

2022 New York Small Group (1-100) Oxford Products: Q4 2022 Rates

Use the table below to review monthly rates for New York small group Oxford[®] 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 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,601.93	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,723.28	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,203.86	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,565.50	\$54.41
NY P FRDM NG 20/40/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,506.39	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,560.86	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$3,012.78	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,293.21	\$54.41
NY P FRDM NG 5/15/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,539.10	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,616.47	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$3,078.20	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,386.44	\$54.41
NY P FRDM NG 20/40/100 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,565.88	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,662.00	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,131.76	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,462.76	\$54.41
NY P FRDM NG 20/40/100 PPO FAIR 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,891.10	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$3,214.87	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,782.20	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$5,389.64	\$54.41
NY P MTRO GT 15/30/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,213.28	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,062.58	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,426.56	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,457.85	\$54.41
NY P LBTY GT 15/30/250/90 EPO LA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,307.63	\$19.09
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,222.97	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,615.26	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,726.75	\$54.41
NY P LBTY NG 5/35/500/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,391.40	\$19.09
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,365.38	\$32.45
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,782.80	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,965.49	\$54.41

2022 New York Small Group (1-100) Oxford Products: Q4 2022 Rates

Use the table below to review monthly rates for New York small group Oxford 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				
NY G LBTY GT 30/60/1250/100 EPO 22				
		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,175.85	\$19.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,998.95	\$32.45
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$2,351.70	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,351.17	\$54.41
NY G FRDM NG 15/35/1750/90 EPO 22				
PCP/Spec:	\$15/\$35	Single	\$1,275.91	\$19.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,169.05	\$32.45
Max out of Pocket:	In: \$7,500/\$15,000	Employee/ Spouse*	\$2,551.82	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,636.34	\$54.41
NY G FRDM NG 25/40/1750/80 EPO 22				
PCP/Spec:	\$25/\$40	Single	\$1,265.51	\$19.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,151.37	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,531.02	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,606.70	\$54.41
NY G FRDM NG 25/40/1500/80 PPO 22				
PCP/Spec:	\$25/\$40	Single	\$1,327.12	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,256.10	\$32.45
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,654.24	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,782.29	\$54.41
NY G FRDM NG 50/50/1000/90 EPO 22				
PCP/Spec:	\$50/\$50	Single	\$1,290.08	\$19.09
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,193.14	\$32.45
Max out of Pocket:	In: \$6,200/\$12,400	Employee/ Spouse*	\$2,580.16	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,676.73	\$54.41
NY G FRDM NG 1500/90 PPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,260.08	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,142.14	\$32.45
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,520.16	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,591.23	\$54.41
NY G FRDM NG 1500/90 EPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,207.52	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$2,052.78	\$32.45
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,415.04	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,441.43	\$54.41
NY G MTR0 GT 25/40/1250/80 EPO 22				
PCP/Spec:	\$25/\$40	Single	\$1,028.78	\$19.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,748.93	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,057.56	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,932.02	\$54.41
NY G MTR0 GT 25/40/600/80 EPO HNY 22				
PCP/Spec:	\$25/\$40 after Deductible	Single	\$882.31	\$19.09
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,499.93	\$32.45
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,764.62	\$38.18
RX plan:	\$10/\$35/\$70	Family	\$2,514.58	\$54.41
NY G LBTY NG 30/60/2000/70 EPO 22				
PCP/Spec:	\$30/\$60	Single	\$1,132.82	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,925.79	\$32.45
Max out of Pocket:	In: \$8,400/\$16,800	Employee/ Spouse*	\$2,265.64	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,228.54	\$54.41
NY G MTR0 NG 25/40/1250/80 EPO ME 22				
PCP/Spec:	\$25/\$40	Single	\$1,065.82	\$19.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,811.89	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,131.64	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,037.59	\$54.41
NY G FRDM NG 30/60/2250/70 EPO 22				
PCP/Spec:	\$30/\$60	Single	\$1,190.77	\$19.09
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$2,024.31	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,381.54	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,393.69	\$54.41
NY G LBTY NG 25/50/100 EPO ZD 22				
PCP/Spec:	\$25/\$50	Single	\$1,284.95	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,184.42	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,569.90	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,662.11	\$54.41
NY G LBTY NG 1500/90 EPO HSAM 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,146.83	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,949.61	\$32.45
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,293.66	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$3,268.47	\$54.41
NY G LBTY NG 20/40/2000/80 EPO 22				
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,144.64	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,945.89	\$32.45
Max out of Pocket:	In: \$8,500/\$17,000	Employee/ Spouse*	\$2,289.28	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,262.22	\$54.41
NY G FRDM NG 1750/100 EPO HSAM 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,228.48	\$19.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$2,088.42	\$32.45
Max out of Pocket:	In: \$6,800/\$13,600	Employee/ Spouse*	\$2,456.96	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,501.17	\$54.41
NY G FRDM NG 25/50/100 EPO 22				
PCP/Spec:	\$25/\$50	Single	\$1,357.93	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,308.48	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,715.86	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,870.10	\$54.41

