

2021 New York Small Group (1-100) Oxford Products: Q3 2021 Rates

Use the table below to review monthly rates for New York small group Oxford¹ 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.



Platinum Plans				
NY P FRDM NG 5/15/100 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,387.41	\$17.49
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 70%	Parent/Child (ren)	\$2,358.59	\$29.73
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$2,774.81	\$34.98
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,954.11	\$49.85
NY P FRDM NG 20/40/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,307.84	\$17.49
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,223.32	\$29.73
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,615.68	\$34.98
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,727.34	\$49.85
NY P FRDM NG 5/15/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,335.90	\$17.49
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,271.04	\$29.73
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,671.80	\$34.98
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,807.32	\$49.85
NY P FRDM NG 20/40/100 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,356.39	\$17.49
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 70%	Parent/Child (ren)	\$2,305.85	\$29.73
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,712.77	\$34.98
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,865.70	\$49.85
NY P FRDM NG 20/40/100 PPO FAIR 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,622.31	\$17.49
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 80%	Parent/Child (ren)	\$2,757.93	\$29.73
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$3,244.62	\$34.98
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,623.59	\$49.85
NY P MTRO GT 15/30/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,027.23	\$17.49
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,746.29	\$29.73
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,054.46	\$34.98
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,927.60	\$49.85
NY P LBTY GT 15/35/250/90 EPO LA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,125.92	\$17.49
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,914.07	\$29.73
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,251.84	\$34.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,208.87	\$49.85
NY P LBTY NG 25/70/500/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$35	Single	\$1,174.29	\$17.49
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$1,996.30	\$29.73
Max out of Pocket:	In: \$2,800/\$5,600	Employee/ Spouse*	\$2,348.58	\$34.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,346.73	\$49.85

2021 New York Small Group (1-100) Oxford Products: Q3 2021 Rates

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Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,013.92	\$17.49
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,723.67	\$29.73
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$2,027.85	\$34.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,889.69	\$49.85
NY G FRDM NG 15/35/1750/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,093.04	\$17.49
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$1,858.17	\$29.73
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,186.08	\$34.98
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,115.16	\$49.85
NY G FRDM NG 25/40/1750/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,083.51	\$17.49
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,841.97	\$29.73
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,167.03	\$34.98
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,088.02	\$49.85
NY G FRDM NG 25/40/1500/80 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,134.18	\$17.49
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,928.11	\$29.73
Max out of Pocket:	In: \$6,300/\$12,600 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,268.37	\$34.98
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,232.43	\$49.85
NY G FRDM NG 50/50/1000/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,106.76	\$17.49
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,881.49	\$29.73
Max out of Pocket:	In: \$5,700/\$11,400	Employee/ Spouse*	\$2,213.52	\$34.98
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,154.27	\$49.85
NY G FRDM NG 1500/90 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,077.14	\$17.49
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,831.13	\$29.73
Max out of Pocket:	In: \$5,000/\$10,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,154.28	\$34.98
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,069.85	\$49.85
NY G FRDM NG 1500/90 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,032.54	\$17.49
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,755.32	\$29.73
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,065.08	\$34.98
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,942.73	\$49.85
NY G MTRO GT 25/40/1250/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$863.49	\$17.49
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,467.93	\$29.73
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,726.98	\$34.98
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,460.94	\$49.85
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	\$744.66	\$17.49
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,265.91	\$29.73
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,489.31	\$34.98
RX plan:	\$10/\$35/\$70	Family	\$2,122.27	\$49.85
NY G LBTY NG 30/60/2000/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$957.57	\$17.49
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,627.88	\$29.73
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,915.15	\$34.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,729.09	\$49.85
NY G MTRO NG 25/40/1250/80 EPO ME 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$886.01	\$17.49
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,506.22	\$29.73
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,772.02	\$34.98
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,525.14	\$49.85
NY G FRDM NG 30/60/2250/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,008.82	\$17.49
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,715.00	\$29.73
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$2,017.64	\$34.98
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$2,875.13	\$49.85
NY G LBTY NG 25/50/100 EPO ZD 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,100.74	\$17.49
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,871.25	\$29.73
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,201.48	\$34.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,137.10	\$49.85
NY G LBTY NG 1500/90 EPO HSAM 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$975.43	\$17.49
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,658.23	\$29.73
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$1,950.86	\$34.98
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,779.97	\$49.85
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	\$941.65	\$17.49
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,600.81	\$29.73
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,883.30	\$34.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,683.70	\$49.85

