

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 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.



Platinum Plans				
NY P FRDM NG 5/15/100 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,377.87	\$17.37
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 70%	Parent/Child (ren)	\$2,342.39	\$29.53
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$2,755.74	\$34.74
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,926.93	\$49.50
NY P FRDM NG 20/40/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,298.85	\$17.37
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,208.04	\$29.53
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,597.70	\$34.74
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,701.73	\$49.50
NY P FRDM NG 5/15/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,326.72	\$17.37
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,255.43	\$29.53
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,653.44	\$34.74
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,781.15	\$49.50
NY P FRDM NG 20/40/100 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,347.07	\$17.37
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 70%	Parent/Child (ren)	\$2,290.01	\$29.53
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,694.13	\$34.74
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,839.14	\$49.50
NY P FRDM NG 20/40/100 PPO FAIR 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,611.16	\$17.37
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 80%	Parent/Child (ren)	\$2,738.98	\$29.53
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$3,222.33	\$34.74
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,591.82	\$49.50
NY P MTRO GT 15/30/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,020.18	\$17.37
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,734.31	\$29.53
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,040.36	\$34.74
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,907.51	\$49.50
NY P LBTY GT 15/35/250/90 EPO LA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,118.18	\$17.37
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,900.91	\$29.53
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,236.37	\$34.74
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,186.83	\$49.50
NY P LBTY NG 25/70/500/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$35	Single	\$1,166.23	\$17.37
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$1,982.60	\$29.53
Max out of Pocket:	In: \$2,800/\$5,600	Employee/ Spouse*	\$2,332.46	\$34.74
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,323.76	\$49.50

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 8** in the Oxford service area, which includes: Nassau and Suffolk counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,006.97	\$17.37
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,711.85	\$29.53
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$2,013.93	\$34.74
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,869.85	\$49.50
NY G FRDM NG 15/35/1750/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,085.52	\$17.37
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$1,845.39	\$29.53
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,171.05	\$34.74
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,093.74	\$49.50
NY G FRDM NG 25/40/1750/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,076.06	\$17.37
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,829.31	\$29.53
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,152.13	\$34.74
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,066.79	\$49.50
NY G FRDM NG 25/40/1500/80 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,126.39	\$17.37
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,914.87	\$29.53
Max out of Pocket:	In: \$6,300/\$12,600 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,252.78	\$34.74
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,210.22	\$49.50
NY G FRDM NG 50/50/1000/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,099.15	\$17.37
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,868.57	\$29.53
Max out of Pocket:	In: \$5,700/\$11,400	Employee/ Spouse*	\$2,198.31	\$34.74
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,132.59	\$49.50
NY G FRDM NG 1500/90 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,069.74	\$17.37
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,818.55	\$29.53
Max out of Pocket:	In: \$5,000/\$10,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,139.47	\$34.74
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,048.75	\$49.50
NY G FRDM NG 1500/90 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,025.44	\$17.37
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,743.25	\$29.53
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,050.88	\$34.74
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,922.51	\$49.50
NY G MTRO GT 25/40/1250/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$857.56	\$17.37
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,457.85	\$29.53
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,715.12	\$34.74
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,444.04	\$49.50
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	\$739.53	\$17.37
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,257.20	\$29.53
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,479.06	\$34.74
RX plan:	\$10/\$35/\$70	Family	\$2,107.67	\$49.50
NY G LBTY NG 30/60/2000/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$950.99	\$17.37
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,616.68	\$29.53
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,901.97	\$34.74
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,710.32	\$49.50
NY G MTRO NG 25/40/1250/80 EPO ME 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$879.92	\$17.37
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,495.87	\$29.53
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,759.85	\$34.74
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,507.79	\$49.50
NY G FRDM NG 30/60/2250/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,001.89	\$17.37
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,703.21	\$29.53
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$2,003.78	\$34.74
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$2,855.38	\$49.50
NY G LBTY NG 25/50/100 EPO ZD 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,093.18	\$17.37
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,858.40	\$29.53
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,186.35	\$34.74
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,115.56	\$49.50
NY G LBTY NG 1500/90 EPO HSAM 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$968.72	\$17.37
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,646.83	\$29.53
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$1,937.44	\$34.74
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,760.85	\$49.50
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	\$935.17	\$17.37
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,589.79	\$29.53
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,870.34	\$34.74
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,665.24	\$49.50