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Silver Plans		Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/70/3000/65 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$1,008.68	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,714.76	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,017.36	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,874.74	\$54.41
NY S FRDM NG 40/70/3000/65 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$1,065.86	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,811.96	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,131.72	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$3,037.70	\$54.41
NY S LBTY NG 30/75/3500/60 EPO 22				
PCP/Spec:	\$30/\$75	Single	\$987.74	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,679.16	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,975.48	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,815.06	\$54.41
NY S MTRO GT 30/80/3500/70 EPO 22				
PCP/Spec:	\$30/\$80	Single	\$855.09	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,453.65	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,710.18	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,437.01	\$54.41
NY S FRDM NG 30/60/2000/80 PPO HSA 22				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,120.80	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,905.36	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,241.60	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,194.28	\$54.41
NY S LBTY GT 25/50/4500/50 EPO 22				
PCP/Spec:	\$25/\$50	Single	\$969.05	\$19.09
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,647.39	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,938.10	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,761.79	\$54.41
NY S FRDM NG 40/70/3000/65 PPO 22				
PCP/Spec:	\$40/\$70	Single	\$1,117.88	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,900.40	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,235.76	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$3,185.96	\$54.41
NY S FRDM NG 25/50/2250/80 EPO HSA 22				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$1,077.02	\$19.09
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,830.93	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$2,154.04	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,069.51	\$54.41
NY S FRDM NG 2000/70 EPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,057.22	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,797.27	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,114.44	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,013.08	\$54.41
NY S MTRO NG 30/80/3500/70 EPO ME 22				
PCP/Spec:	\$30/\$80	Single	\$885.88	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,506.00	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,771.76	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,524.76	\$54.41
NY S LBTY NG 25/50/2500/80 EPO HSA 22				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$1,007.81	\$19.09
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,713.28	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$2,015.62	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,872.26	\$54.41
NY S MTRO GT 35/50/3500/70 EPO HSA 22				
PCP/Spec:	\$35/\$50 after Deductible	Single	\$812.89	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,381.91	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,625.78	\$38.18
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,316.74	\$54.41
NY S MTRO NG 50/100/100 EPO ZD 22				
PCP/Spec:	\$50/\$100	Single	\$994.72	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,691.02	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,989.44	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,834.95	\$54.41
NY S LBTY NG 4000/80 EPO HSAM 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$947.59	\$19.09
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,610.90	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,895.18	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,700.63	\$54.41
NY S LBTY NG 50/100/100 EPO ZD 22				
PCP/Spec:	\$50/\$100	Single	\$1,125.04	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,912.57	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,250.08	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,206.36	\$54.41
NY S LBTY NG 25/45/5000/50 EPO 22				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$978.30	\$19.09
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,663.11	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,956.60	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,788.16	\$54.41
NY S LBTY NG 40/70/4500/60 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$989.36	\$19.09
Ded and Coinsurance:	In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,681.91	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,978.72	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,819.68	\$54.41
NY S FRDM NG 50/100/100 EPO ZD 22				
PCP/Spec:	\$50/\$100	Single	\$1,185.85	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,015.95	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,371.70	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,379.67	\$54.41
NY S MTRO GT 40/70/3000/65 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$891.84	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,516.13	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,783.68	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,541.74	\$54.41

