         \$35.90           RX plan:         Non-T1 Ded \$200 then \$10/\$50/\$90         Family         \$3,337.04         \$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         \$1,245.90         \$17.95           Ded and Coinsurance:         In: \$500/\$1,000,0%         Parent/Child (ren)         \$2,118.03         \$30.52           Max out of Pocket:         In: \$3,050/\$6,100         Employee/ Spouse*         \$2,491.80         \$35.90	Ded and Coinsurance: Max out of Pocket: RX plan:	\$15/\$30 In: \$0,0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95	Single Parent/Child (ren) Employee/ Spouse*	\$1,086.40 \$1,846.88 \$2,172.80 \$3,096.24	\$17.95 \$30.52 \$35.90 \$51.16
Max out of Pocket:         In: \$3,250/\$6,500         Employee/ Spouse*         \$2,341.78         \$35.90           RX plan:         Non-T1 Ded \$200 then \$10/\$50/\$90         Family         \$3,337.04         \$51.16           NY P LBTY NG 5/35/500/100 EPO 2         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         Tier I: \$55/\$35 Tier II: \$25/\$70         Single         \$1,245.90         \$17.95           Ded and Coinsurance:         In: \$500/\$1,000,0%         Parent/Child (ren)         \$2,118.03         \$30.52           Max out of Pocket:         In: \$3,050/\$6,100         Employee/ Spouse*         \$2,491.80         \$35.90	Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/25	\$15/\$30 In: \$0,0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95	Single Parent/Child (ren) Employee/ Spouse* Family Tier	\$1,086.40 \$1,846.88 \$2,172.80 \$3,096.24 Rate (select counties)	\$17.95 \$30.52 \$35.90 \$51.16 Dep 29 Rider
RX plan:         Non-T1 Ded \$200 then \$10/\$50/\$90         Family         \$3,337.04         \$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         \$1,245.90         \$17.95           Ded and Coinsurance:         In: \$500/\$1,000, 0%         Parent/Child (ren)         \$2,118.03         \$30.52           Max out of Pocket:         In: \$3,050/\$6,100         Employee/ Spouse*         \$2,491.80         \$35.90	Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/25 PCP/Spec:	\$15/\$30 In: \$0, 0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 0/90 EPO LA 22 \$15/\$30	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$1,086.40 \$1,846.88 \$2,172.80 \$3,096.24 Rate (select counties) \$1,170.89	\$17.95 \$30.52 \$35.90 \$51.16 Dep 29 Rider \$17.95
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         \$1,245.90         \$17.95           Ded and Coinsurance:         In: \$500/\$1,000,0%         Parent/Child (ren)         \$2,118.03         \$30.52           Max out of Pocket:         In: \$3,050/\$6,100         Employee/ Spouse*         \$2,491.80         \$35.90	Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/25 PCP/Spec: Ded and Coinsurance:	\$15/\$30 In: \$0, 0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 0/90 EPO LA 22 \$15/\$30 In: \$250/\$500, 10%	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$1,086.40 \$1,846.88 \$2,172.80 \$3,096.24 Rate (select counties) \$1,170.89 \$1,990.51	\$17.95 \$30.52 \$35.90 \$51.16 Dep 29 Rider \$17.95 \$30.52
PCP/Spec:         Tier I: \$5/\$35 Tier II: \$25/\$70         Single         \$1,245.90         \$17.95           Ded and Coinsurance:         In: \$500/\$1,000,0%         Parent/Child (ren)         \$2,118.03         \$30.52           Max out of Pocket:         In: \$3,050/\$6,100         Employee/ Spouse*         \$2,491.80         \$35.90	Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/25 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	\$15/\$30 In: \$0,0% In: \$0,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 0/90 EPO LA 22 \$15/\$30 In: \$250/\$500, 10% In: \$32,50/\$6,500	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$1,086.40 \$1,846.88 \$2,172.80 \$3,096.24 Rate (select counties) \$1,170.89 \$1,990.51 \$2,341.78	\$17.95 \$30.52 \$35.90 \$51.16 Dep 29 Rider \$17.95 \$30.52 \$35.90
Ded and Coinsurance:         In: \$500/\$1,000,0%         Parent/Child (ren)         \$2,118.03         \$30.52           Max out of Pocket:         In: \$3,050/\$6,100         Employee/ Spouse*         \$2,491.80         \$35.90	Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/25 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	\$15/\$30 In: \$0, 0% In: \$0, 0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 0/90 EPO LA 22 \$15/\$30 In: \$250/\$500, 10% In: \$250/\$6,500 Non-T1 Ded \$200 then \$10/\$50/\$90	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$1,086.40 \$1,846.88 \$2,172.80 \$3,096.24 Rate (select counties) \$1,170.89 \$1,990.51 \$2,341.78	\$17.95 \$30.52 \$35.90 \$51.16 Dep 29 Rider \$17.95 \$30.52 \$35.90
Max out of Pocket: In: \$3,050/\$6,100 Employee/ Spouse* \$2,491.80 \$35.90	Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/25 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	\$15/\$30 In: \$0,0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 0/90 EPO LA 22 \$15/\$30 In: \$2,550/\$500, 10% In: \$3,250/\$6,500 Non-T1 Ded \$200 then \$10/\$50/\$90 0/100 EPO 22	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family	\$1,086.40 \$1,846.88 \$2,172.80 \$3,096.24 Rate (select counties) \$1,170.89 \$1,990.51 \$2,341.78 \$3,337.04	\$17.95 \$30.52 \$35.90 \$51.16 Dep 29 Rider \$17.95 \$30.52 \$35.90 \$51.16
	Ded and Coinsurance: Max out of Pocket: RX plan: NY PLBTY GT 15/30/25 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY PLBTY NG 5/35/500 PCP/Spec:	\$15/\$30 In: \$0,0% In: \$0,0% IN: \$2.50/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 0/90 EPO LA 22 \$15/\$30 In: \$2.50/\$500, 10% In: \$3.250/\$6,500 Non-T1 Ded \$200 then \$10/\$50/\$90 //100 EPO 22 Tier: \$5/\$35 Tier II: \$2.5/\$70	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$1,086.40 \$1,846.88 \$2,172.80 \$3,096.24 Rate (select counties) \$1,170.89 \$1,990.51 \$2,341.78 \$3,337.04 Rate (select counties) \$1,245.90	\$17.95 \$30.52 \$35.90 \$51.16 Dep 29 Rider \$17.95 \$30.52 \$35.90 \$51.16 Dep 29 Rider \$17.95
RX plan:   Non-T1 Ded \$200 then \$10/\$50/\$90   Family   \$3,550.82   \$51.16	Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/25 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY NG 5/35/50/ PCP/Spec: Ded and Coinsurance:	\$15/\$30 In: \$0,0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 0/90 EPO LA 22 \$15/\$30 In: \$250/\$500, 10% In: \$250/\$500, 10% In: \$3,250/\$6,500 Non-T1 Ded \$200 then \$10/\$50/\$90 //100 EPO 22 Tier !: \$5/\$35 Tier II: \$25/\$70 In: \$500/\$1,000, 0%	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$1,086.40 \$1,846.88 \$2,172.80 \$3,096.24 Rate (select counties) \$1,170.89 \$1,990.51 \$2,341.78 \$3,337.04 Rate (select counties) \$1,245.90	\$17.95 \$30.52 \$35.90 \$51.16 Dep 29 Rider \$17.95 \$30.52 \$35.90 \$51.16 Dep 29 Rider \$17.95 \$30.52
	Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 15/30/25 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY NG 5/35/50/ PCP/Spec: Ded and Coinsurance: Max out of Pocket:	\$15/\$30 In: \$0, 0% In: \$0, 0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 0/90 EPO LA 22 \$15/\$30 In: \$250/\$5,00, 10% In: \$250/\$6,500 Non-T1 Ded \$200 then \$10/\$50/\$90 //100 EPO 22 Tier!: \$5/\$35 Tier II: \$25/\$70 In: \$30,050/\$1,000, 0% In: \$30,050/\$6,000	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$1,086.40 \$1,846.88 \$2,172.80 \$3,096.24 Rate (select counties) \$1,170.89 \$1,190.51 \$2,341.78 \$3,337.04 Rate (select counties) \$1,245.90 \$2,118.03 \$2,491.80	\$17.95 \$30.52 \$35.90 \$51.16 Dep 29 Rider \$17.95 \$30.52 \$35.90 \$51.16 Dep 29 Rider \$17.95 \$30.52 \$35.90

Use the table below to review monthly rates for New York small group Oxford 1 products. Az 2022 rates

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.



