

**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 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.



<b>Platinum Plans</b>				
<b>NY P FRDM NG 5/15/100 PPO 21</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,440.10	\$18.15
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 70%	Parent/Child (ren)	\$2,448.17	\$30.86
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$2,880.19	\$36.30
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,104.27	\$51.73
<b>NY P FRDM NG 20/40/100 EPO 21</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,357.50	\$18.15
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,307.74	\$30.86
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,715.00	\$36.30
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,868.87	\$51.73
<b>NY P FRDM NG 5/15/100 EPO 21</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,386.63	\$18.15
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,357.27	\$30.86
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,773.26	\$36.30
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,951.89	\$51.73
<b>NY P FRDM NG 20/40/100 PPO 21</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,407.89	\$18.15
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 70%	Parent/Child (ren)	\$2,393.42	\$30.86
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,815.78	\$36.30
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,012.49	\$51.73
<b>NY P FRDM NG 20/40/100 PPO FAIR 21</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,683.92	\$18.15
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 80%	Parent/Child (ren)	\$2,862.67	\$30.86
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$3,367.85	\$36.30
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,799.18	\$51.73
<b>NY P MTRO GT 15/30/100 EPO 21</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$15/\$30	Single	\$1,066.24	\$18.15
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,812.61	\$30.86
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,132.49	\$36.30
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,038.80	\$51.73
<b>NY P LBTY GT 15/35/250/90 EPO LA 21</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$15/\$35	Single	\$1,168.68	\$18.15
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,986.75	\$30.86
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,337.36	\$36.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,330.73	\$51.73
<b>NY P LBTY NG 25/70/500/100 EPO 21</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$35	Single	\$1,218.88	\$18.15
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,072.11	\$30.86
Max out of Pocket:	In: \$2,800/\$5,600	Employee/ Spouse*	\$2,437.77	\$36.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,473.82	\$51.73

**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 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.



<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	\$1,052.43	\$18.15
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,789.13	\$30.86
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$2,104.86	\$36.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,999.42	\$51.73
NY G FRDM NG 15/35/1750/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,134.55	\$18.15
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$1,928.73	\$30.86
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,269.09	\$36.30
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,233.46	\$51.73
NY G FRDM NG 25/40/1750/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,124.66	\$18.15
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,911.93	\$30.86
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,249.32	\$36.30
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,205.28	\$51.73
NY G FRDM NG 25/40/1500/80 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,177.25	\$18.15
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$2,001.32	\$30.86
Max out of Pocket:	In: \$6,300/\$12,600 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,354.50	\$36.30
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,355.15	\$51.73
NY G FRDM NG 50/50/1000/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,148.79	\$18.15
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,952.93	\$30.86
Max out of Pocket:	In: \$5,700/\$11,400	Employee/ Spouse*	\$2,297.57	\$36.30
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,274.04	\$51.73
NY G FRDM NG 1500/90 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,118.04	\$18.15
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,900.68	\$30.86
Max out of Pocket:	In: \$5,000/\$10,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,236.09	\$36.30
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,186.43	\$51.73
NY G FRDM NG 1500/90 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,071.75	\$18.15
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,821.97	\$30.86
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,143.49	\$36.30
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,054.48	\$51.73
NY G MTRO GT 25/40/1250/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$896.28	\$18.15
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,523.68	\$30.86
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,792.56	\$36.30
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,554.39	\$51.73
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	\$772.93	\$18.15
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,313.99	\$30.86
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,545.87	\$36.30
RX plan:	\$10/\$35/\$70	Family	\$2,202.86	\$51.73
NY G LBTY NG 30/60/2000/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$993.93	\$18.15
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,689.69	\$30.86
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,987.86	\$36.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,832.70	\$51.73
NY G MTRO NG 25/40/1250/80 EPO ME 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$919.65	\$18.15
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,563.41	\$30.86
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,839.31	\$36.30
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,621.01	\$51.73
NY G FRDM NG 30/60/2250/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,047.13	\$18.15
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,780.12	\$30.86
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$2,094.26	\$36.30
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$2,984.32	\$51.73
NY G LBTY NG 25/50/100 EPO ZD 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,142.54	\$18.15
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,942.32	\$30.86
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,285.08	\$36.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,256.24	\$51.73
NY G LBTY NG 1500/90 EPO HSAM 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,012.47	\$18.15
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,721.20	\$30.86
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,024.94	\$36.30
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,885.54	\$51.73
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	\$977.40	\$18.15
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,661.59	\$30.86
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,954.80	\$36.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,785.60	\$51.73