2022 New York Small Group (1-100) Oxford Products: Q4 2022 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.



Bronze Plans			
NY B FRDM NG 5800/50 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Single	\$935.16 \$19.09
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,589.77 \$32.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$1,870.32 \$38.18
		Family	\$2,665.21 \$54.41
NY B LBTY NG 7000/100 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$887.28 \$19.09
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,508.38 \$32.45
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,774.56 \$38.18
		Family	\$2,528.75 \$54.41
NY B MTRO GT 7000/100 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$757.24 \$19.09
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,287.31 \$32.45
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,514.48 \$38.18
		Family	\$2,158.13 \$54.41
NY B LBTY NG 25/75/5750/70 EPO HSA 22			
PCP/Spec:	\$25/\$75 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Single	\$887.95 \$19.09
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,509.52 \$32.45
RX plan:	Ded Med/Rx then 30%/30%/30%	Employee/ Spouse*	\$1,775.90 \$38.18
		Family	\$2,530.66 \$54.41
NY B LBTY NG 30/60/6750/80 PPO HSA 22			
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Single	\$925.75 \$19.09
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Parent/Child (ren)	\$1,573.78 \$32.45
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$1,851.50 \$38.18
		Family	\$2,638.39 \$54.41
NY B MTRO GT 40/75/6500/50 EPO HSA 22			
PCP/Spec:	\$40/\$75 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Single	\$754.02 \$19.09
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,281.83 \$32.45
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Employee/ Spouse*	\$1,508.04 \$38.18
		Family	\$2,148.96 \$54.41

* 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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2022 New York Small Group (1-100) Oxford Products: Q4 2022 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 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,506.00	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,560.20	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,012.00	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,292.10	\$51.16
NY P FRDM NG 20/40/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,416.18	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,407.51	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,832.36	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,036.11	\$51.16
NY P FRDM NG 5/15/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,446.93	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,459.78	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,893.86	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,123.75	\$51.16
NY P FRDM NG 20/40/100 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,472.12	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,502.60	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,944.24	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,195.54	\$51.16
NY P FRDM NG 20/40/100 PPO FAIR 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,777.86	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$3,022.36	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,555.72	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$5,066.90	\$51.16
NY P MTRO GT 15/30/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,140.62	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,939.05	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,281.24	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,250.77	\$51.16
NY P LBTY GT 15/30/250/90 EPO LA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,229.32	\$17.95
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,089.84	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,458.64	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,503.56	\$51.16
NY P LBTY NG 5/35/500/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,308.08	\$17.95
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,223.74	\$30.52
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,616.16	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,728.03	\$51.16