The Control of Selectics (1985)   The	Gold Plans				
Designed Contractors (in 6 12/09/15/200 Pt)  Well Statistics (in 6 12/09/15/200 Pt)  W		50/100 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
Name of Perfect   16.2,000   15.2	PCP/Spec:	\$30/\$60	Single	\$1,052.89	\$17.95
Was Filed Not October 2009 1997 \$1,000000000000000000000000000000000000					
NOT FIREDIALS (1960) (1960) (2002) (1960)					
Story					
Decision of Communication   16.5   1.000   1					
March and Products   March 12 (1997) 1999   1999					
Yes   Factor   March 2019   Factor		In: \$7,500/\$15,000			\$35.90
September   Sept	RX plan:				
Decision of Processed   \$1,700,53,000,2009   \$1,900,541   \$3,000   \$3,000   \$1,000					
Marcol of Product   Mis 5000 15 2000   Company   Septiment   Sep					
No.p-11 Dec \$100 fines \$100 fin					
NO FIRED NOS 2500 (2008) 0 PO 22					
Deck and Constructions   Deck 2009   2009					Dep 29 Rider
Name out of Protects   Post	PCP/Spec:				
EXECUTED   1997   199	Ded and Coinsurance:				
Vic.   Fig. Dist.   Soc.   Single   \$11,517   \$11,750   \$15,000   \$10,000					
PCPS  Series   \$1,195.17   \$17.56   \$19.0092.000, 10%   Parent/Chist (ren)   \$1,195.17   \$33.92   \$10.0002.000, 10%   Parent/Chist (ren)   \$1,0002.000, 10%   Parent/Chist (ren)   \$1,0002.000, 10%   \$15.0002.0002.0002.0002.0002.0002.0002.00					
Deck and Construence   Deck Deck Deck Deck Deck Deck Deck Deck					
RX plane   Non-T1 Ded \$150 them \$104040880   Family   \$3,326.23   \$51.16     Very FERRUN IN SUDDING PTO HEAVE   Rate (detect controls ) pure of the process of the proces	Ded and Coinsurance:				
Test	Max out of Pocket:		Employee/ Spouse*		
PCPS   Policy   Deductible and Colinaturance   Single   S1,128.3   S17.96	RX plan:		-		
Deck and Communication   1, 15 (2003-5,000, 10% No. 25 (20046,000)   Parisotic (Info)   1, 19 (18 1.3]   \$3.05 (2)					
Marco and of Pockets   In. \$5.000151 (DOD Outs 88,000515 (DOD Out 58,000515 (DOD OUT 58,00051 (DOD OUT 58,000515 (DOD OUT 58,					
X plant					
N. G. FRAN NS. 150006 EPO. HSA 22   Tele   Rate (celest counties)   Perent/Child (ren)   \$1.081.24   \$17.09   Perent/Child (ren)   \$1.081.00   \$1.081.24   \$17.09   Perent/Child (ren)   \$1.081.00   \$1.081.24   \$17.09   Perent/Child (ren)   \$1.081.00   \$1.081.24   \$1.09   Perent/Child (ren)   \$1.081.00   \$1.081.00   Perent/Child (ren)   \$1.081.00   Perent/Child (ren)   \$1.081.00	RX plan:				
PCP/Spec:   Deductable and Coinsurance   Single   \$1.681.24   \$17.05		EPO HSA 22	Tier		Dep 29 Rider
Mase out of Pockets   Inc. \$5,0509511,000   Employee/ Spouse*   \$2,162.48   \$35.90   \$35.81   \$1.65	PCP/Spec:	Deductible and Coinsurance			
RX plans	Ded and Coinsurance:				
N. G. Liffs G   Task   Telephone   Sept 20   Telephone   Sept 20   Single   Sept 20   Sep					
PCP/Spec:   \$29840					
Deed and Consurance:   In: \$1,250/\$2,500, 20%   Sab. 22   Sab. 22   Sab. 24   Sab. 22   Sab. 24   Sab. 25   Sab. 24   Sab. 25   Sab. 2					
RX plann   Non-71 Ded \$150 thms \$103655\$959   Family   \$2,263.42   \$51.16     You Will NOT GOT \$25540 after Deductible   Single   \$790.05   \$17.95     Ded and Colnisurance:   In: \$500515,100,20%   Parent/Child (ren)   \$1,343.09   \$39.52     Max out of Pocket   In: \$4,000\$5,000   Employee   \$90000"   \$1,580.10   \$35.50     RX plann:   \$10053570   Family   \$2,251.64   \$51.65   \$17.95     Ded and Colnisurance:   In: \$500515,000   Employee   \$1,580.10   \$35.50     RX plann:   \$10053570   Family   \$2,251.64   \$51.65   \$17.95     Ded and Colnisurance:   In: \$2,000\$4,000,000   \$17.95     Ded and Colnisurance:   In: \$2,000\$4,000,000   \$17.95     Ded and Colnisurance:   In: \$2,000\$4,000,000   Parent/Child (ren)   \$1,724.41   \$30.52     RX plann:   Since					
NY GMTRO GT 254401600081 EPO HNY 22   Title	Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$1,842.40	\$35.90
PCP/Spec:   \$25940 after Deductible   Single   \$790.05   \$17.95	RX plan:				
Deal and Colinsurance:   In: \$4,00018,000					
Max out of Pocket:   In: \$4,000/\$8,000   \$3.5.90   \$3.5.90   \$3.5.90   \$3.5.90   \$3.5.90   \$3.5.16   \$3.5.90   \$3.5.16   \$3.					