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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	\$841.05	\$17.37
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,429.78	\$29.53
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,682.10	\$34.74
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,396.99	\$49.50
NY S FRDM NG 40/70/3000/65 EPO 21				
PCP/Spec:	\$40/\$70	Single	\$894.42	\$17.37
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,520.51	\$29.53
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,788.83	\$34.74
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,549.08	\$49.50
NY S LBTY NG 30/75/3500/60 EPO 21				
PCP/Spec:	\$30/\$75	Single	\$821.18	\$17.37
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,396.01	\$29.53
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,642.37	\$34.74
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,340.38	\$49.50
NY S MTRO GT 30/80/3500/70 EPO 21				
PCP/Spec:	\$30/\$80	Single	\$703.21	\$17.37
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,195.46	\$29.53
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,406.43	\$34.74
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,004.16	\$49.50
NY S FRDM NG 30/60/2000/80 PPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$942.70	\$17.37
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,602.59	\$29.53
Max out of Pocket:	In: \$6,400/\$12,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,885.41	\$34.74
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,686.71	\$49.50
NY S LBTY GT 25/50/4500/50 EPO 21				
PCP/Spec:	\$25/\$50	Single	\$815.82	\$17.37
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,386.90	\$29.53
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,631.64	\$34.74
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,325.09	\$49.50
NY S FRDM NG 40/70/3000/65 PPO 21				
PCP/Spec:	\$40/\$70	Single	\$936.85	\$17.37
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,592.64	\$29.53
Max out of Pocket:	In: \$8,550/\$17,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,873.70	\$34.74
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,670.02	\$49.50
NY S FRDM NG 25/50/2250/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$903.61	\$17.37
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,536.13	\$29.53
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,807.21	\$34.74
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,575.28	\$49.50
NY S FRDM NG 2000/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$881.89	\$17.37
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,499.22	\$29.53
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,763.78	\$34.74
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,513.38	\$49.50
NY S MTRO NG 30/80/3500/70 EPO ME 21				
PCP/Spec:	\$30/\$80	Single	\$721.55	\$17.37
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,226.63	\$29.53
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,443.10	\$34.74
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,056.41	\$49.50
NY S LBTY NG 25/50/2500/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$838.72	\$17.37
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,425.83	\$29.53
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,677.45	\$34.74
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,390.36	\$49.50
NY S MTRO GT 35/50/3500/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$663.91	\$17.37
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,128.65	\$29.53
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,327.82	\$34.74
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,892.14	\$49.50
NY S MTRO NG 50/100/100 EPO ZD 21				
PCP/Spec:	\$50/\$100	Single	\$823.16	\$17.37
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,399.37	\$29.53
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,646.32	\$34.74
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,346.00	\$49.50
NY S LBTY NG 4000/80 EPO HSAM 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$780.60	\$17.37
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,327.03	\$29.53
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$1,561.21	\$34.74
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,224.72	\$49.50
NY S LBTY NG 50/100/100 EPO 21				
PCP/Spec:	\$50/\$100	Single	\$953.66	\$17.37
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,621.23	\$29.53
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,907.33	\$34.74
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,717.94	\$49.50
NY S LBTY NG 45/75/5000/50 EPO 21				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$795.63	\$17.37
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,352.58	\$29.53
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,591.26	\$34.74
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,267.55	\$49.50

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 8** in the Oxford service area, which includes: Nassau and Suffolk counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Bronze Plans				
NY B FRDM NG 5800/50 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Single	\$762.00	\$17.37
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$1,295.40	\$29.53
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$1,524.00	\$34.74
		Family	\$2,171.70	\$49.50
NY B LBTY NG 7000/100 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$710.91	\$17.37
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$1,208.55	\$29.53
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,421.83	\$34.74
		Family	\$2,026.10	\$49.50
NY B MTRO GT 7000/100 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$598.03	\$17.37
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$1,016.65	\$29.53
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,196.06	\$34.74
		Family	\$1,704.38	\$49.50
NY B LBTY NG 25/75/5750/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Single	\$712.32	\$17.37
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$1,210.94	\$29.53
RX plan:	Ded Med/Rx then 30%/30%/30%	Employee/ Spouse*	\$1,424.64	\$34.74
		Family	\$2,030.12	\$49.50
NY B LBTY NG 30/60/6750/80 PPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 80%	Single	\$748.12	\$17.37
Max out of Pocket:	In: \$7,000/\$14,000 Out: \$25,000/\$50,000	Parent/Child (ren)	\$1,271.81	\$29.53
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$1,496.24	\$34.74
		Family	\$2,132.15	\$49.50
NY B MTRO GT 40/75/6500/50 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Single	\$602.73	\$17.37
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$1,024.65	\$29.53
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Employee/ Spouse*	\$1,205.47	\$34.74
		Family	\$1,717.80	\$49.50

* 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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