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<b>Silver Plans</b>		Tier	Rate (select counties)	Dep 29 Rider
<b>NY S LBTY NG 40/70/3000/65 EPO 21</b>				
PCP/Spec:	\$40/\$70	Single	\$879.03	\$18.15
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,494.34	\$30.86
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,758.05	\$36.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,505.23	\$51.73
<b>NY S FRDM NG 40/70/3000/65 EPO 21</b>				
PCP/Spec:	\$40/\$70	Single	\$934.80	\$18.15
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,589.16	\$30.86
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,869.60	\$36.30
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,664.19	\$51.73
<b>NY S LBTY NG 30/75/3500/60 EPO 21</b>				
PCP/Spec:	\$30/\$75	Single	\$858.26	\$18.15
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,459.05	\$30.86
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,716.53	\$36.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,446.05	\$51.73
<b>NY S MTRO GT 30/80/3500/70 EPO 21</b>				
PCP/Spec:	\$30/\$80	Single	\$734.96	\$18.15
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,249.44	\$30.86
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,469.93	\$36.30
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,094.65	\$51.73
<b>NY S FRDM NG 30/60/2000/80 PPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$985.27	\$18.15
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,674.95	\$30.86
Max out of Pocket:	In: \$6,400/\$12,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,970.54	\$36.30
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,808.02	\$51.73
<b>NY S LBTY GT 25/50/4500/50 EPO 21</b>				
PCP/Spec:	\$25/\$50	Single	\$852.66	\$18.15
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,449.52	\$30.86
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,705.32	\$36.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,430.08	\$51.73
<b>NY S FRDM NG 40/70/3000/65 PPO 21</b>				
PCP/Spec:	\$40/\$70	Single	\$979.15	\$18.15
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,664.56	\$30.86
Max out of Pocket:	In: \$8,550/\$17,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,958.31	\$36.30
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,790.59	\$51.73
<b>NY S FRDM NG 25/50/2250/80 EPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$944.41	\$18.15
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,605.49	\$30.86
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,888.82	\$36.30
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,691.57	\$51.73
<b>NY S FRDM NG 2000/70 EPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$921.71	\$18.15
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,566.91	\$30.86
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,843.42	\$36.30
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,626.88	\$51.73
<b>NY S MTRO NG 30/80/3500/70 EPO ME 21</b>				
PCP/Spec:	\$30/\$80	Single	\$754.12	\$18.15
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,282.02	\$30.86
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,508.25	\$36.30
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,149.26	\$51.73
<b>NY S LBTY NG 25/50/2500/80 EPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$876.60	\$18.15
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,490.22	\$30.86
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,753.20	\$36.30
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,498.31	\$51.73
<b>NY S MTRO GT 35/50/3500/70 EPO HSA 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$693.89	\$18.15
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,179.62	\$30.86
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,387.79	\$36.30
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,977.60	\$51.73
<b>NY S MTRO NG 50/100/100 EPO ZD 21</b>				
PCP/Spec:	\$50/\$100	Single	\$860.33	\$18.15
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,462.56	\$30.86
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,720.66	\$36.30
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,451.94	\$51.73
<b>NY S LBTY NG 4000/80 EPO HSAM 21</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$815.85	\$18.15
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,386.94	\$30.86
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$1,631.70	\$36.30
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,325.16	\$51.73
<b>NY S LBTY NG 50/100/100 EPO 21</b>				
PCP/Spec:	\$50/\$100	Single	\$996.73	\$18.15
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,694.44	\$30.86
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,993.46	\$36.30
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,840.68	\$51.73
<b>NY S LBTY NG 45/75/5000/50 EPO 21</b>				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$831.56	\$18.15
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,413.65	\$30.86
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,663.12	\$36.30
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,369.95	\$51.73

**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 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.



<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	\$796.40	\$18.15
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,353.89	\$30.86
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,592.80	\$36.30
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,269.74	\$51.73
NY B LBTY NG 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$743.01	\$18.15
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,263.12	\$30.86
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,486.01	\$36.30
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,117.57	\$51.73
NY B MTRO GT 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$625.04	\$18.15
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,062.56	\$30.86
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,250.07	\$36.30
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,781.35	\$51.73
NY B LBTY NG 25/75/5750/70 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$744.48	\$18.15
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,265.62	\$30.86
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,488.96	\$36.30
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,121.77	\$51.73
NY B LBTY NG 30/60/6750/80 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$781.91	\$18.15
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 80%	Parent/Child (ren)	\$1,329.25	\$30.86
Max out of Pocket:	In: \$7,000/\$14,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,563.82	\$36.30
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,228.45	\$51.73
NY B MTRO GT 40/75/6500/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$629.95	\$18.15
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,070.90	\$30.86
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,259.89	\$36.30
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,795.34	\$51.73

\* 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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