RX plan:   \$10\$351570   Family   \$2.25164   \$51.16   \$70   \$1.17   \$					
PCP/Spec:   \$30/860   \$1,014.36   \$17.95	RX plan:				
Ded and Coinsurance: In: \$2,000/\$4,000, 30%   Parent/Child (ren)   \$1,724.41   \$30.52	NY G LBTY NG 30/60/20	00/70 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
Max out of Pocket:   In: \$8,400\$16.800   Employee! Spouse*   \$2,228.72   \$35.90	PCP/Spec:				
Non-T1 Ded \$200 then \$10/\$50/\$90   Family   \$2,890.93   \$5.1.16					
Time					
PCP/Spec:   \$25540   Single   \$954.36   \$17.95					
Ded and Coinsurance:   m: \$1.250/\$2.500, 20%   Parent/Child (ren)   \$1.622.41   \$30.52					
Non-T1 Ded \$150 then \$10/865/\$95   Family   \$2,719.93   \$51.16     Non-T1 Ded \$150 then \$10/865/\$95   Tier   Rate (select counties)   Dep 29 Rider     PCP/Spec: \$30/\$60   Single   \$1,066.25   \$17.95     Single   \$1,125.00   \$35.90     Single   \$1,25.00   \$35.90     Single   \$1,150.58   \$17.95     Single   \$1,150.58   \$1.16     Single   \$1,150.58     Single	Ded and Coinsurance:				
NY G FIDM NG 30/80/22/50/70 EPO 22   Tier   Rate (select counties)   Dep 29 Rider	Max out of Pocket:				
PCP/Spec:   \$30/\$60					
Ded and Coinsurance:   In: \$2,250(\$4,500, 30%   Parent/Child (ren)   \$1,812.63   \$30.52     Max out of Pocket:   In: \$8,700/\$17,400   Employee/ Spouse*   \$2,132.50   \$35.90     XX plan:   Non-T1 Ded \$150 then \$10/\$40/\$80   Family   \$3,308.81   \$51.16     XY GLBTY NG 25/\$50/100 EPO ZD 22   Ter Rate (select counties)   Dep 29 Rider PCP/Spec:   \$255.50   Single   \$1,150.88   \$17.95     Ded and Coinsurance:   In: \$0,00%   Parent/Child (ren)   \$1,955.99   \$30.52     Max out of Pocket:   XX plan:   Non-T1 Ded \$200 then \$10/\$50/\$90   Employee/ Spouse*   \$2,301.16   \$35.90     XY GLBTY NG 1500/90 EPO HSAM 22   Ter Rate (select counties)   Dep 29 Rider PCP/Spec:   Select the store of the stor					
Max out of Pocket:   In: \$8,700/\$17,400   Employee/ Spouse*   \$2,132.50   \$3,530.81   \$35.90					
RX plan:   Non-T1 Ded \$150 then \$10/\$40/\$80   Family   \$3,038.81   \$51.16	Max out of Pocket:				
PCP/Spec:   \$25/\$50					
Ded and Coinsurance:   In: \$0,0%					
Max out of Pocket:   In: \$6,000/\$12,000   Employee/ Spouse* \$2,301.16   \$35.90	PCP/Spec:				
RX plan:   Non-T1 Ded \$200 then \$10/\$50/\$90   Family   \$3,279.15   \$51.16     NY G LBTY NG 1500/90 EPO HSAM 22   Tier   Rate (select counties)   Dep 29 Rider     Poed and Coinsurance:   In: \$1,500/\$3,000, 10%   Parent/Child (ren)   \$1,745.73   \$30.52     Max out of Pocket:   In: \$5,500/\$11,000   Employee/ Spouse*   \$2,053.80   \$35.90     RX plan:   Ded Med/Rx then \$10/\$50/\$90   Family   \$2,926.67   \$51.16     NY G LBTY NG 20/40/2000/80 EPO 22   Tier   Rate (select counties)   Dep 29 Rider     PCP/Spec:   Tier I: \$20/\$40   Tier II: \$40/\$80   Single   \$1,024.94   \$17.95     Ded and Coinsurance:   In: \$5,500/\$17,000   Employee/ Spouse*   \$2,049.88   \$30.52     Max out of Pocket:   In: \$6,500/\$17,000   Employee/ Spouse*   \$2,049.88   \$35.90     RX plan:   Non-T1 Ded \$200 then \$10/\$50/\$90   Family   \$2,921.08   \$51.16     NY G FRDM NG 1750/100 EPO HSAM 22   Tier   Rate (select counties)   Dep 29 Rider     PCP/Spec:   Deductible and Coinsurance   Single   \$1,100.01   \$17.95     Ded and Coinsurance:   In: \$6,800/\$13,600   Parent/Child (ren)   \$1,870.02   \$30.52     RX plan:   Ded Med/Rx then \$10/\$40/\$80   Employee/ Spouse*   \$2,200.2   \$35.90     RX plan:   Ded Med/Rx then \$10/\$40/\$80   Employee/ Spouse*   \$2,200.2   \$35.90     RX plan:   Ded Med/Rx then \$10/\$40/\$80   Employee/ Spouse*   \$2,200.2   \$35.90     RX plan:   Ded Med/Rx then \$10/\$40/\$80   Employee/ Spouse*   \$2,200.2   \$35.90     RX plan:   Ded Med/Rx then \$10/\$40/\$80   Employee/ Spouse*   \$2,200.2   \$35.90     RX plan:   Ded Med/Rx then \$10/\$40/\$80   Employee/ Spouse*   \$2,200.2   \$35.90     RX plan:   Ded Med/Rx then \$10/\$40/\$80   Employee/ Spouse*   \$2,200.2   \$35.90     RX plan:   Ded Med/Rx then \$10/\$40/\$80   Employee/ Spouse*   \$2,200.2   \$35.90     RX plan:   Ded Med/Rx then \$10/\$40/\$80   Employee/ Spouse*   \$2,200.2   \$35.90     RX plan:   Ded Med/Rx then \$10/\$40/\$80   Employee/ Spouse*   \$2,200.2   \$35.90     RX plan:   Ded Med/Rx then \$10/\$40/\$80   Employee/ Spouse*   \$2,207.08   \$30.52     RX plan:   Ded Med/Rx then \$10/\$40/\$80   Employee/ Spou			· ' /		
Tier   Rate (select counties)   Dep 29 Rider					
PCP/Spec:   Deductible and Coinsurance   Single   \$1,026.90   \$17.95					
Ded and Coinsurance:   In: \$1,500/\$3,000, 10%   Parent/Child (ren)   \$1,745.73   \$30.52	PCP/Spec:				
RX plan:   Ded Med/Rx then \$10/\$50/\$90   Family   \$2,926.67   \$51.16	Ded and Coinsurance:		Parent/Child (ren)		
Tier   Rate (select counties)   Dep 29 Rider	Max out of Pocket:				
PCP/Spec: Tier I: \$20/\$40 Tier II: \$40/\$80   Single   \$1,024.94   \$17.95     Ded and Coinsurance: In: \$2,000/\$4,000, 20%   Parent/Child (ren)   \$1,742.40   \$30.52     Max out of Pocket: In: \$8,500/\$17,000   Employee/ Spouse*   \$2,049.88   \$35.90     RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90   Family   \$2,921.08   \$51.16     NY G FRDM NG 1750/100 EPO HSAM 22   Tier   Rate (select counties)   Dep 29 Rider     PCP/Spec: Ded cutible and Coinsurance   Single   \$1,100.01   \$17.95     Ded and Coinsurance: In: \$1,750/\$3,500, 0%   Parent/Child (ren)   \$1,870.02   \$30.52     RX plan: Ded Med/Rx then \$10/\$40/\$80   Family   \$3,135.03   \$51.16     NY G FRDM NG 25/50/100 EPO 22   Tier   Rate (select counties)   RX plan: Ded Med/Rx then \$10/\$40/\$80   Family   \$3,135.03   \$51.16     NY G FRDM NG 25/50/100 EPO 22   Tier   Rate (select counties)   Dep 29 Rider     PCP/Spec: S25/\$50   Single   \$1,215.93   \$17.95     Single   \$1,215.93   \$17.95     Single   \$1,215.93   \$17.95     Single   S1,215.93   \$17.95     Single   S1,2					
Ded and Coinsurance:   In: \$2,000/\$4,000, 20%   Parent/Child (ren)   \$1,742.40   \$30.52					· · · · · · · · · · · · · · · · · · ·
Max out of Pocket:         In: \$8,500/\$17,000         Employee/ Spouse*         \$2,049.88         \$35.90           RX plan:         Non-T1 Ded \$200 then \$10/\$50/\$90         Family         \$2,921.08         \$51.16           NY G FRDM NG 1750/100 EPO HSAM 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spe:         Deductible and Coinsurance         Single         \$1,100.01         \$17.95           Ded and Coinsurance:         In: \$1,750/\$3,500, 0%         Parent/Child (ren)         \$1,870.02         \$30.52           Max out of Pocket:         In: \$6,800/\$13,800         Employee/ Spouse*         \$2,200.02         \$35.90           NY G FRDM NG 25/50/100 EPO 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$25/\$50         Single         \$1,215.93         \$17.95           Ded and Coinsurance:         In: \$0,00%         Parent/Child (ren)         \$2,067.08         \$30.52           Max out of Pocket:         In: \$6,000/\$12,000         Parent/Child (ren)         \$2,047.08         \$30.52	Ded and Coinsurance:				
RX plan:   Non-T1 Ded \$200 then \$10/\$50/\$90   Family   \$2,921.08   \$51.16     NY G FRDM NG 1750/100 EPO HSAM 22   Tier   Rate (select counties)   Dep 29 Rider     PCP/Spec:   Deductible and Coinsurance   Single   \$1,100.01   \$17.95     Ded and Coinsurance:   In: \$1,750/\$3,500, 0%   Parent/Child (ren)   \$1,870.02   \$30.52     Max out of Pocket:   In: \$6,800/\$13,600   Employee/ Spouse*   \$2,200.02   \$35.90     RX plan:   Ded Med/Rx then \$10/\$40/\$80   Family   \$3,135.03   \$51.16     NY G FRDM NG 25/50/100 EPO 22   Tier   Rate (select counties)   Dep 29 Rider     PCP/Spec:   \$25/\$50   Single   \$1,215.93   \$17.95     Ded and Coinsurance:   In: \$0,0%   Parent/Child (ren)   \$2,067.08   \$30.52     Max out of Pocket:   In: \$6,000/\$12,000   Employee/ Spouse*   \$2,431.86   \$35.90     RX plan:   Rate (select counties)   RX plan:   RX	Max out of Pocket:				
PCP/Spec:         Deductible and Coinsurance         Single         \$1,100.01         \$17.95           Ded and Coinsurance:         In: \$1,750/\$3,500,0%         Parent/Child (ren)         \$1,870.02         \$30.52           Max out of Pocket:         In: \$6,800/\$13,600         Employee/ Spouse*         \$2,200.02         \$35.90           RX plan:         Ded Med/RX then \$10/\$40/\$80         Family         \$3,135.03         \$51.16           NY G FRDM NG 25/50/100 EPO 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$25/\$50         Single         \$1,215.93         \$17.95           Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren)         \$2,067.08         \$30.52           Max out of Pocket:         In: \$6,000/\$12,000         Employee/ Spouse*         \$2,431.86         \$35.90	RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90			
Ded and Coinsurance:         In: \$1,750/\$3,500,0%         Parent/Child (ren)         \$1,870.02         \$30.52           Max out of Pocket:         In: \$6,800/\$13,600         Employee/ Spouse*         \$2,200.02         \$35.90           RX plan:         Ded Med/Rx then \$10/\$40/\$80         Family         \$3,135.03         \$51.16           NY G FRDM NG 25/50/100 EPO 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$25/\$50         Single         \$1,215.93         \$17.95           Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren)         \$2,067.08         \$30.52           Max out of Pocket:         In: \$6,000/\$12,000         Employee/ Spouse*         \$2,431.86         \$35.90					
