

2024 New York Small Group (1-100) Oxford Products: Q1 2024 Rates

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



Platinum Plans				
NY P FRDM NG 5/15/100 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,460.67	\$18.84
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,483.14	\$32.03
Max out of Pocket:	In: \$3,750/\$7,500 Out: \$5,500/\$11,000	Employee/ Spouse*	\$2,921.34	\$37.68
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,162.91	\$53.69
NY P FRDM NG 20/40/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,380.84	\$18.84
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,347.43	\$32.03
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,761.68	\$37.68
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$3,935.39	\$53.69
NY P FRDM NG 5/15/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,408.39	\$18.84
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,344.26	\$32.03
Max out of Pocket:	In: \$3,750/\$7,500	Employee/ Spouse*	\$2,816.78	\$37.68
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,013.91	\$53.69
NY P FRDM NG 20/40/100 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,429.96	\$18.84
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,430.93	\$32.03
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,859.92	\$37.68
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,075.39	\$53.69
NY P FRDM NG 20/40/100 PPO FAIR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,712.37	\$18.84
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$2,911.03	\$32.03
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,424.74	\$37.68
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,880.25	\$53.69
NY P MTRO GT 15/25/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,142.90	\$18.84
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,942.93	\$32.03
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,285.80	\$37.68
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,257.27	\$53.69
NY P LBTY GT 10/25/250/90 EPO LA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,202.30	\$18.84
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,043.91	\$32.03
Max out of Pocket:	In: \$2,750/\$5,500	Employee/ Spouse*	\$2,404.60	\$37.68
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,426.56	\$53.69
NY P LBTY NG 5/35/500/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,266.93	\$18.84
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,153.78	\$32.03
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,533.86	\$37.68
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,610.75	\$53.69

