

2021 New York Small Group (1-100) Oxford Products: Q2 2021 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Region 3** in the Oxford service area, which includes: Dutchess, Orange, Putnam, Sullivan, and Ulster counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Platinum Plans				
NY P FRDM NG 5/15/100 PPO 21				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 70%	Single	\$1,468.96	\$18.52
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Parent/Child (ren)	\$2,497.22	\$31.48
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,937.91	\$37.04
		Family	\$4,186.53	\$52.78
NY P FRDM NG 20/40/100 EPO 21				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,384.71	\$18.52
Max out of Pocket:	In: \$3,000/\$6,000	Parent/Child (ren)	\$2,354.00	\$31.48
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,769.42	\$37.04
		Family	\$3,946.43	\$52.78
NY P FRDM NG 5/15/100 EPO 21				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,414.42	\$18.52
Max out of Pocket:	In: \$3,000/\$6,000	Parent/Child (ren)	\$2,404.52	\$31.48
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,828.85	\$37.04
		Family	\$4,031.11	\$52.78
NY P FRDM NG 20/40/100 PPO 21				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 70%	Single	\$1,436.11	\$18.52
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Parent/Child (ren)	\$2,441.39	\$31.48
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,872.22	\$37.04
		Family	\$4,092.92	\$52.78
NY P FRDM NG 20/40/100 PPO FAIR 21				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 80%	Single	\$1,717.68	\$18.52
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Parent/Child (ren)	\$2,920.05	\$31.48
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,435.35	\$37.04
		Family	\$4,895.38	\$52.78
NY P MTRO GT 15/30/100 EPO 21				
PCP/Spec:	\$15/\$30	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,087.61	\$18.52
Max out of Pocket:	In: \$3,000/\$6,000	Parent/Child (ren)	\$1,848.93	\$31.48
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,175.22	\$37.04
		Family	\$3,099.69	\$52.78
NY P LBTY GT 15/35/250/90 EPO LA 21				
PCP/Spec:	\$15/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$250/\$500, 10%	Single	\$1,192.10	\$18.52
Max out of Pocket:	In: \$3,000/\$6,000	Parent/Child (ren)	\$2,026.57	\$31.48
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,384.20	\$37.04
		Family	\$3,397.48	\$52.78
NY P LBTY NG 25/70/500/100 EPO 21				
PCP/Spec:	\$5/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Single	\$1,243.32	\$18.52
Max out of Pocket:	In: \$2,800/\$5,600	Parent/Child (ren)	\$2,113.64	\$31.48
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,486.63	\$37.04
		Family	\$3,543.45	\$52.78

2021 New York Small Group (1-100) Oxford Products: Q2 2021 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Region 3** in the Oxford service area, which includes: Dutchess, Orange, Putnam, Sullivan, and Ulster counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,073.53	\$18.52
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,824.99	\$31.48
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$2,147.05	\$37.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,059.55	\$52.78
NY G FRDM NG 15/35/1750/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,157.28	\$18.52
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$1,967.38	\$31.48
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,314.56	\$37.04
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,298.26	\$52.78
NY G FRDM NG 25/40/1750/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,147.20	\$18.52
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,950.25	\$31.48
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,294.40	\$37.04
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,269.53	\$52.78
NY G FRDM NG 25/40/1500/80 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,200.85	\$18.52
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$2,041.44	\$31.48
Max out of Pocket:	In: \$6,300/\$12,600 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,401.69	\$37.04
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,422.41	\$52.78
NY G FRDM NG 50/50/1000/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,171.81	\$18.52
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,992.08	\$31.48
Max out of Pocket:	In: \$5,700/\$11,400	Employee/ Spouse*	\$2,343.62	\$37.04
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,339.65	\$52.78
NY G FRDM NG 1500/90 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,140.46	\$18.52
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,938.78	\$31.48
Max out of Pocket:	In: \$5,000/\$10,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,280.91	\$37.04
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,250.30	\$52.78
NY G FRDM NG 1500/90 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,093.22	\$18.52
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,858.48	\$31.48
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,186.45	\$37.04
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,115.69	\$52.78
NY G MTRO GT 25/40/1250/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$914.24	\$18.52
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,554.21	\$31.48
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,828.48	\$37.04
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,605.59	\$52.78
NY G MTRO GT 25/40/600/80 EPO HNY 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$788.42	\$18.52
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,340.32	\$31.48
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,576.85	\$37.04
RX plan:	\$10/\$35/\$70	Family	\$2,247.00	\$52.78
NY G LBTY NG 30/60/2000/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,013.86	\$18.52
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,723.56	\$31.48
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$2,027.72	\$37.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,889.50	\$52.78
NY G MTRO NG 25/40/1250/80 EPO ME 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$938.09	\$18.52
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,594.76	\$31.48
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,876.18	\$37.04
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,673.55	\$52.78
NY G FRDM NG 30/60/2250/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,068.12	\$18.52
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,815.80	\$31.48
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$2,136.23	\$37.04
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,044.13	\$52.78
NY G LBTY NG 25/50/100 EPO ZD 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,165.44	\$18.52
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,981.26	\$31.48
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,330.89	\$37.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,321.52	\$52.78
NY G LBTY NG 1500/90 EPO HSAM 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,032.76	\$18.52
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,755.69	\$31.48
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,065.52	\$37.04
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,943.37	\$52.78
NY G LBTY NG 40/80/2000/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$997.00	\$18.52
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,694.89	\$31.48
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,993.99	\$37.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,841.45	\$52.78