Max out of Pocket:         In: \$6,800/\$13,600         Employee/ Spouse*         \$2,200.02         \$35.90           RX plan:         Ded Med/Rx then \$10/\$40/\$80         Family         \$3,135.03         \$51.16           NY G FRDM NG 25/50/100 EPO 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$25/\$50         Single         \$1,215.93         \$17.95           Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren)         \$2,067.08         \$30.52           Max out of Pocket:         In: \$6,000/\$12,000         Employee/ Spouse*         \$2,431.86         \$35.90	PCP/Spec:			. ,	
RX plan:         Ded Med/Rx then \$10/\$40/\$80         Family         \$3,135.03         \$51.16           NY G FRDM NG 25/50/100 EPO 22         Tier         Rate (select counties)         Dep 28 Rider           PCP/Spec:         \$25/\$50         Single         \$1,215.93         \$17.95           Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren)         \$2,067.08         \$30.52           Max out of Pocket:         In: \$6,000/\$12,000         Employee/ Spouse*         \$2,431.86         \$35.90					
NY G FRDM NG 25/50/100 EPO 22         Tier         Rate (select counties)         Dep 29 Rider           PCP/Spec:         \$25/550         Single         \$1,215.93         \$17.95           Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren)         \$2,067.08         \$30.52           Max out of Pocket:         In: \$6,000/\$12,000         Employee/ Spouse*         \$2,431.86         \$35.90					
PCP/Spec:         \$25/\$50         Single         \$1,215.93         \$17.95           Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren)         \$2,067.08         \$30.52           Max out of Pocket:         In: \$6,000/\$12,000         Employee/ Spouse*         \$2,431.86         \$35.90					
Ded and Coinsurance:         In: \$0,0%         Parent/Child (ren)         \$2,067.08         \$30.52           Max out of Pocket:         In: \$6,000/\$12,000         Employee/ Spouse*         \$2,431.86         \$35.90	PCP/Spec:				
	Ded and Coinsurance:				
RX plan:   Non-T1 Ded \$150 then \$10/\$65/\$95   Family   \$3,465.40   \$51.16	Max out of Pocket:				
	RX plan:	Non-11 Ded \$150 then \$10/\$65/\$95	Family	\$3,465.40	\$51.16

Use the table below to review monthly rates for New York small group Oxford 1 products. Az 2022 rates

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.



Silver Plans				
NY S LBTY NG 40/70/300	00/65 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$903.20	\$17.95
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,535.44	\$30.52
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family	\$1,806.40 \$2,574.12	\$35.90 \$51.16
NY S FRDM NG 40/70/30		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$954.40	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$3,000/\$6,000, 35% In: \$8,700/\$17,400	Parent/Child (ren) Employee/ Spouse*	\$1,622.48 \$1,908.80	\$30.52 \$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,720.04	\$51.16
NY S LBTY NG 30/75/350		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$75	Single	\$884.45	\$17.95 \$30.52
Ded and Coinsurance: Max out of Pocket:	In: \$3,500/\$7,000, 40% In: \$8,700/\$17,400	Parent/Child (ren) Employee/ Spouse*	\$1,503.57 \$1,768.90	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,520.68	\$51.16
NY S MTRO GT 30/80/35 PCP/Spec:		Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	\$30/\$80 In: \$3,500/\$7,000, 30%	Single Parent/Child (ren)	\$765.67 \$1,301.64	\$17.95 \$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,531.34	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,182.16	\$51.16
NY S FRDM NG 30/60/20 PCP/Spec:	300/80 PPO HSA 22 \$30/\$60 after Deductible	Tier Single	Rate (select counties) \$1,003.59	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,706.10	\$30.52
Max out of Pocket:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,007.18	\$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,860.23	\$51.16
NY S LBTY GT 25/50/450 PCP/Spec:	\$25/\$50	Tier Single	Rate (select counties) \$867.72	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,475.12	\$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,735.44	\$35.90
RX plan: NY S FRDM NG 40/70/30	Non-T1 Ded \$200 then \$10/\$50/\$90	Family Tier	\$2,473.00 Rate (select counties)	\$51.16 Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$1,000.99	\$17.95
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,701.68	\$30.52
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*	\$2,001.98 \$2,852.82	\$35.90 \$51.16
NY S FRDM NG 25/50/22		Family Tier	\$2,852.82 Rate (select counties)	\$51.16 Dep 29 Rider
PCP/Spec:	\$25/\$50 after Deductible	Single	\$964.39	\$17.95
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,639.46	\$30.52
Max out of Pocket: RX plan:	In: \$6,900/\$13,800  Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse* Family	\$1,928.78 \$2,748.51	\$35.90 \$51.16
NY S FRDM NG 2000/70		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$946.66	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$2,000/\$4,000, 30% In: \$7,050/\$14,100	Parent/Child (ren)	\$1,609.32 \$1,893.32	\$30.52 \$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse* Family	\$1,093.32	\$55.90 \$51.16
NY S MTRO NG 30/80/35		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$793.24	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$3,500/\$7,000, 30% In: \$8,700/\$17.400	Parent/Child (ren) Employee/ Spouse*	\$1,348.51 \$1.586.48	\$30.52 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,260.73	\$51.16
NY S LBTY NG 25/50/250		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$25/\$50 after Deductible In: \$2,500/\$5,000, 20%	Single Parent/Child (ren)	\$902.42 \$1,534.11	\$17.95 \$30.52
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,804.84	\$35.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,571.90	\$51.16
NY S MTRO GT 35/50/35		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)	\$727.89 \$1.237.41	\$17.95 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,455.78	\$35.90
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,074.49	\$51.16
NY S MTRO 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)	\$890.70 \$1,514.19	\$17.95 \$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,781.40	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,538.50	\$51.16 Dop 20 Bidor
NY S LBTY NG 4000/80 I PCP/Spec:	Deductible and Coinsurance	Tier Single	Rate (select counties) \$848.50	Dep 29 Rider \$17.95
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,442.45	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,697.00 \$2,418.23	\$35.90 \$51.16
RX plan: NY S LBTY NG 50/100/10	Ded Med/Rx then \$10/\$50/\$90   10 FPO ZD 22	Family Tier	\$2,418.23 Rate (select counties)	\$51.16 Dep 29 Rider
PCP/Spec:	\$50/\$100	Single	\$1,007.39	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,712.56	\$30.52
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family	\$2,014.78 \$2,871.06	\$35.90 \$51.16
NY S LBTY NG 25/45/500		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$875.99	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,489.18 \$1,751.09	\$30.52
RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family	\$1,751.98 \$2,496.57	\$35.90 \$51.16
NY S LBTY NG 40/70/450	00/60 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$70	Single	\$885.90	\$17.95
Ded and Coinsurance: Max out of Pocket:	In: \$4,500/\$9,000, 40% In: \$8,700/\$17,400	Parent/Child (ren) Employee/ Spouse*	\$1,506.03 \$1,771.80	\$30.52 \$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,524.82	\$51.16
NY S FRDM 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)	\$1,061.84 \$1,805.13	\$17.95 \$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,123.68	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,026.24	\$51.16
NY S MTRO GT 40/70/30		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$40/\$70 In: \$3,000/\$6,000, 35%	Single Parent/Child (ren)	\$798.58 \$1,357.59	\$17.95 \$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,597.16	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,275.95	\$51.16



Bronze Plans				
NY B FRDM NG 5800/50	EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$837.37	\$17.95
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,423.53	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,674.74	\$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,386.50	\$51.16
NY B LBTY NG 7000/100		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$794.50	\$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,350.65	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,589.00	\$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,264.33	\$51.16
NY B MTRO GT 7000/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$678.05	\$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,152.69	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,356.10	\$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,932.44	\$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	\$795.09	\$17.95
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,351.65	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,590.18	\$35.90
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,266.01	\$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	\$828.95	\$17.95
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,409.22	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,657.90	\$35.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,362.51	\$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	\$675.17	\$17.95
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,147.79	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,350.34	\$35.90
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,924.23	\$51.16

<sup>\*</sup> Employee / Spouse rate is the rate for Employee / Domestic Partner coverage if additional coverage is available and purchased by the group.