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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	\$846.87	\$17.49
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,439.68	\$29.73
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,693.73	\$34.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,413.57	\$49.85
NY S FRDM NG 40/70/3000/65 EPO 21				
PCP/Spec:	\$40/\$70	Single	\$900.60	\$17.49
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,531.03	\$29.73
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,801.21	\$34.98
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,566.72	\$49.85
NY S LBTY NG 30/75/3500/60 EPO 21				
PCP/Spec:	\$30/\$75	Single	\$826.86	\$17.49
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,405.67	\$29.73
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,653.73	\$34.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,356.56	\$49.85
NY S MTRO GT 30/80/3500/70 EPO 21				
PCP/Spec:	\$30/\$80	Single	\$708.08	\$17.49
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,203.74	\$29.73
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,416.16	\$34.98
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,018.02	\$49.85
NY S FRDM NG 30/60/2000/80 PPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$949.23	\$17.49
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,613.69	\$29.73
Max out of Pocket:	In: \$6,400/\$12,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,898.45	\$34.98
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,705.30	\$49.85
NY S LBTY GT 25/50/4500/50 EPO 21				
PCP/Spec:	\$25/\$50	Single	\$821.47	\$17.49
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,396.50	\$29.73
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,642.94	\$34.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,341.19	\$49.85
NY S FRDM NG 40/70/3000/65 PPO 21				
PCP/Spec:	\$40/\$70	Single	\$943.33	\$17.49
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,603.67	\$29.73
Max out of Pocket:	In: \$8,550/\$17,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,886.67	\$34.98
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,688.50	\$49.85
NY S FRDM NG 25/50/2250/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$909.86	\$17.49
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,546.76	\$29.73
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,819.72	\$34.98
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,593.10	\$49.85
NY S FRDM NG 2000/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$887.99	\$17.49
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,509.57	\$29.73
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,775.97	\$34.98
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,530.76	\$49.85
NY S MTRO NG 30/80/3500/70 EPO ME 21				
PCP/Spec:	\$30/\$80	Single	\$726.54	\$17.49
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,235.13	\$29.73
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,453.09	\$34.98
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,070.64	\$49.85
NY S LBTY NG 25/50/2500/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$844.52	\$17.49
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,435.69	\$29.73
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,689.05	\$34.98
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,406.89	\$49.85
NY S MTRO GT 35/50/3500/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$668.51	\$17.49
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,136.46	\$29.73
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,337.01	\$34.98
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,905.25	\$49.85
NY S MTRO NG 50/100/100 EPO ZD 21				
PCP/Spec:	\$50/\$100	Single	\$828.86	\$17.49
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,409.06	\$29.73
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,657.71	\$34.98
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,362.24	\$49.85
NY S LBTY NG 4000/80 EPO HSAM 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$786.01	\$17.49
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,336.21	\$29.73
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$1,572.01	\$34.98
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,240.12	\$49.85
NY S LBTY NG 50/100/100 EPO 21				
PCP/Spec:	\$50/\$100	Single	\$960.26	\$17.49
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,632.45	\$29.73
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,920.52	\$34.98
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,736.74	\$49.85
NY S LBTY NG 45/75/5000/50 EPO 21				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$801.14	\$17.49
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,361.93	\$29.73
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,602.27	\$34.98
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,283.24	\$49.85

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Bronze Plans				
NY B FRDM NG 5800/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$767.27	\$17.49
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,304.36	\$29.73
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,534.54	\$34.98
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,186.73	\$49.85
NY B LBTY NG 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$715.83	\$17.49
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,216.91	\$29.73
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,431.66	\$34.98
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,040.13	\$49.85
NY B MTRO GT 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$602.17	\$17.49
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,023.69	\$29.73
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,204.34	\$34.98
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,716.18	\$49.85
NY B LBTY NG 25/75/5750/70 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$717.25	\$17.49
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,219.33	\$29.73
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,434.50	\$34.98
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,044.16	\$49.85
NY B LBTY NG 30/60/6750/80 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$753.30	\$17.49
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 80%	Parent/Child (ren)	\$1,280.61	\$29.73
Max out of Pocket:	In: \$7,000/\$14,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,506.60	\$34.98
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,146.90	\$49.85
NY B MTRO GT 40/75/6500/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$606.90	\$17.49
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,031.74	\$29.73
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,213.81	\$34.98
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,729.67	\$49.85

* 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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