2022 New York Small Group (1-100) Oxford Products: Q4 2022 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.



Gold Plans			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY G LBTY GT 30/60/1250/100 EPO 22			
PCP/Spec:	Single	\$1,105.44	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,879.25	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,210.88	\$35.90
RX plan:	Family	\$3,150.50	\$51.16
NY G FRDM NG 15/35/1750/90 EPO 22			
PCP/Spec:	Single	\$1,199.51	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$2,039.17	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,399.02	\$35.90
RX plan:	Family	\$3,418.60	\$51.16
NY G FRDM NG 25/40/1750/80 EPO 22			
PCP/Spec:	Single	\$1,189.73	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$2,022.54	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,379.46	\$35.90
RX plan:	Family	\$3,390.73	\$51.16
NY G FRDM NG 25/40/1500/80 PPO 22			
PCP/Spec:	Single	\$1,247.65	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$2,121.01	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,495.30	\$35.90
RX plan:	Family	\$3,555.80	\$51.16
NY G FRDM NG 50/50/1000/90 EPO 22			
PCP/Spec:	Single	\$1,212.82	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$2,061.79	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,425.64	\$35.90
RX plan:	Family	\$3,456.54	\$51.16
NY G FRDM NG 1500/90 PPO HSA 22			
PCP/Spec:	Single	\$1,184.62	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$2,013.85	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,369.24	\$35.90
RX plan:	Family	\$3,376.17	\$51.16
NY G FRDM NG 1500/90 EPO HSA 22			
PCP/Spec:	Single	\$1,135.21	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,929.86	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,270.42	\$35.90
RX plan:	Family	\$3,235.35	\$51.16
NY G MTR0 GT 25/40/1250/80 EPO 22			
PCP/Spec:	Single	\$967.17	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,644.19	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,934.34	\$35.90
RX plan:	Family	\$2,756.43	\$51.16
NY G MTR0 GT 25/40/600/80 EPO HNY 22			
PCP/Spec:	Single	\$829.48	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,410.12	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,658.96	\$35.90
RX plan:	Family	\$2,364.02	\$51.16
NY G LBTY NG 30/60/2000/70 EPO 22			
PCP/Spec:	Single	\$1,064.98	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,810.47	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,129.96	\$35.90
RX plan:	Family	\$3,035.19	\$51.16
NY G MTR0 NG 25/40/1250/80 EPO ME 22			
PCP/Spec:	Single	\$1,001.99	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,703.38	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,003.98	\$35.90
RX plan:	Family	\$2,855.67	\$51.16
NY G FRDM NG 30/60/2250/70 EPO 22			
PCP/Spec:	Single	\$1,119.46	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,903.08	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,238.92	\$35.90
RX plan:	Family	\$3,190.46	\$51.16
NY G LBTY NG 25/50/100 EPO ZD 22			
PCP/Spec:	Single	\$1,208.00	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$2,053.60	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,416.00	\$35.90
RX plan:	Family	\$3,442.80	\$51.16
NY G LBTY NG 1500/90 EPO HSAM 22			
PCP/Spec:	Single	\$1,078.15	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,832.86	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,156.30	\$35.90
RX plan:	Family	\$3,072.73	\$51.16
NY G LBTY NG 20/40/2000/80 EPO 22			
PCP/Spec:	Single	\$1,076.10	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,829.37	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,152.20	\$35.90
RX plan:	Family	\$3,066.89	\$51.16
NY G FRDM NG 1750/100 EPO HSAM 22			
PCP/Spec:	Single	\$1,154.91	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,963.35	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,309.82	\$35.90
RX plan:	Family	\$3,291.49	\$51.16
NY G FRDM NG 25/50/100 EPO 22			
PCP/Spec:	Single	\$1,276.62	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$2,170.25	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,553.24	\$35.90
RX plan:	Family	\$3,638.37	\$51.16

