

**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 Oxford<sup>1</sup> 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.



<b>Platinum Plans</b>				
<b>NY P FRDM NG 5/15/100 PPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,545.33	\$19.93
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,627.06	\$33.88
Max out of Pocket:	In: \$3,750/\$7,500 Out: \$5,500/\$11,000	Employee/ Spouse*	\$3,090.66	\$39.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,404.19	\$56.80
<b>NY P FRDM NG 20/40/100 EPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,460.86	\$19.93
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,483.46	\$33.88
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,921.72	\$39.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,163.45	\$56.80
<b>NY P FRDM NG 5/15/100 EPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,490.01	\$19.93
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,533.02	\$33.88
Max out of Pocket:	In: \$3,750/\$7,500	Employee/ Spouse*	\$2,980.02	\$39.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,246.53	\$56.80
<b>NY P FRDM NG 20/40/100 PPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,512.84	\$19.93
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,571.83	\$33.88
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$8,000/\$16,000	Employee/ Spouse*	\$3,025.68	\$39.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,311.59	\$56.80
<b>NY P FRDM NG 20/40/100 PPO FAIR 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,811.61	\$19.93
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,079.74	\$33.88
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,623.22	\$39.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,163.09	\$56.80
<b>NY P MTRO GT 15/25/100 EPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$15/\$25	Single	\$1,209.14	\$19.93
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,055.54	\$33.88
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,418.28	\$39.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,446.05	\$56.80
<b>NY P LBTY GT 10/25/250/90 EPO LA 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$10/\$25	Single	\$1,271.98	\$19.93
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,162.37	\$33.88
Max out of Pocket:	In: \$2,750/\$5,500	Employee/ Spouse*	\$2,543.96	\$39.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,625.14	\$56.80
<b>NY P LBTY NG 5/35/500/100 EPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,340.36	\$19.93
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,278.61	\$33.88
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,680.72	\$39.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,820.03	\$56.80

**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 Oxford<sup>1</sup> 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.



<b>Gold Plans</b>				
<b>NY G LBTY GT 30/60/1250/100 EPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$30/\$60	Single	\$1,135.21	\$19.93
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,929.86	\$33.88
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,270.42	\$39.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,235.35	\$56.80
<b>NY G FRDM NG 15/35/1750/90 EPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$15/\$35	Single	\$1,246.58	\$19.93
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,119.19	\$33.88
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,493.16	\$39.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,552.75	\$56.80
<b>NY G FRDM NG 25/40/1750/80 EPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40	Single	\$1,237.15	\$19.93
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,103.16	\$33.88
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,474.30	\$39.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,525.88	\$56.80
<b>NY G FRDM NG 25/40/1500/80 PPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40	Single	\$1,288.02	\$19.93
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,189.63	\$33.88
Max out of Pocket:	In: \$7,250/\$14,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,576.04	\$39.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,670.86	\$56.80
<b>NY G FRDM NG 50/50/1000/90 EPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$50/\$50	Single	\$1,250.74	\$19.93
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,126.26	\$33.88
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$2,501.48	\$39.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,564.61	\$56.80
<b>NY G FRDM NG 1600/90 PPO HSA 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Deductible and Coinsurance	Single	\$1,193.88	\$19.93
Ded and Coinsurance:	In: \$1,600/\$3,200, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,029.60	\$33.88
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,387.76	\$39.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,402.56	\$56.80
<b>NY G FRDM NG 1600/90 EPO HSA 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Deductible and Coinsurance	Single	\$1,149.54	\$19.93
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$1,954.22	\$33.88
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,299.08	\$39.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,276.19	\$56.80
<b>NY G MTRO GT 25/40/1250/80 EPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40	Single	\$1,026.28	\$19.93
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,744.68	\$33.88
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,052.56	\$39.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,924.90	\$56.80
<b>NY G MTRO GT 25/40/600/80 EPO HNY 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40 after Deductible	Single	\$877.91	\$19.93
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,492.45	\$33.88
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$1,755.82	\$39.86
RX plan:	\$10/\$35/\$70 Std Select	Family	\$2,502.04	\$56.80
<b>NY G LBTY NG 30/60/1800/70 EPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$30/\$60	Single	\$1,119.81	\$19.93
Ded and Coinsurance:	In: \$1,800/\$3,600, 30%	Parent/Child (ren)	\$1,903.68	\$33.88
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,239.62	\$39.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,191.46	\$56.80
<b>NY G MTRO NG 25/40/1250/80 EPO ME 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$25/\$40	Single	\$1,063.19	\$19.93
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,807.42	\$33.88
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,126.38	\$39.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,030.09	\$56.80
<b>NY G FRDM NG 30/60/2250/70 EPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$30/\$60	Single	\$1,184.36	\$19.93
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$2,013.41	\$33.88
Max out of Pocket:	In: \$8,250/\$16,500	Employee/ Spouse*	\$2,368.72	\$39.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,375.43	\$56.80
<b>NY G LBTY NG 25/50/100 EPO ZD 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,252.75	\$19.93
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,129.68	\$33.88
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,505.50	\$39.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,570.34	\$56.80
<b>NY G LBTY NG 1600/90 EPO HSA PR 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Deductible and Coinsurance	Single	\$1,086.03	\$19.93
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$1,846.25	\$33.88
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,172.06	\$39.86
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$3,095.19	\$56.80
<b>NY G LBTY NG 20/40/1500/80 EPO PD 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,139.02	\$19.93
Ded and Coinsurance:	In: \$1,500/\$3,000, 20%	Parent/Child (ren)	\$1,936.33	\$33.88
Max out of Pocket:	In: \$8,750/\$17,500	Employee/ Spouse*	\$2,278.04	\$39.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,246.21	\$56.80
<b>NY G FRDM NG 2000/100 EPO HSA PR 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Deductible and Coinsurance	Single	\$1,151.29	\$19.93
Ded and Coinsurance:	In: \$2,000/\$4,000, 0%	Parent/Child (ren)	\$1,957.19	\$33.88
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,302.58	\$39.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,281.18	\$56.80
<b>NY G FRDM NG 25/50/100 EPO ZD 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,329.03	\$19.93
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,259.35	\$33.88
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,658.06	\$39.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,787.74	\$56.80

