

**2021 New York Small Group (1-100) Oxford Products: Q4 2021 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



<b>Platinum Plans</b>				
<b>NY P FRDM NG 5/15/100 PPO 21</b>				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 70%	Single	\$1,535.28	\$19.35
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Parent/Child (ren)	\$2,609.99	\$32.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,070.57	\$38.70
		Family	\$4,375.56	\$55.15
<b>NY P FRDM NG 20/40/100 EPO 21</b>				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,447.24	\$19.35
Max out of Pocket:	In: \$3,000/\$6,000	Parent/Child (ren)	\$2,460.31	\$32.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,894.48	\$38.70
		Family	\$4,124.63	\$55.15
<b>NY P FRDM NG 5/15/100 EPO 21</b>				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,478.29	\$19.35
Max out of Pocket:	In: \$3,000/\$6,000	Parent/Child (ren)	\$2,513.08	\$32.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,956.57	\$38.70
		Family	\$4,213.12	\$55.15
<b>NY P FRDM NG 20/40/100 PPO 21</b>				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 70%	Single	\$1,500.96	\$19.35
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Parent/Child (ren)	\$2,551.63	\$32.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,001.92	\$38.70
		Family	\$4,277.73	\$55.15
<b>NY P FRDM NG 20/40/100 PPO FAIR 21</b>				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 80%	Single	\$1,795.23	\$19.35
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Parent/Child (ren)	\$3,051.90	\$32.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,590.47	\$38.70
		Family	\$5,116.41	\$55.15
<b>NY P MTRO GT 15/30/100 EPO 21</b>				
PCP/Spec:	\$15/\$30	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,136.72	\$19.35
Max out of Pocket:	In: \$3,000/\$6,000	Parent/Child (ren)	\$1,932.43	\$32.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,273.45	\$38.70
		Family	\$3,239.66	\$55.15
<b>NY P LBTY GT 15/35/250/90 EPO LA 21</b>				
PCP/Spec:	\$15/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$250/\$500, 10%	Single	\$1,245.93	\$19.35
Max out of Pocket:	In: \$3,000/\$6,000	Parent/Child (ren)	\$2,118.08	\$32.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,491.86	\$38.70
		Family	\$3,550.89	\$55.15
<b>NY P LBTY NG 25/70/500/100 EPO 21</b>				
PCP/Spec:	\$5/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Single	\$1,299.46	\$19.35
Max out of Pocket:	In: \$2,800/\$5,600	Parent/Child (ren)	\$2,209.09	\$32.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,598.93	\$38.70
		Family	\$3,703.47	\$55.15

**2021 New York Small Group (1-100) Oxford Products: Q4 2021 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



<b>Gold Plans</b>				
NY G LBTY GT 30/60/1250/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,122.00	\$19.35
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,907.40	\$32.90
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$2,244.00	\$38.70
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,197.70	\$55.15
NY G FRDM NG 15/35/1750/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,209.55	\$19.35
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,056.23	\$32.90
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,419.09	\$38.70
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,447.21	\$55.15
NY G FRDM NG 25/40/1750/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,199.00	\$19.35
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,038.30	\$32.90
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,398.00	\$38.70
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,417.15	\$55.15
NY G FRDM NG 25/40/1500/80 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,255.07	\$19.35
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$2,133.63	\$32.90
Max out of Pocket:	In: \$6,300/\$12,600 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,510.15	\$38.70
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,576.96	\$55.15
NY G FRDM NG 50/50/1000/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,224.72	\$19.35
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,082.03	\$32.90
Max out of Pocket:	In: \$5,700/\$11,400	Employee/ Spouse*	\$2,449.44	\$38.70
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,490.46	\$55.15
NY G FRDM NG 1500/90 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,191.95	\$19.35
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$2,026.32	\$32.90
Max out of Pocket:	In: \$5,000/\$10,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,383.90	\$38.70
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,397.06	\$55.15
NY G FRDM NG 1500/90 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,142.59	\$19.35
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,942.40	\$32.90
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,285.18	\$38.70
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,256.38	\$55.15
NY G MTRO GT 25/40/1250/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$955.53	\$19.35
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,624.40	\$32.90
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,911.05	\$38.70
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,723.25	\$55.15
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	\$824.02	\$19.35
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,400.83	\$32.90
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,648.04	\$38.70
RX plan:	\$10/\$35/\$70	Family	\$2,348.46	\$55.15
NY G LBTY NG 30/60/2000/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,059.64	\$19.35
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,801.38	\$32.90
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$2,119.28	\$38.70
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,019.97	\$55.15
NY G MTRO NG 25/40/1250/80 EPO ME 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$980.45	\$19.35
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,666.76	\$32.90
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,960.90	\$38.70
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,794.29	\$55.15
NY G FRDM NG 30/60/2250/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,116.35	\$19.35
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,897.80	\$32.90
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$2,232.70	\$38.70
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,181.59	\$55.15
NY G LBTY NG 25/50/100 EPO ZD 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,218.07	\$19.35
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,070.72	\$32.90
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,436.14	\$38.70
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,471.50	\$55.15
NY G LBTY NG 1500/90 EPO HSAM 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,079.39	\$19.35
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,834.96	\$32.90
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,158.78	\$38.70
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$3,076.27	\$55.15
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	\$1,042.02	\$19.35
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,771.43	\$32.90
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,084.03	\$38.70
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,969.75	\$55.15