2022 New York Small Group (1-100) Oxford Products: Q4 2022 Rates

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Silver Plans			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/70/3000/65 EPO 22			
PCP/Spec:	Single	\$948.28	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,612.08	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,896.56	\$35.90
RX plan:	Family	\$2,702.60	\$51.16
NY S FRDM NG 40/70/3000/65 EPO 22			
PCP/Spec:	Single	\$1,002.03	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,703.45	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,004.06	\$35.90
RX plan:	Family	\$2,855.79	\$51.16
NY S LBTY NG 30/75/3500/60 EPO 22			
PCP/Spec:	Single	\$928.59	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,578.60	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,857.18	\$35.90
RX plan:	Family	\$2,646.48	\$51.16
NY S MTRO GT 30/80/3500/70 EPO 22			
PCP/Spec:	Single	\$803.88	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,366.60	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,607.76	\$35.90
RX plan:	Family	\$2,291.06	\$51.16
NY S FRDM NG 30/60/2000/80 PPO HSA 22			
PCP/Spec:	Single	\$1,053.68	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,791.26	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,107.36	\$35.90
RX plan:	Family	\$3,002.99	\$51.16
NY S LBTY GT 25/50/4500/50 EPO 22			
PCP/Spec:	Single	\$911.02	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,548.73	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,822.04	\$35.90
RX plan:	Family	\$2,596.41	\$51.16
NY S FRDM NG 40/70/3000/65 PPO 22			
PCP/Spec:	Single	\$1,050.94	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,786.60	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,101.88	\$35.90
RX plan:	Family	\$2,995.18	\$51.16
NY S FRDM NG 25/50/2250/80 EPO HSA 22			
PCP/Spec:	Single	\$1,012.52	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,721.28	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,025.04	\$35.90
RX plan:	Family	\$2,885.68	\$51.16
NY S FRDM NG 2000/70 EPO HSA 22			
PCP/Spec:	Single	\$993.91	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,689.65	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,987.82	\$35.90
RX plan:	Family	\$2,832.64	\$51.16
NY S MTRO NG 30/80/3500/70 EPO ME 22			
PCP/Spec:	Single	\$832.83	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,415.81	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,665.66	\$35.90
RX plan:	Family	\$2,373.57	\$51.16
NY S LBTY NG 25/50/2500/80 EPO HSA 22			
PCP/Spec:	Single	\$947.46	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,610.68	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,894.92	\$35.90
RX plan:	Family	\$2,700.26	\$51.16
NY S MTRO GT 35/50/3500/70 EPO HSA 22			
PCP/Spec:	Single	\$764.21	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,299.16	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,528.42	\$35.90
RX plan:	Family	\$2,178.00	\$51.16
NY S MTRO NG 50/100/100 EPO ZD 22			
PCP/Spec:	Single	\$935.15	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,589.76	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,870.30	\$35.90
RX plan:	Family	\$2,665.18	\$51.16
NY S LBTY NG 4000/80 EPO HSAM 22			
PCP/Spec:	Single	\$890.85	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,514.45	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,781.70	\$35.90
RX plan:	Family	\$2,538.92	\$51.16
NY S LBTY NG 50/100/100 EPO ZD 22			
PCP/Spec:	Single	\$1,057.67	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,798.04	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,115.34	\$35.90
RX plan:	Family	\$3,014.36	\$51.16
NY S LBTY NG 25/45/5000/50 EPO 22			
PCP/Spec:	Single	\$919.71	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,563.51	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,839.42	\$35.90
RX plan:	Family	\$2,621.17	\$51.16
NY S LBTY NG 40/70/4500/60 EPO 22			
PCP/Spec:	Single	\$930.11	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,581.19	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,860.22	\$35.90
RX plan:	Family	\$2,650.81	\$51.16
NY S FRDM NG 50/100/100 EPO ZD 22			
PCP/Spec:	Single	\$1,114.84	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,895.23	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,229.68	\$35.90
RX plan:	Family	\$3,177.29	\$51.16
NY S MTRO GT 40/70/3000/65 EPO 22			
PCP/Spec:	Single	\$838.44	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,425.35	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,676.88	\$35.90
RX plan:	Family	\$2,389.55	\$51.16

2022 New York Small Group (1-100) Oxford Products: Q4 2022 Rates

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Bronze Plans				
NY B FRDM NG 5800/50 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$879.16	\$17.95
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,494.57	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,758.32	\$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,505.61	\$51.16
NY B LBTY NG 7000/100 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$834.15	\$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,418.06	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,668.30	\$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,377.33	\$51.16
NY B MTRO GT 7000/100 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$711.89	\$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,210.21	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,423.78	\$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,028.89	\$51.16
NY B LBTY NG 25/75/5750/70 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$834.77	\$17.95
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,419.11	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,669.54	\$35.90
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,379.09	\$51.16
NY B LBTY NG 30/60/6750/80 PPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$870.32	\$17.95
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,479.54	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,740.64	\$35.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,480.41	\$51.16
NY B MTRO GT 40/75/6500/50 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$708.86	\$17.95
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,205.06	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,417.72	\$35.90
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$2,020.25	\$51.16

* 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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2022 New York Small Group (1-100) Oxford Products: Q4 2022 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 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,552.14	\$18.50
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,638.64	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,104.28	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,423.60	\$52.73
NY P FRDM NG 20/40/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,459.57	\$18.50
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,481.27	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,919.14	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,159.77	\$52.73
NY P FRDM NG 5/15/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,491.26	\$18.50
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,535.14	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,982.52	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,250.09	\$52.73
NY P FRDM NG 20/40/100 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,517.27	\$18.50
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,579.27	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,034.44	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,324.08	\$52.73
NY P FRDM NG 20/40/100 PPO FAIR 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,832.33	\$18.50
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$3,114.96	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,664.66	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$5,222.14	\$52.73
NY P MTRO GT 15/30/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,175.57	\$18.50
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,998.47	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,351.14	\$37.00
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,350.37	\$52.73
NY P LBTY GT 15/30/250/90 EPO LA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,266.99	\$18.50
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,153.88	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,533.98	\$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,610.92	\$52.73
NY P LBTY NG 5/35/500/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,348.16	\$18.50
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,291.87	\$31.45
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,696.32	\$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,842.26	\$52.73