2024 New York Small Group (1-100) Oxford Products: Q1 2024 Rates

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



Gold Plans				
Plan Name		Tier	Rate (select counties)	Dep 29 Rider
NY G LBTY GT 30/60/1250/100 EPO 24				
PCP/Spec:	\$30/\$60	Single	\$1,073.02	\$18.84
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,824.13	\$32.03
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,146.04	\$37.68
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,058.11	\$53.69
NY G FRDM NG 15/35/1750/90 EPO 24				
PCP/Spec:	\$15/\$35	Single	\$1,178.29	\$18.84
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,003.09	\$32.03
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,356.58	\$37.68
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,358.13	\$53.69
NY G FRDM NG 25/40/1750/80 EPO 24				
PCP/Spec:	\$25/\$40	Single	\$1,169.38	\$18.84
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,927.95	\$32.03
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,338.76	\$37.68
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,332.73	\$53.69
NY G FRDM NG 25/40/1500/80 PPO 24				
PCP/Spec:	\$25/\$40	Single	\$1,217.46	\$18.84
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,009.68	\$32.03
Max out of Pocket:	In: \$7,250/\$14,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,434.92	\$37.68
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,469.76	\$53.69
NY G FRDM NG 50/50/1000/90 EPO 24				
PCP/Spec:	\$50/\$50	Single	\$1,182.22	\$18.84
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,009.77	\$32.03
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$2,364.44	\$37.68
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,369.33	\$53.69
NY G FRDM NG 1600/90 PPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,128.47	\$18.84
Ded and Coinsurance:	In: \$1,600/\$3,200, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$1,918.40	\$32.03
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,256.94	\$37.68
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,216.14	\$53.69
NY G FRDM NG 1600/90 EPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,086.57	\$18.84
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$1,847.17	\$32.03
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,173.14	\$37.68
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,096.72	\$53.69
NY G MTRO GT 25/40/1250/80 EPO 24				
PCP/Spec:	\$25/\$40	Single	\$970.06	\$18.84
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,649.10	\$32.03
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$1,940.12	\$37.68
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,764.67	\$53.69
NY G MTRO GT 25/40/600/80 EPO HNY 24				
PCP/Spec:	\$25/\$40 after Deductible	Single	\$829.82	\$18.84
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,410.69	\$32.03
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$1,659.64	\$37.68
RX plan:	\$10/\$35/\$70 Std Select	Family	\$2,364.99	\$53.69
NY G LBTY NG 30/60/1800/70 EPO 24				
PCP/Spec:	\$30/\$60	Single	\$1,058.46	\$18.84
Ded and Coinsurance:	In: \$1,800/\$3,600, 30%	Parent/Child (ren)	\$1,799.38	\$32.03
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,116.92	\$37.68
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,016.61	\$53.69
NY G MTRO NG 25/40/1250/80 EPO ME 24				
PCP/Spec:	\$25/\$40	Single	\$1,004.95	\$18.84
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,708.42	\$32.03
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,009.90	\$37.68
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,864.11	\$53.69
NY G FRDM NG 30/60/2250/70 EPO 24				
PCP/Spec:	\$30/\$60	Single	\$1,119.48	\$18.84
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,903.12	\$32.03
Max out of Pocket:	In: \$8,250/\$16,500	Employee/ Spouse*	\$2,238.96	\$37.68
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,190.52	\$53.69
NY G LBTY NG 25/50/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,184.12	\$18.84
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,013.00	\$32.03
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,368.24	\$37.68
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,374.74	\$53.69
NY G LBTY NG 1600/90 EPO HSA PR 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,026.53	\$18.84
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$1,745.10	\$32.03
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,053.06	\$37.68
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,925.61	\$53.69
NY G LBTY NG 20/40/1500/80 EPO PD 24				
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,076.62	\$18.84
Ded and Coinsurance:	In: \$1,500/\$3,000, 20%	Parent/Child (ren)	\$1,830.25	\$32.03
Max out of Pocket:	In: \$8,750/\$17,500	Employee/ Spouse*	\$2,153.24	\$37.68
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,068.37	\$53.69
NY G FRDM NG 2000/100 EPO HSA PR 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,088.22	\$18.84
Ded and Coinsurance:	In: \$2,000/\$4,000, 0%	Parent/Child (ren)	\$1,849.97	\$32.03
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,176.44	\$37.68
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,101.43	\$53.69
NY G FRDM NG 25/50/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,256.22	\$18.84
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,135.57	\$32.03
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,512.44	\$37.68
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,580.23	\$53.69