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<b>Silver Plans</b>			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
<b>NY S LBTY NG 40/80/3250/60 EPO 24</b>			
PCP/Spec: \$40/\$80	Single	\$981.86	\$19.93
Ded and Coinsurance: In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,659.16	\$33.88
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$1,963.72	\$39.86
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,798.30	\$56.80
<b>NY S FRDM NG 40/80/3250/60 EPO 24</b>			
PCP/Spec: \$40/\$80	Single	\$1,038.78	\$19.93
Ded and Coinsurance: In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,765.93	\$33.88
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$2,077.56	\$39.86
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,960.52	\$56.80
<b>NY S LBTY NG 30/75/4000/50 EPO 24</b>			
PCP/Spec: \$30/\$75	Single	\$968.06	\$19.93
Ded and Coinsurance: In: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,645.70	\$33.88
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$1,936.12	\$39.86
RX plan: Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Broad Ntwk	Family	\$2,758.97	\$56.80
<b>NY S MTRO GT 30/80/3750/60 EPO 24</b>			
PCP/Spec: \$30/\$80	Single	\$858.22	\$19.93
Ded and Coinsurance: In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,468.97	\$33.88
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$1,716.44	\$39.86
RX plan: Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,445.93	\$56.80
<b>NY S FRDM NG 30/60/2250/70 PPO HSA 24</b>			
PCP/Spec: \$30/\$60 after Deductible	Single	\$1,047.37	\$19.93
Ded and Coinsurance: In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,760.53	\$33.88
Max out of Pocket: In: \$8,000/\$16,000 Out: \$15,500/\$31,000	Employee/ Spouse*	\$2,094.74	\$39.86
RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,985.00	\$56.80
<b>NY S LBTY GT 30/60/4500/50 EPO 24</b>			
PCP/Spec: \$30/\$60	Single	\$947.57	\$19.93
Ded and Coinsurance: In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,610.87	\$33.88
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$1,895.14	\$39.86
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,700.57	\$56.80
<b>NY S FRDM NG 40/80/3250/60 PPO 24</b>			
PCP/Spec: \$40/\$80	Single	\$1,078.70	\$19.93
Ded and Coinsurance: In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,833.79	\$33.88
Max out of Pocket: In: \$9,450/\$18,900 Out: \$15,500/\$31,000	Employee/ Spouse*	\$2,157.40	\$39.86
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,074.30	\$56.80
<b>NY S FRDM NG 30/60/3000/80 EPO HSA 24</b>			
PCP/Spec: \$30/\$60 after Deductible	Single	\$1,009.27	\$19.93
Ded and Coinsurance: In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,715.76	\$33.88
Max out of Pocket: In: \$7,150/\$14,300	Employee/ Spouse*	\$2,018.54	\$39.86
RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,876.42	\$56.80
<b>NY S FRDM NG 2500/60 EPO HSA 24</b>			
PCP/Spec: Deductible and Coinsurance	Single	\$977.34	\$19.93
Ded and Coinsurance: In: \$2,500/\$5,000, 40%	Parent/Child (ren)	\$1,661.48	\$33.88
Max out of Pocket: In: \$8,000/\$16,000	Employee/ Spouse*	\$1,954.68	\$39.86
RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,785.42	\$56.80
<b>NY S MTRO NG 30/80/3750/60 EPO ME 24</b>			
PCP/Spec: \$30/\$80	Single	\$889.09	\$19.93
Ded and Coinsurance: In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,511.45	\$33.88
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$1,778.18	\$39.86
RX plan: Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,533.91	\$56.80
<b>NY S LBTY NG 30/60/3000/80 EPO HSA 24</b>			
PCP/Spec: \$30/\$60 after Deductible	Single	\$953.21	\$19.93
Ded and Coinsurance: In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,620.46	\$33.88
Max out of Pocket: In: \$7,150/\$14,300	Employee/ Spouse*	\$1,906.42	\$39.86
RX plan: Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,716.65	\$56.80
<b>NY S MTRO GT 35/50/4000/70 EPO HSA 24</b>			
PCP/Spec: \$35/\$50 after Deductible	Single	\$806.66	\$19.93
Ded and Coinsurance: In: \$4,000/\$8,000, 30%	Parent/Child (ren)	\$1,371.32	\$33.88
Max out of Pocket: In: \$7,200/\$14,400	Employee/ Spouse*	\$1,613.32	\$39.86
RX plan: Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Family	\$2,298.98	\$56.80
<b>NY S MTRO NG 50/100/100 EPO ZD 24</b>			
PCP/Spec: PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,007.93	\$19.93
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,713.48	\$33.88
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$2,015.86	\$39.86
RX plan: Non-T1 Ded \$200 then \$15/\$65/\$95 Std Select	Family	\$2,872.60	\$56.80
<b>NY S LBTY NG 4000/80 EPO HSA PR 24</b>			
PCP/Spec: Deductible and Coinsurance	Single	\$902.36	\$19.93
Ded and Coinsurance: In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,534.01	\$33.88
Max out of Pocket: In: \$8,000/\$16,000	Employee/ Spouse*	\$1,804.72	\$39.86
RX plan: Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,571.73	\$56.80
<b>NY S LBTY NG 50/100/100 EPO ZD 24</b>			
PCP/Spec: PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,109.41	\$19.93
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,886.00	\$33.88
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$2,218.82	\$39.86
RX plan: Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Family	\$3,161.82	\$56.80
<b>NY S LBTY NG 25/45/5000/50 EPO 24</b>			
PCP/Spec: Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$976.85	\$19.93
Ded and Coinsurance: In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,660.65	\$33.88
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$1,953.70	\$39.86
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,784.02	\$56.80
<b>NY S FRDM NG 50/100/100 EPO ZD 24</b>			
PCP/Spec: PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,173.12	\$19.93
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,994.30	\$33.88
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$2,346.24	\$39.86
RX plan: Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Family	\$3,343.39	\$56.80