2022 New York Small Group (1-100) Oxford Products: Q4 2022 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			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY G LBTY GT 30/60/1250/100 EPO 22			
PCP/Spec: \$30/\$60	Single	\$1,139.31	\$18.50
Ded and Coinsurance: In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,936.83	\$31.45
Max out of Pocket: In: \$6,400/\$12,800	Employee/ Spouse*	\$2,278.62	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,247.03	\$52.73
NY G FRDM NG 15/35/1750/90 EPO 22			
PCP/Spec: \$15/\$35	Single	\$1,236.26	\$18.50
Ded and Coinsurance: In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,101.64	\$31.45
Max out of Pocket: In: \$7,500/\$15,000	Employee/ Spouse*	\$2,472.52	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,523.34	\$52.73
NY G FRDM NG 25/40/1750/80 EPO 22			
PCP/Spec: \$25/\$40	Single	\$1,226.18	\$18.50
Ded and Coinsurance: In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,084.51	\$31.45
Max out of Pocket: In: \$6,000/\$12,000	Employee/ Spouse*	\$2,452.36	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,494.61	\$52.73
NY G FRDM NG 25/40/1500/80 PPO 22			
PCP/Spec: \$25/\$40	Single	\$1,285.88	\$18.50
Ded and Coinsurance: In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,186.00	\$31.45
Max out of Pocket: In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,571.76	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,664.76	\$52.73
NY G FRDM NG 50/50/1000/90 EPO 22			
PCP/Spec: \$50/\$50	Single	\$1,249.98	\$18.50
Ded and Coinsurance: In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,124.97	\$31.45
Max out of Pocket: In: \$6,200/\$12,400	Employee/ Spouse*	\$2,499.96	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,562.44	\$52.73
NY G FRDM NG 1500/90 PPO HSA 22			
PCP/Spec: Deductible and Coinsurance	Single	\$1,220.92	\$18.50
Ded and Coinsurance: In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,075.56	\$31.45
Max out of Pocket: In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,441.84	\$37.00
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$3,479.62	\$52.73
NY G FRDM NG 1500/90 EPO HSA 22			
PCP/Spec: Deductible and Coinsurance	Single	\$1,169.99	\$18.50
Ded and Coinsurance: In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,988.98	\$31.45
Max out of Pocket: In: \$5,500/\$11,000	Employee/ Spouse*	\$2,339.98	\$37.00
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$3,334.47	\$52.73
NY G MTR0 GT 25/40/1250/80 EPO 22			
PCP/Spec: \$25/\$40	Single	\$996.81	\$18.50
Ded and Coinsurance: In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,694.58	\$31.45
Max out of Pocket: In: \$6,000/\$12,000	Employee/ Spouse*	\$1,993.62	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,840.91	\$52.73
NY G MTR0 GT 25/40/600/80 EPO HNY 22			
PCP/Spec: \$25/\$40 after Deductible	Single	\$854.89	\$18.50
Ded and Coinsurance: In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,453.31	\$31.45
Max out of Pocket: In: \$4,000/\$8,000	Employee/ Spouse*	\$1,709.78	\$37.00
RX plan: \$10/\$35/\$70	Family	\$2,436.44	\$52.73
NY G LBTY NG 30/60/2000/70 EPO 22			
PCP/Spec: \$30/\$60	Single	\$1,097.61	\$18.50
Ded and Coinsurance: In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,865.94	\$31.45
Max out of Pocket: In: \$8,400/\$16,800	Employee/ Spouse*	\$2,195.22	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,128.19	\$52.73
NY G MTR0 NG 25/40/1250/80 EPO ME 22			
PCP/Spec: \$25/\$40	Single	\$1,032.69	\$18.50
Ded and Coinsurance: In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,755.57	\$31.45
Max out of Pocket: In: \$6,000/\$12,000	Employee/ Spouse*	\$2,065.38	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,943.17	\$52.73
NY G FRDM NG 30/60/2250/70 EPO 22			
PCP/Spec: \$30/\$60	Single	\$1,153.76	\$18.50
Ded and Coinsurance: In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,961.39	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,307.52	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,288.22	\$52.73
NY G LBTY NG 25/50/100 EPO ZD 22			
PCP/Spec: \$25/\$50	Single	\$1,245.01	\$18.50
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$2,116.52	\$31.45
Max out of Pocket: In: \$6,000/\$12,000	Employee/ Spouse*	\$2,490.02	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,548.28	\$52.73
NY G LBTY NG 1500/90 EPO HSAM 22			
PCP/Spec: Deductible and Coinsurance	Single	\$1,111.18	\$18.50
Ded and Coinsurance: In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,889.01	\$31.45
Max out of Pocket: In: \$5,500/\$11,000	Employee/ Spouse*	\$2,222.36	\$37.00
RX plan: Ded Med/Rx then \$10/\$50/\$90	Family	\$3,166.86	\$52.73
NY G LBTY NG 20/40/2000/80 EPO 22			
PCP/Spec: Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,109.07	\$18.50
Ded and Coinsurance: In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,885.42	\$31.45
Max out of Pocket: In: \$8,500/\$17,000	Employee/ Spouse*	\$2,218.14	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,160.85	\$52.73
NY G FRDM NG 1750/100 EPO HSAM 22			
PCP/Spec: Deductible and Coinsurance	Single	\$1,190.30	\$18.50
Ded and Coinsurance: In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$2,023.51	\$31.45
Max out of Pocket: In: \$6,800/\$13,600	Employee/ Spouse*	\$2,380.60	\$37.00
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$3,392.36	\$52.73
NY G FRDM NG 25/50/100 EPO 22			
PCP/Spec: \$25/\$50	Single	\$1,315.73	\$18.50
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$2,236.74	\$31.45
Max out of Pocket: In: \$6,000/\$12,000	Employee/ Spouse*	\$2,631.46	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,749.83	\$52.73