<sup>&</sup>lt;sup>1</sup> Oxford insurance products are underwritten by Oxford Health Insurance, Inc. ©2017 Oxford Health Plans LLC. All rights reserved.



Platinum Plans				
NY P FRDM NG 5/15/100	PPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,478.36	\$18.50
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,513.21	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$2,956.72	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,213.33	\$52.73
NY P FRDM NG 20/40/100	D EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,390.19	\$18.50
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,363.32	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,780.38	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,962.04	\$52.73
NY P FRDM NG 5/15/100	EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,420.38	\$18.50
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,414.65	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,840.76	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,048.08	\$52.73
NY P FRDM NG 20/40/100	) PPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,445.10	\$18.50
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,456.67	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,890.20	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,118.54	\$52.73
NY P FRDM NG 20/40/100	PPO FAIR 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,745.23	\$18.50
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$2,966.89	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,490.46	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,973.91	\$52.73
NY P MTRO GT 15/30/10	0 EPO 22	_:		
PCP/Spec:	3 Li O 22	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:		Tier Single	Rate (select counties) \$1,119.69	Dep 29 Rider \$18.50
Max out of Pocket:	\$15/\$30			
	\$15/\$30 In: \$0, 0%	Single	\$1,119.69	\$18.50
RX plan:	\$15/\$30 in: \$0, 0% in: \$3,250/\$6,500	Single Parent/Child (ren)	\$1,119.69 \$1,903.47	\$18.50 \$31.45
RX plan: NY P LBTY GT 15/30/250.	\$15/\$30 In: \$0, 0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95	Single Parent/Child (ren) Employee/ Spouse*	\$1,119.69 \$1,903.47 \$2,239.38	\$18.50 \$31.45 \$37.00
NY P LBTY GT 15/30/250	\$15/\$30 In: \$3,0 0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95	Single Parent/Child (ren) Employee/ Spouse* Family	\$1,119.69 \$1,903.47 \$2,239.38 \$3,191.12	\$18.50 \$31.45 \$37.00 \$52.73
NY P LBTY GT 15/30/250 PCP/Spec:	\$15/\$30 In: \$0, 0% In: \$0, 250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 Igo EPO LA 22 \$15/\$30	Single Parent/Child (ren) Employee/ Spouse* Family Tier	\$1,119.69 \$1,903.47 \$2,239.38 \$3,191.12 Rate (select counties)	\$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider
NY P LBTY GT 15/30/250 PCP/Spec: Ded and Coinsurance:	\$15/\$30 In: \$0, 0% In: \$0, 250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95  90 EPO LA 22 \$15/\$30 In: \$250/\$500, 10%	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$1,119.69 \$1,903.47 \$2,239.38 \$3,191.12 Rate (select counties) \$1,206.76	\$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00
NY P LBTY GT 15/30/250 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	\$15/\$30 In: \$0, 0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 (90 EPO LA 22 \$15/\$30 In: \$250/\$500, 10% In: \$3,250/\$50, 00	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$1,119.69 \$1,903.47 \$2,239.38 \$3,191.12 Rate (select counties) \$1,206.76 \$2,051.49	\$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45
NY P LBTY GT 15/30/250 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	\$15/\$30 in: \$0,0% in: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 (90 EPO LA 22 \$15/\$30 in: \$250/\$500, 10% in: \$3,250/\$6,500 Non-T1 Ded \$200 then \$10/\$50/\$90	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$1,119.69 \$1,903.47 \$2,239.38 \$3,191.12 Rate (select counties) \$1,206.76 \$2,051.49 \$2,413.52	\$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00
NY P LBTY GT 15/30/250 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY NG 5/35/500/	\$15/\$30 In: \$0,0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95  \$15/\$30 In: \$250/\$6,500 In: \$250/\$6,500 Non-T1 Ded \$200 then \$10/\$50/\$90  100 EPO 22	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family	\$1,119.69 \$1,903.47 \$2,239.38 \$3,191.12 Rate (select counties) \$1,206.76 \$2,051.49 \$2,413.52 \$3,439.27	\$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73
NY P LBTY GT 15/30/250 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY NG 5/35/500/ PCP/Spec:	\$15/\$30 In: \$0, 0% In: \$3,250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95 [90 EPO LA 22 \$15/\$30 In: \$250/\$500, 10% In: \$250/\$500, 10% In: \$3,250/\$6,500 Non-T1 Ded \$200 then \$10/\$50/\$90 100 EPO 22 Tier!: \$5/\$35 Tier II: \$25/\$70	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier	\$1,119.69 \$1,903.47 \$2,239.38 \$3,191.12 Rate (select counties) \$1,206.76 \$2,051.49 \$2,413.52 \$3,439.27 Rate (select counties)	\$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider
NY P LBTY GT 15/30/250 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY NG 5/35/500/ PCP/Spec: Ded and Coinsurance:	\$15/\$30 In: \$0, 0% In: \$3, 250/\$6,500 Non-T1 Ded \$150 then \$10/\$65/\$95  (90 EPO LA 22 \$15/\$30 In: \$250/\$500, 10% In: \$3,250/\$6,500 Non-T1 Ded \$200 then \$10/\$50/\$90 In: \$10,500 then \$10/\$50/\$90 In: \$250/\$500, 10% In: \$3,250/\$6,500 In: \$3,250/\$6,500 In: \$500/\$1,000, 0%	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$1,119.69 \$1,903.47 \$2,239.38 \$3,191.12 Rate (select counties) \$1,206.76 \$2,051.49 \$2,413.52 \$3,439.27 Rate (select counties) \$1,284.07	\$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50



	50/100 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,085.15	\$18.50
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,844.76	\$31.45
Max out of Pocket: RX plan:	In: \$6,400/\$12,800 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family	\$2,170.30 \$3,092.68	\$37.00 \$52.73
NY G FRDM NG 15/35/17		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,177.49	\$18.50
Ded and Coinsurance: Max out of Pocket:	In: \$1,750/\$3,500, 10% In: \$7,500/\$15,000	Parent/Child (ren) Employee/ Spouse*	\$2,001.73 \$2,354.98	\$31.45 \$37.00
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,355.85	\$52.73
NY G FRDM NG 25/40/17		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$25/\$40 In: \$1,750/\$3,500, 20%	Single Parent/Child (ren)	\$1,167.90 \$1,985.43	\$18.50 \$31.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,335.80	\$37.00
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,328.52	\$52.73
NY G FRDM NG 25/40/15	00/80 PPO 22 \$25/\$40	Tier	Rate (select counties)	Dep 29 Rider \$18.50
PCP/Spec: Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Single Parent/Child (ren)	\$1,224.75 \$2,082.08	\$31.45
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,449.50	\$37.00
	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,490.54	\$52.73
NY G FRDM NG 50/50/10 PCP/Spec:	550/\$50	Tier Single	Rate (select counties) \$1,190.56	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,023.95	\$31.45
Max out of Pocket:	In: \$6,200/\$12,400	Employee/ Spouse*	\$2,381.12	\$37.00
RX plan: NY G FRDM NG 1500/90	Non-T1 Ded \$150 then \$10/\$40/\$80	Family Tier	\$3,393.10 Rate (select counties)	\$52.73 Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,162.88	\$18.50
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,976.90	\$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	\$2,325.76 \$3,314.21	\$37.00 \$52.73
NY G FRDM NG 1500/90		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,114.37	\$18.50
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% In: \$5,500/\$11,000	Parent/Child (ren) Employee/ Spouse*	\$1,894.43 \$2,228.74	\$31.45 \$37.00