**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 Oxford<sup>1</sup> 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.



<b>Bronze Plans</b>			
<b>NY B FRDM NG 5000/50 EPO HSA 24</b>			
PCP/Spec:	Deductible and Coinsurance	Single	\$910.63
Ded and Coinsurance:	In: \$5,000/\$14,000, 50%	Parent/Child (ren)	\$1,548.07
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,821.26
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,595.30
<b>NY B LBTY NG 7250/100 EPO HSA 24</b>			
PCP/Spec:	Deductible and Coinsurance	Single	\$869.81
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,478.68
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,739.62
RX plan:	Ded Med/Rx then 0%/0%/0% Broad Ntwk	Family	\$2,478.96
<b>NY B MTRO GT 7250/100 EPO HSA 24</b>			
PCP/Spec:	Deductible and Coinsurance	Single	\$763.61
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,298.14
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,527.22
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,176.29
<b>NY B LBTY NG 25/75/6750/70 EPO HSA 24</b>			
PCP/Spec:	\$25/\$75 after Deductible	Single	\$855.86
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,454.96
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,711.72
RX plan:	Ded Med/Rx then 30%/30%/30% Broad Ntwk	Family	\$2,439.20
<b>NY B LBTY NG 30/60/6750/80 PPO HSA 24</b>			
PCP/Spec:	\$30/\$60 after Deductible	Single	\$881.83
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,499.11
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,763.66
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,513.22
<b>NY B MTRO GT 40/75/6500/50 EPO HSA 24</b>			
PCP/Spec:	\$40/\$75 after Deductible	Single	\$745.61
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,267.54
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,491.22
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,124.99

\* 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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