2022 New York Small Group (1-100) Oxford Products: Q4 2022 Rates

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Silver Plans			
NY S LBTY NG 40/70/3000/65 EPO 22			
PCP/Spec:	\$40/\$70	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Single	\$977.34 \$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,661.48 \$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$1,954.68 \$37.00
		Family	\$2,785.42 \$52.73
NY S FRDM NG 40/70/3000/65 EPO 22			
PCP/Spec:	\$40/\$70	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Single	\$1,032.73 \$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,755.64 \$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Employee/ Spouse*	\$2,065.46 \$37.00
		Family	\$2,943.28 \$52.73
NY S LBTY NG 30/75/3500/60 EPO 22			
PCP/Spec:	\$30/\$75	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Single	\$957.05 \$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,626.99 \$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Employee/ Spouse*	\$1,914.10 \$37.00
		Family	\$2,727.59 \$52.73
NY S MTRO GT 30/80/3500/70 EPO 22			
PCP/Spec:	\$30/\$80	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Single	\$828.52 \$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,408.48 \$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,657.04 \$37.00
		Family	\$2,361.28 \$52.73
NY S FRDM NG 30/60/2000/80 PPO HSA 22			
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Single	\$1,085.97 \$18.50
Max out of Pocket:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Parent/Child (ren)	\$1,846.15 \$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,171.94 \$37.00
		Family	\$3,095.01 \$52.73
NY S LBTY GT 25/50/4500/50 EPO 22			
PCP/Spec:	\$25/\$50	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Single	\$938.93 \$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,596.18 \$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$1,877.86 \$37.00
		Family	\$2,675.95 \$52.73
NY S FRDM NG 40/70/3000/65 PPO 22			
PCP/Spec:	\$40/\$70	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Single	\$1,083.14 \$18.50
Max out of Pocket:	In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Parent/Child (ren)	\$1,841.34 \$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Employee/ Spouse*	\$2,166.28 \$37.00
		Family	\$3,086.95 \$52.73
NY S FRDM NG 25/50/2250/80 EPO HSA 22			
PCP/Spec:	\$25/\$50 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Single	\$1,043.54 \$18.50
Max out of Pocket:	In: \$6,900/\$13,800	Parent/Child (ren)	\$1,774.02 \$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,087.08 \$37.00
		Family	\$2,974.09 \$52.73
NY S FRDM NG 2000/70 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Single	\$1,024.36 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,741.41 \$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,048.72 \$37.00
		Family	\$2,919.43 \$52.73
NY S MTRO NG 30/80/3500/70 EPO ME 22			
PCP/Spec:	\$30/\$80	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Single	\$858.35 \$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,459.20 \$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,716.70 \$37.00
		Family	\$2,446.30 \$52.73
NY S LBTY NG 25/50/2500/80 EPO HSA 22			
PCP/Spec:	\$25/\$50 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Single	\$976.49 \$18.50
Max out of Pocket:	In: \$6,900/\$13,800	Parent/Child (ren)	\$1,660.03 \$31.45
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$1,952.98 \$37.00
		Family	\$2,783.00 \$52.73
NY S MTRO GT 35/50/3500/70 EPO HSA 22			
PCP/Spec:	\$35/\$50 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Single	\$787.63 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,338.97 \$31.45
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Employee/ Spouse*	\$1,575.26 \$37.00
		Family	\$2,244.75 \$52.73
NY S MTRO NG 50/100/100 EPO ZD 22			
