

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 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	\$1,408.64	\$17.76
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 70%	Parent/Child (ren)	\$2,394.69	\$30.19
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$2,817.28	\$35.52
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,014.63	\$50.62
NY P FRDM NG 20/40/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,327.85	\$17.76
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,257.34	\$30.19
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,655.70	\$35.52
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,784.37	\$50.62
NY P FRDM NG 5/15/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,356.34	\$17.76
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,305.78	\$30.19
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,712.68	\$35.52
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,865.57	\$50.62
NY P FRDM NG 20/40/100 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,377.14	\$17.76
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 70%	Parent/Child (ren)	\$2,341.14	\$30.19
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,754.28	\$35.52
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,924.85	\$50.62
NY P FRDM NG 20/40/100 PPO FAIR 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,647.14	\$17.76
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 80%	Parent/Child (ren)	\$2,800.14	\$30.19
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$3,294.28	\$35.52
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,694.35	\$50.62
NY P MTRO GT 15/30/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,042.95	\$17.76
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,773.02	\$30.19
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,085.90	\$35.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,972.42	\$50.62
NY P LBTY GT 15/35/250/90 EPO LA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,143.15	\$17.76
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,943.36	\$30.19
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,286.31	\$35.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,257.98	\$50.62
NY P LBTY NG 25/70/500/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$35	Single	\$1,192.27	\$17.76
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,026.86	\$30.19
Max out of Pocket:	In: \$2,800/\$5,600	Employee/ Spouse*	\$2,384.53	\$35.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,397.96	\$50.62

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 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	\$1,029.44	\$17.76
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,750.06	\$30.19
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$2,058.89	\$35.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,933.91	\$50.62
NY G FRDM NG 15/35/1750/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,109.76	\$17.76
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$1,886.59	\$30.19
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,219.52	\$35.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,162.82	\$50.62
NY G FRDM NG 25/40/1750/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,100.10	\$17.76
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,870.17	\$30.19
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,200.20	\$35.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,135.28	\$50.62
NY G FRDM NG 25/40/1500/80 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,151.54	\$17.76
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,957.61	\$30.19
Max out of Pocket:	In: \$6,300/\$12,600 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,303.08	\$35.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,281.89	\$50.62
NY G FRDM NG 50/50/1000/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,123.70	\$17.76
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,910.29	\$30.19
Max out of Pocket:	In: \$5,700/\$11,400	Employee/ Spouse*	\$2,247.39	\$35.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,202.53	\$50.62
NY G FRDM NG 1500/90 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,093.62	\$17.76
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,859.16	\$30.19
Max out of Pocket:	In: \$5,000/\$10,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,187.24	\$35.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,116.82	\$50.62
NY G FRDM NG 1500/90 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,048.33	\$17.76
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,782.17	\$30.19
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,096.67	\$35.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,987.76	\$50.62
NY G MTRO GT 25/40/1250/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$876.70	\$17.76
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,490.40	\$30.19
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,753.40	\$35.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,498.59	\$50.62
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	\$756.05	\$17.76
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,285.29	\$30.19
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,512.10	\$35.52
RX plan:	\$10/\$35/\$70	Family	\$2,154.75	\$50.62
NY G LBTY NG 30/60/2000/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$972.22	\$17.76
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,652.78	\$30.19
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,944.45	\$35.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,770.84	\$50.62
NY G MTRO NG 25/40/1250/80 EPO ME 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$899.57	\$17.76
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,529.26	\$30.19
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,799.13	\$35.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,563.76	\$50.62
NY G FRDM NG 30/60/2250/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,024.26	\$17.76
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,741.24	\$30.19
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$2,048.51	\$35.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$2,919.12	\$50.62
NY G LBTY NG 25/50/100 EPO ZD 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,117.58	\$17.76
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,899.89	\$30.19
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,235.16	\$35.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,185.10	\$50.62
NY G LBTY NG 1500/90 EPO HSAM 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$990.35	\$17.76
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,683.60	\$30.19
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$1,980.71	\$35.52
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,822.51	\$50.62
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	\$956.06	\$17.76
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,625.29	\$30.19
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,912.11	\$35.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,724.76	\$50.62