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Silver Plans				
NY S LBTY NG 40/80/3250/60 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$928.07	\$18.84
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,577.72	\$32.03
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,856.14	\$37.68
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,645.00	\$53.69
NY S FRDM NG 40/80/3250/60 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$981.88	\$18.84
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,669.20	\$32.03
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,963.76	\$37.68
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,798.36	\$53.69
NY S LBTY NG 30/75/4000/50 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$75	Single	\$915.04	\$18.84
Ded and Coinsurance:	In: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,555.57	\$32.03
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,830.08	\$37.68
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Broad Ntwk	Family	\$2,607.86	\$53.69
NY S MTRO GT 30/80/3750/60 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$811.20	\$18.84
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,379.04	\$32.03
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,622.40	\$37.68
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,311.92	\$53.69
NY S FRDM NG 30/60/2250/70 PPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$990.00	\$18.84
Ded and Coinsurance:	In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,683.00	\$32.03
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$15,500/\$31,000	Employee/ Spouse*	\$1,980.00	\$37.68
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,821.50	\$53.69
NY S LBTY GT 30/60/4500/50 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$895.66	\$18.84
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,522.62	\$32.03
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,791.32	\$37.68
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,552.63	\$53.69
NY S FRDM NG 40/80/3250/60 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$1,019.61	\$18.84
Ded and Coinsurance:	In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,733.34	\$32.03
Max out of Pocket:	In: \$9,450/\$18,900 Out: \$15,500/\$31,000	Employee/ Spouse*	\$2,039.22	\$37.68
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,905.89	\$53.69
NY S FRDM NG 30/60/3000/80 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$953.98	\$18.84
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,621.77	\$32.03
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$1,907.96	\$37.68
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,718.84	\$53.69
NY S FRDM NG 2500/60 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$923.79	\$18.84
Ded and Coinsurance:	In: \$2,500/\$5,000, 40%	Parent/Child (ren)	\$1,570.44	\$32.03
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,847.58	\$37.68
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,632.80	\$53.69
NY S MTRO NG 30/80/3750/60 EPO ME 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$840.38	\$18.84
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,428.65	\$32.03
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,680.76	\$37.68
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,395.08	\$53.69
NY S LBTY NG 30/60/3000/80 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$900.99	\$18.84
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,531.68	\$32.03
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$1,801.98	\$37.68
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,567.82	\$53.69
NY S MTRO GT 35/50/4000/70 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$35/\$50 after Deductible	Single	\$762.47	\$18.84
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Parent/Child (ren)	\$1,296.20	\$32.03
Max out of Pocket:	In: \$7,200/\$14,400	Employee/ Spouse*	\$1,524.94	\$37.68
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Family	\$2,173.04	\$53.69
NY S MTRO NG 50/100/100 EPO ZD 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$952.71	\$18.84
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,619.61	\$32.03
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,905.42	\$37.68
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Std Select	Family	\$2,715.22	\$53.69
NY S LBTY NG 4000/80 EPO HSA PR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$852.93	\$18.84
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,449.98	\$32.03
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,705.86	\$37.68
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,430.85	\$53.69
NY S LBTY NG 50/100/100 EPO ZD 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,048.63	\$18.84
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,782.67	\$32.03
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,097.26	\$37.68
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Family	\$2,988.60	\$53.69
NY S LBTY NG 25/45/5000/50 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$923.34	\$18.84
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,569.68	\$32.03
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,846.68	\$37.68
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,631.52	\$53.69
NY S FRDM NG 50/100/100 EPO ZD 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,108.86	\$18.84
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,885.06	\$32.03
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,217.72	\$37.68
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Family	\$3,160.25	\$53.69

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Bronze Plans				
NY B FRDM NG 5000/50 EPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Single	\$860.74	\$18.84
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$1,463.26	\$32.03
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$1,721.48	\$37.68
		Family	\$2,453.11	\$53.69
NY B LBTY NG 7250/100 EPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Single	\$822.17	\$18.84
Max out of Pocket:	In: \$7,250/\$14,500	Parent/Child (ren)	\$1,397.69	\$32.03
RX plan:	Ded Med/Rx then 0%/0%/0% Broad Ntwk	Employee/ Spouse*	\$1,644.34	\$37.68
		Family	\$2,343.18	\$53.69
NY B MTRO GT 7250/100 EPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Single	\$721.78	\$18.84
Max out of Pocket:	In: \$7,250/\$14,500	Parent/Child (ren)	\$1,227.03	\$32.03
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Employee/ Spouse*	\$1,443.56	\$37.68
		Family	\$2,057.07	\$53.69
NY B LBTY NG 25/75/5750/70 EPO HSA 24				
PCP/Spec:	\$25/\$75 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Single	\$808.96	\$18.84
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$1,375.23	\$32.03
RX plan:	Ded Med/Rx then 30%/30%/30% Broad Ntwk	Employee/ Spouse*	\$1,617.92	\$37.68
		Family	\$2,305.54	\$53.69
NY B LBTY NG 30/60/6750/80 PPO HSA 24				
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Single	\$833.52	\$18.84
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$31,250/\$62,500	Parent/Child (ren)	\$1,416.98	\$32.03
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$1,667.04	\$37.68
		Family	\$2,375.53	\$53.69
NY B MTRO GT 40/75/6500/50 EPO HSA 24				
PCP/Spec:	\$40/\$75 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Single	\$704.77	\$18.84
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$1,198.11	\$32.03
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,409.54	\$37.68
		Family	\$2,008.59	\$53.69

* 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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