Max out of Pocket: RX plan:	In: \$5,500/\$11,000  Ded Med/Rx then \$10/\$40/\$80	Family Spouse	\$2,228.74 \$3,175.95	\$37.00 \$52.73
NY G MTRO GT 25/40/12		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$949.42	\$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*	\$1,614.01 \$1,898.84	\$31.45 \$37.00
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,705.85	\$52.73
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)	\$814.25 \$1,384.23	\$18.50 \$31.45
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,628.50	\$37.00
	\$10/\$35/\$70	Family	\$2,320.61	\$52.73
NY G LBTY NG 30/60/200 PCP/Spec:	00/70 EPO 22 \$30/\$60	Tier Single	Rate (select counties) \$1,045.44	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,777.25	\$31.45
Max out of Pocket:	In: \$8,400/\$16,800	Employee/ Spouse*	\$2,090.88	\$37.00
RX plan:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family	\$2,979.50	\$37.00 \$52.73
RX plan: NY G MTRO NG 25/40/12	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22	Employee/ Spouse* Family Tier	\$2,979.50 Rate (select counties)	\$37.00 \$52.73 Dep 29 Rider
RX plan:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family	\$2,979.50	\$37.00 \$52.73
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 <b>50/80 EPO ME 22</b> \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20	\$37.00 \$52.73 <b>Dep 29 Rider</b> \$18.50 \$31.45 \$37.00
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	In: \$8,400/\$16,800  Non-T1 Ded \$200 then \$10/\$50/\$90 <b>50/80 EPO ME 22</b> \$25/\$40  In: \$1,250/\$2,500, 20%  In: \$6,000/\$12,000  Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family	\$2,979.50  Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26	\$37.00 \$52.73 <b>Dep 29 Rider</b> \$18.50 \$31.45 \$37.00 \$52.73
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	In: \$8,400/\$16,800  Non-T1 Ded \$200 then \$10/\$50/\$90 <b>50/80 EPO ME 22</b> \$25/\$40  In: \$1,250/\$2,500, 20%  In: \$6,000/\$12,000  Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20	\$37.00 \$52.73 <b>Dep 29 Rider</b> \$18.50 \$31.45 \$37.00
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance:	In: \$8,400/\$16,800  Non-T1 Ded \$200 then \$10/\$50/\$90  \$50/80 EPO ME 22  \$25/\$40  In: \$1,250/\$2,500, 20%  In: \$6,000/\$12,000  Non-T1 Ded \$150 then \$10/\$65/\$95  50/70 EPO 22  \$30/\$60  In: \$2,250/\$4,500, 30%	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15	\$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 G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$2,979.50  Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26  Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82	\$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$337.00
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15	\$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 G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Family Tier Single	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83	\$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
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G IBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 525/\$40 In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80  EPO ZD 22 \$25/\$50 In: \$0,0%	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Family	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91	\$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 \$31.45
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Family Tier Single	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83	\$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
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,0% In: \$0,00/\$12,000 In: \$0,000/\$12,000 In: \$0,000/\$	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Family Tier	\$2,979.50 Rate (select counties) \$983.60 \$1.672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$3,379.62 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 \$31.45 \$37.00 \$52.73 Dep 29 Rider
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 525/\$40 In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,00/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,0% In: \$0,00/\$12,000 I	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$3,379.62 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 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: MX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,0% In: \$0,0% In: \$0,0% In: \$0,00%	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Family Tier	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$3,379.62 Rate (select counties) \$1,165.836 \$1,799.21	\$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 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,00% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,0% I	Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$3,379.62 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 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/20	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 IEPO ZD 22 \$25/\$50 In: \$0,0% In: \$0,0% In: \$0,0% In: \$0,00% In: \$1,500/\$3,000 then \$10/\$50/\$90 EPO HSAM 22 Deductible and Coinsurance In: \$1,500/\$3,000, 10% In: \$5,500/\$11,000 Ded Med/fx then \$10/\$50/\$90 EPO EPO MEAM 22 Ded Med/fx then \$10/\$50/\$90	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Family Tier Family	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$3,379.62 Rate (select counties) \$1,158.36 \$1,799.21 \$2,116.72 \$3,016.33 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 \$31.45 \$37.00 \$52.73 Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73 Dep 29 Rider
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LSTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LSTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LSTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LSTY NG 20/40/20 PCP/Spec:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,0% In: \$0,0% In: \$0,0% In: \$0,00% In: \$0,00% In: \$1,500/\$3,000, 10% In: \$2,500/\$11,000 Ded Med/Rx then \$10/\$50/\$90 Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Employee/ Spouse* Family Tier Single	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$33,379.62 Rate (select counties) \$1,058.36 \$1,799.21 \$2,116.72 \$3,016.33 Rate (select counties)	\$37.00 \$52.73  Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73  Dep 29 Rider \$18.50
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Ded and Coinsurance: Ded and Coinsurance:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,0% In: \$0,00/\$12,000 Non-T1 Ded \$150 then \$10/\$50/\$90 EPO HSAM 22 Deductible and Coinsurance In: \$1,500/\$3,000, 10% In: \$5,500/\$11,000 Ded Med/fx then \$10/\$50/\$90 Ded Med/fx then \$10/\$50/\$90 Ded Med/fx then \$10/\$50/\$90 In: \$2,000/\$4,000, 20% In: \$2,000/\$4,000, 20% In: \$8,500/\$17,000	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Family Tier Family	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$3,379.62 Rate (select counties) \$1,158.36 \$1,799.21 \$2,116.72 \$3,016.33 Rate (select counties)	\$37.00 \$52.73  Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,0% In: \$6,000/\$12,000 Non-T1 Ded \$200 then \$10/\$50/\$90 EPO HSAM 22 EPO HSAM 22 EPO HSAM 22 EPO HSAM 27 EPO HSAM 27 EPO HSAM 27 EPO HSAM 28 EPO HSAM 29 EPO HSAM 29 EPO HSAM 20 EPO HSAM 20 EPO HSAM 20 EPO HSAM 20 EPO HSAM 21 EPO HSAM 22 EPO HSAM 22 EPO HSAM 22 EPO HSAM 20 EPO 40 EPO 22 EPO HSAM 20 EPO 40 EPO 20 EP	Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$33,379.62 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$33,379.62 Rate (select counties) \$1,1058.36 \$1,799.21 \$2,116.72 \$3,016.33 Rate (select counties) \$1,056.35 \$1,795.80 \$2,112.70 \$3,010.60	\$37.00 \$52.73  Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LSTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LSTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LSTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LSTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LSTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 1750/10	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,0% In: \$8,00% In: \$8,00% In: \$8,00% In: \$8,00% In: \$0,0% In: \$6,000/\$12,000 Non-T1 Ded \$200 then \$10/\$50/\$90 EPO HSAM 22 Deductible and Coinsurance In: \$1,500/\$3,000, 10% In: \$2,500/\$4,000, 20% In: \$2,000/\$4,000, 20% In: \$2,000/	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Employee/ Spouse* Family Tier Family Tier Family Tier Family Tier Family Tier Family Tier	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$33,379.62 Rate (select counties) \$1,058.36 \$1,799.21 \$2,116.72 \$3,016.33 Rate (select counties) \$1,058.36 \$1,799.21 \$2,116.72 \$3,016.33 Rate (select counties) \$1,056.35 \$1,795.80 \$2,112.70 \$3,010.60 Rate (select counties)	\$37.00 \$52.73  Dep 29 Rider \$18.50 \$31.45