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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	\$859.83	\$17.76
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,461.71	\$30.19
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,719.66	\$35.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,450.51	\$50.62
NY S FRDM NG 40/70/3000/65 EPO 21				
PCP/Spec:	\$40/\$70	Single	\$914.39	\$17.76
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,554.46	\$30.19
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,828.78	\$35.52
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,606.01	\$50.62
NY S LBTY NG 30/75/3500/60 EPO 21				
PCP/Spec:	\$30/\$75	Single	\$839.52	\$17.76
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,427.18	\$30.19
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,679.04	\$35.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,392.63	\$50.62
NY S MTRO GT 30/80/3500/70 EPO 21				
PCP/Spec:	\$30/\$80	Single	\$718.92	\$17.76
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,222.16	\$30.19
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,437.84	\$35.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,048.92	\$50.62
NY S FRDM NG 30/60/2000/80 PPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$963.75	\$17.76
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,638.37	\$30.19
Max out of Pocket:	In: \$6,400/\$12,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,927.49	\$35.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,746.67	\$50.62
NY S LBTY GT 25/50/4500/50 EPO 21				
PCP/Spec:	\$25/\$50	Single	\$834.04	\$17.76
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,417.86	\$30.19
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,668.07	\$35.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,377.00	\$50.62
NY S FRDM NG 40/70/3000/65 PPO 21				
PCP/Spec:	\$40/\$70	Single	\$957.77	\$17.76
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,628.21	\$30.19
Max out of Pocket:	In: \$8,550/\$17,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,915.54	\$35.52
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,729.65	\$50.62
NY S FRDM NG 25/50/2250/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$923.79	\$17.76
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,570.44	\$30.19
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,847.57	\$35.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,632.79	\$50.62
NY S FRDM NG 2000/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$901.58	\$17.76
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,532.68	\$30.19
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,803.15	\$35.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,569.50	\$50.62
NY S MTRO NG 30/80/3500/70 EPO ME 21				
PCP/Spec:	\$30/\$80	Single	\$737.66	\$17.76
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,254.03	\$30.19
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,475.32	\$35.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,102.33	\$50.62
NY S LBTY NG 25/50/2500/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$857.45	\$17.76
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,457.66	\$30.19
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,714.90	\$35.52
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,443.73	\$50.62
NY S MTRO GT 35/50/3500/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$678.74	\$17.76
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,153.85	\$30.19
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,357.47	\$35.52
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,934.39	\$50.62
NY S MTRO NG 50/100/100 EPO ZD 21				
PCP/Spec:	\$50/\$100	Single	\$841.54	\$17.76
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,430.62	\$30.19
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,683.08	\$35.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,398.39	\$50.62
NY S LBTY NG 4000/80 EPO HSAM 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$798.03	\$17.76
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,356.66	\$30.19
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$1,596.06	\$35.52
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,274.39	\$50.62
NY S LBTY NG 50/100/100 EPO 21				
PCP/Spec:	\$50/\$100	Single	\$974.96	\$17.76
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,657.43	\$30.19
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,949.91	\$35.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,778.63	\$50.62
NY S LBTY NG 45/75/5000/50 EPO 21				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$813.39	\$17.76
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,382.76	\$30.19
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,626.79	\$35.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,318.17	\$50.62

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 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		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$779.01	\$17.76
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,324.32	\$30.19
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,558.02	\$35.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,220.18	\$50.62
NY B LBTY NG 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$726.78	\$17.76
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,235.53	\$30.19
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,453.57	\$35.52
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,071.33	\$50.62
NY B MTRO GT 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$611.39	\$17.76
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,039.36	\$30.19
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,222.78	\$35.52
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,742.46	\$50.62
NY B LBTY NG 25/75/5750/70 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$728.22	\$17.76
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,237.97	\$30.19
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,456.44	\$35.52
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,075.42	\$50.62
NY B LBTY NG 30/60/6750/80 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$764.83	\$17.76
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 80%	Parent/Child (ren)	\$1,300.20	\$30.19
Max out of Pocket:	In: \$7,000/\$14,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,529.65	\$35.52
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,179.76	\$50.62
NY B MTRO GT 40/75/6500/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$616.19	\$17.76
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,047.52	\$30.19
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,232.37	\$35.52
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,756.13	\$50.62

* 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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