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Silver Plans		Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/70/3000/65 EPO 21				
PCP/Spec:	\$40/\$70	Single	\$896.65	\$18.52
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,524.31	\$31.48
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,793.30	\$37.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,555.44	\$52.78
NY S FRDM NG 40/70/3000/65 EPO 21				
PCP/Spec:	\$40/\$70	Single	\$953.54	\$18.52
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,621.02	\$31.48
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,907.09	\$37.04
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,717.60	\$52.78
NY S LBTY NG 30/75/3500/60 EPO 21				
PCP/Spec:	\$30/\$75	Single	\$875.47	\$18.52
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,488.29	\$31.48
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,750.94	\$37.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,495.08	\$52.78
NY S MTRO GT 30/80/3500/70 EPO 21				
PCP/Spec:	\$30/\$80	Single	\$749.70	\$18.52
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,274.48	\$31.48
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,499.39	\$37.04
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,136.63	\$52.78
NY S FRDM NG 30/60/2000/80 PPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,005.02	\$18.52
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,708.54	\$31.48
Max out of Pocket:	In: \$6,400/\$12,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,010.04	\$37.04
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,864.31	\$52.78
NY S LBTY GT 25/50/4500/50 EPO 21				
PCP/Spec:	\$25/\$50	Single	\$869.75	\$18.52
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,478.58	\$31.48
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,739.50	\$37.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,478.80	\$52.78
NY S FRDM NG 40/70/3000/65 PPO 21				
PCP/Spec:	\$40/\$70	Single	\$998.78	\$18.52
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,697.92	\$31.48
Max out of Pocket:	In: \$8,550/\$17,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,997.55	\$37.04
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,846.51	\$52.78
NY S FRDM NG 25/50/2250/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$963.34	\$18.52
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,637.67	\$31.48
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,926.68	\$37.04
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,745.52	\$52.78
NY S FRDM NG 2000/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$940.18	\$18.52
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,598.31	\$31.48
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,880.37	\$37.04
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,679.52	\$52.78
NY S MTRO NG 30/80/3500/70 EPO ME 21				
PCP/Spec:	\$30/\$80	Single	\$769.25	\$18.52
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,307.72	\$31.48
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,538.49	\$37.04
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,192.35	\$52.78
NY S LBTY NG 25/50/2500/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$894.17	\$18.52
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,520.08	\$31.48
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,788.33	\$37.04
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,548.38	\$52.78
NY S MTRO GT 35/50/3500/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$707.80	\$18.52
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,203.26	\$31.48
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,415.60	\$37.04
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,017.23	\$52.78
NY S MTRO NG 50/100/100 EPO ZD 21				
PCP/Spec:	\$50/\$100	Single	\$877.57	\$18.52
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,491.87	\$31.48
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,755.14	\$37.04
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,501.08	\$52.78
NY S LBTY NG 4000/80 EPO HSAM 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$832.20	\$18.52
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,414.74	\$31.48
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$1,664.40	\$37.04
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,371.78	\$52.78
NY S LBTY NG 50/100/100 EPO 21				
PCP/Spec:	\$50/\$100	Single	\$1,016.70	\$18.52
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,728.40	\$31.48
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$2,033.41	\$37.04
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,897.61	\$52.78
NY S LBTY NG 45/75/5000/50 EPO 21				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$848.23	\$18.52
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,441.99	\$31.48
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,696.46	\$37.04
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,417.45	\$52.78

2021 New York Small Group (1-100) Oxford Products: Q2 2021 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Region 3** in the Oxford service area, which includes: Dutchess, Orange, Putnam, Sullivan, and Ulster counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Bronze Plans				
NY B FRDM NG 5800/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$812.36	\$18.52
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,381.02	\$31.48
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,624.73	\$37.04
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,315.24	\$52.78
NY B LBTY NG 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$757.90	\$18.52
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,288.44	\$31.48
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,515.81	\$37.04
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,160.03	\$52.78
NY B MTRO GT 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$637.56	\$18.52
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,083.86	\$31.48
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,275.12	\$37.04
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,817.05	\$52.78
NY B LBTY NG 25/75/5750/70 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$759.41	\$18.52
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,290.99	\$31.48
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,518.81	\$37.04
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,164.30	\$52.78
NY B LBTY NG 30/60/6750/80 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$797.58	\$18.52
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 80%	Parent/Child (ren)	\$1,355.89	\$31.48
Max out of Pocket:	In: \$7,000/\$14,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,595.16	\$37.04
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,273.09	\$52.78
NY B MTRO GT 40/75/6500/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$642.57	\$18.52
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,092.38	\$31.48
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,285.15	\$37.04
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,831.34	\$52.78

* 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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