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Silver Plans		Tier	Rate (select counties)	Dep 29 Rider
<b>NY S LBTY NG 40/70/3000/65 EPO 21</b>				
PCP/Spec:	\$40/\$70	Single	\$937.14	\$19.35
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,593.14	\$32.90
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,874.27	\$38.70
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,670.84	\$55.15
<b>NY S FRDM NG 40/70/3000/65 EPO 21</b>				
PCP/Spec:	\$40/\$70	Single	\$996.60	\$19.35
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,694.22	\$32.90
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,993.20	\$38.70
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,840.31	\$55.15
<b>NY S LBTY NG 30/75/3500/60 EPO 21</b>				
PCP/Spec:	\$30/\$75	Single	\$915.00	\$19.35
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,555.50	\$32.90
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,830.00	\$38.70
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,607.75	\$55.15
<b>NY S MTRO GT 30/80/3500/70 EPO 21</b>				
PCP/Spec:	\$30/\$80	Single	\$783.55	\$19.35
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,332.04	\$32.90
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,567.10	\$38.70
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,233.12	\$55.15
<b>NY S FRDM NG 30/60/2000/80 PPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,050.40	\$19.35
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,785.68	\$32.90
Max out of Pocket:	In: \$6,400/\$12,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,100.80	\$38.70
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,993.64	\$55.15
<b>NY S LBTY GT 25/50/4500/50 EPO 21</b>				
PCP/Spec:	\$25/\$50	Single	\$909.03	\$19.35
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,545.35	\$32.90
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,818.05	\$38.70
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,590.73	\$55.15
<b>NY S FRDM NG 40/70/3000/65 PPO 21</b>				
PCP/Spec:	\$40/\$70	Single	\$1,043.88	\$19.35
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,774.59	\$32.90
Max out of Pocket:	In: \$8,550/\$17,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$2,087.76	\$38.70
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,975.06	\$55.15
<b>NY S FRDM NG 25/50/2250/80 EPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,006.84	\$19.35
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,711.63	\$32.90
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$2,013.67	\$38.70
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,869.48	\$55.15
<b>NY S FRDM NG 2000/70 EPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$982.64	\$19.35
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,670.48	\$32.90
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,965.27	\$38.70
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,800.51	\$55.15
<b>NY S MTRO NG 30/80/3500/70 EPO ME 21</b>				
PCP/Spec:	\$30/\$80	Single	\$803.98	\$19.35
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,366.76	\$32.90
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,607.96	\$38.70
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,291.35	\$55.15
<b>NY S LBTY NG 25/50/2500/80 EPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$934.54	\$19.35
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,588.73	\$32.90
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,869.08	\$38.70
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,663.45	\$55.15
<b>NY S MTRO GT 35/50/3500/70 EPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$739.75	\$19.35
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,257.58	\$32.90
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,479.51	\$38.70
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,108.30	\$55.15
<b>NY S MTRO NG 50/100/100 EPO ZD 21</b>				
PCP/Spec:	\$50/\$100	Single	\$917.20	\$19.35
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,559.23	\$32.90
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,834.40	\$38.70
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,614.02	\$55.15
<b>NY S LBTY NG 4000/80 EPO HSAM 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$869.78	\$19.35
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,478.63	\$32.90
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$1,739.56	\$38.70
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,478.87	\$55.15
<b>NY S LBTY NG 50/100/100 EPO 21</b>				
PCP/Spec:	\$50/\$100	Single	\$1,062.61	\$19.35
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,806.44	\$32.90
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$2,125.22	\$38.70
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,028.44	\$55.15
<b>NY S LBTY NG 45/75/5000/50 EPO 21</b>				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$886.53	\$19.35
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,507.10	\$32.90
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,773.06	\$38.70
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,526.61	\$55.15

**2021 New York Small Group (1-100) Oxford Products: Q4 2021 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



<b>Bronze Plans</b>				
NY B FRDM NG 5800/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$849.05	\$19.35
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,443.39	\$32.90
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,698.11	\$38.70
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,419.80	\$55.15
NY B LBTY NG 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$792.13	\$19.35
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,346.62	\$32.90
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,584.26	\$38.70
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,257.57	\$55.15
NY B MTRO GT 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$666.35	\$19.35
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,132.79	\$32.90
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,332.70	\$38.70
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,899.09	\$55.15
NY B LBTY NG 25/75/5750/70 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$793.70	\$19.35
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,349.28	\$32.90
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,587.39	\$38.70
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,262.03	\$55.15
NY B LBTY NG 30/60/6750/80 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$833.59	\$19.35
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 80%	Parent/Child (ren)	\$1,417.10	\$32.90
Max out of Pocket:	In: \$7,000/\$14,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,667.18	\$38.70
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,375.73	\$55.15
NY B MTRO GT 40/75/6500/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$671.59	\$19.35
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,141.71	\$32.90
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,343.18	\$38.70
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,914.04	\$55.15

\* 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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