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,0% In: \$6,000/\$12,000 Non-T1 Ded \$200 then \$10/\$50/\$90 EPO HSAM 22 EPO HSAM 22 EPO HSAM 22 EPO HSAM 27 EPO HSAM 27 EPO HSAM 27 EPO HSAM 28 EPO HSAM 29 EPO HSAM 29 EPO HSAM 20 EPO HSAM 20 EPO HSAM 20 EPO HSAM 20 EPO HSAM 21 EPO HSAM 22 EPO HSAM 22 EPO HSAM 22 EPO HSAM 20 EPO 40 EPO 22 EPO HSAM 20 EPO 40 EPO 20 EP	Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$33,379.62 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$33,379.62 Rate (select counties) \$1,1058.36 \$1,799.21 \$2,116.72 \$3,016.33 Rate (select counties) \$1,056.35 \$1,795.80 \$2,112.70 \$3,010.60	\$37.00 \$52.73  Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: 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:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,0% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,0% In: \$6,800/\$12,000 Non-T1 Ded \$200 then \$10/\$50/\$90 EPO HSAM 22 Deductible and Coinsurance In: \$1,500/\$3,000, 10% In: \$1,500/\$3,000, 10% In: \$5,500/\$1,000 Ded Med/Rx then \$10/\$50/\$90 DOG/80 EPO 22 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$2,000/\$4,000, 20% In: \$2,000/\$4,000, 20% In: \$2,000/\$4,000, 20% In: \$3,500/\$17,000 Non-T1 Ded \$200 then \$10/\$50/\$90 DEPO HSAM 22 Deductible and Coinsurance 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 In: \$1,750/\$3,500, 0% In: \$1,750/\$3,500, 0% In: \$1,750/\$3,500, 0% In: \$1,500/\$13,600	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$33,379.62 Rate (select counties) \$1,058.36 \$1,799.21 \$2,116.72 \$3,016.33 Rate (select counties) \$1,058.36 \$1,799.21 \$2,116.72 \$3,010.33 Rate (select counties) \$1,135.80 \$2,112.70 \$3,010.60 Rate (select counties) \$1,133.72 \$1,927.32 \$2,267.44	\$37.00 \$52.73  Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: 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: MX OF RDM NG 1750/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/\$00 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,00% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,0% In: \$6,000/\$12,000 Non-T1 Ded \$200 then \$10/\$50/\$90 EPO HSAM 22 Deductible and Coinsurance In: \$1,500/\$3,000, 10% In: \$5,500/\$11,000 Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$3,379.62 Rate (select counties) \$1,158.36 \$1,1799.21 \$2,116.72 \$3,016.33 Rate (select counties) \$1,1795.80 \$2,112.70 \$3,010.60 Rate (select counties) \$1,195.80 \$2,112.70 \$3,010.60 Rate (select counties) \$1,197.32 \$1,1927.32 \$1,1927.32	\$37.00 \$52.73  Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: 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:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/\$00 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,000/\$12,000 Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,00% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,0% In: \$6,000/\$12,000 Non-T1 Ded \$200 then \$10/\$50/\$90 EPO HSAM 22 Deductible and Coinsurance In: \$1,500/\$3,000, 10% In: \$5,500/\$11,000 Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$33,379.62 Rate (select counties) \$1,058.36 \$1,799.21 \$2,116.72 \$3,016.33 Rate (select counties) \$1,058.36 \$1,799.21 \$2,116.72 \$3,010.33 Rate (select counties) \$1,135.80 \$2,112.70 \$3,010.60 Rate (select counties) \$1,133.72 \$1,927.32 \$2,267.44	\$37.00 \$52.73  Dep 29 Rider \$18.50 \$31.45 \$37.00 \$52.73
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/20 PCP/Spec: Ded and Coinsurance: Max out of Pocket: 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 25/50/16 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 25/50/16 PCP/Spec: Ded and Coinsurance:	In: \$8,400/\$16,800 Non-T1 Ded \$200 then \$10/\$50/\$90 50/80 EPO ME 22 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% Non-T1 Ded \$150 then \$10/\$65/\$95 50/70 EPO 22 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$40/\$80 DEPO ZD 22 \$25/\$50 In: \$0,0% In: \$6,000/\$12,000 Non-T1 Ded \$200 then \$10/\$50/\$90 EPO HSAM 22 Deductible and Coinsurance In: \$1,500/\$1,1000 Ded Med/Rx then \$10/\$50/\$90 Ded Med/Rx then \$10/\$50/\$90 DEO In: \$2,200/\$4,000, 20% In: \$2,500/\$4,000, 20% In: \$2,000/\$4,000, 20% In: \$2,000/\$4,000, 20% In: \$2,000/\$4,000, 20% In: \$2,000/\$4,000, 20% In: \$3,705/\$3,3600 Ded Med/Rx then \$10/\$50/\$90 DEO HSAM 22 Deductible and Coinsurance In: \$1,750/\$3,500, 0% In: \$2,000/\$4,000, 20% In: \$2,000/\$4,00	Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,186.83 \$2,015.91 \$2,371.66 \$3,379.62 Rate (select counties) \$1,158.36 \$1,799.21 \$2,116.72 \$3,016.33 Rate (select counties) \$1,056.35 \$1,799.21 \$2,116.72 \$3,016.33 Rate (select counties) \$1,056.35 \$1,795.80 \$2,112.70 \$3,010.60 Rate (select counties) \$1,137.72 \$1,927.32 \$2,267.44 \$3,231.10 Rate (select counties) \$1,253.19 \$2,130.42	\$37.00 \$52.73  Dep 29 Rider \$18.50 \$31.45
RX plan: NY G MTRO NG 25/40/12 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/22 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1500/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: 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 1750/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 25/50/10 PCP/Spec:	In: \$8,400\\$16,800 Non-T1 Ded \$200 then \$10\\$50\\$90 50\\$08 EPO ME 22 \$25\\$40 In: \$1,250\\$2,500, 20\% In: \$6,000\\$12,000 Non-T1 Ded \$150 then \$10\\$65\\$95 50\\$70 EPO 22 \$30\\$60 In: \$2,250\\$4,500, 30\% In: \$8,700\\$17,400 Non-T1 Ded \$150 then \$10\\$40\\$80 In: \$8,700\\$17,400 Non-T1 Ded \$150 then \$10\\$40\\$80 In: \$8,700\\$17,400 Non-T1 Ded \$150 then \$10\\$40\\$80 In: \$6,000\\$12,000 Non-T1 Ded \$200 then \$10\\$50\\$90 EPO 4D 22 \$25\\$50 In: \$0,0\% In: \$6,00\\$12,000 Non-T1 Ded \$200 then \$10\\$50\\$90 EPO HSAM 22 Deductible and Coinsurance In: \$1,500\\$3,000, 10\% In: \$5,500\\$11,000 Ded Med/Rx then \$10\\$50\\$90 Ded Med/Rx then \$10\\$50\\$90 Ded Med/Rx then \$10\\$50\\$90 Ded Med/Rx then \$10\\$50\\$90 Ded Ded Med/Rx then \$10\\$50\\$80 Ded Med/Rx then \$10\\$40\\$80	Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Employee/ Spouse* Family Tier Single	\$2,979.50 Rate (select counties) \$983.60 \$1,672.12 \$1,967.20 \$2,803.26 Rate (select counties) \$1,098.91 \$1,868.15 \$2,197.82 \$3,131.89 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$3,379.62 Rate (select counties) \$1,185.83 \$2,015.91 \$2,371.66 \$3,379.62 Rate (select counties) \$1,1058.36 \$1,799.21 \$2,116.72 \$3,016.33 Rate (select counties) \$1,1056.35 \$1,795.80 \$2,112.70 \$3,010.60 Rate (select counties) \$1,133.72 \$1,1927.32 \$2,267.44 \$3,231.10 Rate (select counties) \$1,133.72 \$1,927.32	\$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: Q2 2022 Rates