PCP/Spec:	\$50/\$100	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$963.81 \$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,638.48 \$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,927.62 \$37.00
		Family	\$2,746.86 \$52.73
NY S LBTY NG 4000/80 EPO HSAM 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Single	\$918.14 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,560.84 \$31.45
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$1,836.28 \$37.00
		Family	\$2,616.70 \$52.73
NY S LBTY NG 50/100/100 EPO ZD 22			
PCP/Spec:	\$50/\$100	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,090.08 \$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,853.14 \$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,180.16 \$37.00
		Family	\$3,106.73 \$52.73
NY S LBTY NG 25/45/5000/50 EPO 22			
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Single	\$947.89 \$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,611.41 \$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$1,895.78 \$37.00
		Family	\$2,701.49 \$52.73
NY S LBTY NG 40/70/4500/60 EPO 22			
PCP/Spec:	\$40/\$70	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$4,500/\$9,000, 40%	Single	\$958.61 \$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,629.64 \$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$1,917.22 \$37.00
		Family	\$2,732.04 \$52.73
NY S FRDM NG 50/100/100 EPO ZD 22			
PCP/Spec:	\$50/\$100	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,148.99 \$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,953.28 \$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,297.98 \$37.00
		Family	\$3,274.62 \$52.73
NY S MTRO GT 40/70/3000/65 EPO 22			
PCP/Spec:	\$40/\$70	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Single	\$864.12 \$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,469.00 \$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$1,728.24 \$37.00
		Family	\$2,462.74 \$52.73

2022 New York Small Group (1-100) Oxford Products: Q4 2022 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 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Single	\$906.10 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,540.37 \$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$1,812.20 \$37.00
		Family	\$2,582.39 \$52.73
NY B LBTY NG 7000/100 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$859.71 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,461.51 \$31.45
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,719.42 \$37.00
		Family	\$2,450.17 \$52.73
NY B MTRO GT 7000/100 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$733.70 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,247.29 \$31.45
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,467.40 \$37.00
		Family	\$2,091.05 \$52.73
NY B LBTY NG 25/75/5750/70 EPO HSA 22			
PCP/Spec:	\$25/\$75 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Single	\$860.35 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,462.60 \$31.45
RX plan:	Ded Med/Rx then 30%/30%/30%	Employee/ Spouse*	\$1,720.70 \$37.00
		Family	\$2,452.00 \$52.73
NY B LBTY NG 30/60/6750/80 PPO HSA 22			
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Single	\$896.98 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Parent/Child (ren)	\$1,524.87 \$31.45
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$1,793.96 \$37.00
		Family	\$2,556.39 \$52.73
NY B MTRO GT 40/75/6500/50 EPO HSA 22			
PCP/Spec:	\$40/\$75 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Single	\$730.58 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,241.99 \$31.45
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Employee/ Spouse*	\$1,461.16 \$37.00
		Family	\$2,082.15 \$52.73

* 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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