Use the table below to review monthly rates for New York small group Oxford <sup>1</sup> 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	00/65 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$40/\$70 In: \$3,000/\$6,000, 35%	Single Parent/Child (ren)	\$930.88 \$1,582.50	\$18.50 \$31.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,861.76	\$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,653.01	\$52.73
NY S FRDM NG 40/70/30 PCP/Spec:	\$40/\$70	Tier Single	Rate (select counties) \$983.64	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,672.19	\$31.45
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$200 then \$10/\$40/\$80	Employee/ Spouse* Family	\$1,967.28 \$2,803.37	\$37.00 \$52.73
NY S LBTY NG 30/75/35		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$75	Single	\$911.55	\$18.50
Ded and Coinsurance: Max out of Pocket:	In: \$3,500/\$7,000, 40% In: \$8,700/\$17,400	Parent/Child (ren) Employee/ Spouse*	\$1,549.64 \$1,823.10	\$31.45 \$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,597.92	\$52.73
NY S MTRO GT 30/80/35 PCP/Spec:	500/70 EPO 22 \$30/\$80	Tier Single	Rate (select counties) \$789.13	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,341.52	\$31.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,578.26	\$37.00
RX plan: NY S FRDM NG 30/60/20	Non-T1 Ded \$150 then \$10/\$65/\$95	Family Tier	\$2,249.02 Rate (select counties)	\$52.73 Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,034.34	\$18.50
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,758.38	\$31.45
Max out of Pocket: RX plan:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000  Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse* Family	\$2,068.68 \$2,947.87	\$37.00 \$52.73
NY S LBTY GT 25/50/450	00/50 EPO 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$25/\$50 In: \$4,500/\$9,000, 50%	Single Parent/Child (ren)	\$894.30 \$1,520.31	\$18.50 \$31.45
Max out of Pocket:	In: \$4,500/\$9,000, 50%	Employee/ Spouse*	\$1,788.60	\$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,548.76	\$52.73
NY S FRDM NG 40/70/30 PCP/Spec:	000/65 PPO 22 \$40/\$70	Tier Single	Rate (select counties) \$1,031.65	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,753.81	\$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	\$2,063.30 \$2,940.20	\$37.00 \$52.73
NY S FRDM NG 25/50/22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50 after Deductible	Single	\$993.94	\$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*	\$1,689.70 \$1,987.88	\$31.45 \$37.00
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,832.73	\$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)	\$975.67 \$1,658.64	\$18.50 \$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,951.34	\$37.00
RX plan: NY S MTRO NG 30/80/35	Ded Med/Rx then \$10/\$40/\$80	Family Tier	\$2,780.66 Rate (select counties)	\$52.73 Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$817.55	\$18.50
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,389.84	\$31.45
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse* Family	\$1,635.10 \$2,330.02	\$37.00 \$52.73
NY S LBTY NG 25/50/25	00/80 EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$25/\$50 after Deductible In: \$2,500/\$5,000, 20%	Single Parent/Child (ren)	\$930.07 \$1,581.12	\$18.50 \$31.45
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,860.14	\$37.00
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,650.70	\$52.73
NY S MTRO GT 35/50/35 PCP/Spec:	\$30/70 EPO HSA 22 \$35/\$50 after Deductible	Tier Single	Rate (select counties) \$750.19	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,275.32	\$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,500.38	\$37.00
NY S MTRO NG 50/100/	Ded Med/Rx then \$10/\$65/50%, max \$800   100 EPO ZD 22	Tier	\$2,138.04 Rate (select counties)	\$52.73 Dep 29 Rider
PCP/Spec:	\$50/\$100	Single	\$917.99	\$18.50
Ded and Coinsurance: Max out of Pocket:	In: \$0, 0% In: \$8,700/\$17,400	Parent/Child (ren) Employee/ Spouse*	\$1,560.58 \$1.835.98	\$31.45 \$37.00
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,616.27	\$52.73
NY S LBTY NG 4000/80		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	Deductible and Coinsurance In: \$4,000/\$8,000, 20%	Single Parent/Child (ren)	\$874.50 \$1,486.65	\$18.50 \$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,749.00	\$37.00
RX plan: NY S LBTY NG 50/100/1	Ded Med/Rx then \$10/\$50/\$90   10 FPO ZD 22	Family Tier	\$2,492.33 Rate (select counties)	\$52.73 Dep 29 Rider
PCP/Spec:	\$50/\$100	Single	\$1,038.26	\$18.50
Ded and Coinsurance: Max out of Pocket:	In: \$0, 0% In: \$8,700/\$17,400	Parent/Child (ren) Employee/ Spouse*	\$1,765.04 \$2,076.52	\$31.45 \$37.00
RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$150 then \$10/\$65/\$95	Family Spouse*	\$2,076.52	\$37.00 \$52.73
NY S LBTY NG 25/45/50	00/50 EPO 22	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)	\$902.83 \$1,534.81	\$18.50 \$31.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,805.66	\$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,573.07	\$52.73
NY S LBTY NG 40/70/45/ PCP/Spec:	00/60 EPO 22  \$40/\$70	Tier Single	Rate (select counties) \$913.04	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,552.17	\$31.45
Max out of Pocket: RX plan:	In: \$8,700/\$17,400 Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse* Family	\$1,826.08 \$2,602.16	\$37.00 \$52.73
NY S FRDM NG 50/100/1		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$100	Single	\$1,094.38	\$18.50
Ded and Coinsurance: Max out of Pocket:	In: \$0, 0% In: \$8,700/\$17,400	Parent/Child (ren) Employee/ Spouse*	\$1,860.45 \$2,188.76	\$31.45 \$37.00
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,118.98	\$52.73
NY S MTRO GT 40/70/30 PCP/Spec:	000/65 EPO 22 \$40/\$70	Tier Single	Rate (select counties) \$823.05	Dep 29 Rider \$18.50
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,399.19	\$31.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,646.10 \$2,245.60	\$37.00 \$52.72
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,345.69	\$52.73



Bronze Plans				
NY B FRDM NG 5800/50	PPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$863.02	\$18.50
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,467.13	\$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,726.04	\$37.00
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,459.61	\$52.73
NY B LBTY NG 7000/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$818.84	\$18.50
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,392.03	\$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,637.68	\$37.00
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,333.69	\$52.73
NY B MTRO GT 7000/10	00 EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$698.83	\$18.50
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,188.01	\$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,397.66	\$37.00
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,991.67	\$52.73
NY B LBTY NG 25/75/57	750/70 EPO HSA 22	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$819.45	\$18.50
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,393.07	\$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,638.90	\$37.00
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,335.43	\$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	\$854.35	\$18.50
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,452.40	\$31.45
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,708.70	\$37.00
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,434.90	\$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	\$695.85	\$18.50
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,182.95	\$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,391.70	\$37.00
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,983,17	\$52.73

<sup>\*</sup> 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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