

2024 New York Small Group (1-100) Oxford Products: Q4 2024 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 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,665.34	\$21.48
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,831.08	\$36.52
Max out of Pocket:	In: \$3,750/\$7,500 Out: \$5,500/\$11,000	Employee/ Spouse*	\$3,330.68	\$42.96
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,746.22	\$61.22
NY P FRDM NG 20/40/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,574.31	\$21.48
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,729.33	\$36.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$3,148.62	\$42.96
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,486.78	\$61.22
NY P FRDM NG 5/15/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,605.72	\$21.48
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,729.33	\$36.52
Max out of Pocket:	In: \$3,750/\$7,500	Employee/ Spouse*	\$3,211.44	\$42.96
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,576.30	\$61.22
NY P FRDM NG 20/40/100 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,630.32	\$21.48
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,771.54	\$36.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$8,000/\$16,000	Employee/ Spouse*	\$3,260.64	\$42.96
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,646.41	\$61.22
NY P FRDM NG 20/40/100 PPO FAIR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,952.29	\$21.48
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,318.89	\$36.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,904.58	\$42.96
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,564.03	\$61.22
NY P MTRO GT 15/25/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,303.03	\$21.48
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,215.15	\$36.52
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,606.06	\$42.96
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,713.64	\$61.22
NY P LBTY GT 10/25/250/90 EPO LA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,370.75	\$21.48
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,330.28	\$36.52
Max out of Pocket:	In: \$2,750/\$5,500	Employee/ Spouse*	\$2,741.50	\$42.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,906.64	\$61.22
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	\$1,444.44	\$21.48
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,455.55	\$36.52
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,888.88	\$42.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$4,116.65	\$61.22

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Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,223.36	\$21.48
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$2,079.71	\$36.52
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,446.72	\$42.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,486.58	\$61.22
NY G FRDM NG 15/35/1750/90 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,343.38	\$21.48
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,283.75	\$36.52
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,686.76	\$42.96
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,828.63	\$61.22
NY G FRDM NG 25/40/1750/80 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,333.22	\$21.48
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,266.47	\$36.52
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,666.44	\$42.96
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,799.68	\$61.22
NY G FRDM NG 25/40/1500/80 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,388.03	\$21.48
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,339.65	\$36.52
Max out of Pocket:	In: \$7,250/\$14,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,776.06	\$42.96
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,955.89	\$61.22
NY G FRDM NG 50/50/1000/90 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,347.87	\$21.48
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,291.38	\$36.52
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$2,695.74	\$42.96
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,841.43	\$61.22
NY G FRDM NG 1600/90 PPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,286.58	\$21.48
Ded and Coinsurance:	In: \$1,600/\$3,200, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,187.19	\$36.52
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,573.16	\$42.96
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,666.75	\$61.22
NY G FRDM NG 1600/90 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,238.81	\$21.48
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$2,105.98	\$36.52
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,477.62	\$42.96
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,500.61	\$61.22
NY G MTRO GT 25/40/1250/80 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,105.97	\$21.48
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,880.15	\$36.52
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,211.94	\$42.96
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,152.01	\$61.22
NY G MTRO GT 25/40/600/80 EPO HNY 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$946.09	\$21.48
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,608.35	\$36.52
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$1,892.18	\$42.96
RX plan:	\$10/\$35/\$70 Std Select	Family	\$2,696.36	\$61.22
NY G LBTY NG 30/60/1800/70 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,206.77	\$21.48
Ded and Coinsurance:	In: \$1,800/\$3,600, 30%	Parent/Child (ren)	\$2,051.51	\$36.52
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,413.54	\$42.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,439.29	\$61.22
NY G MTRO NG 25/40/1250/80 EPO ME 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,145.75	\$21.48
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,947.78	\$36.52
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,291.50	\$42.96
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,265.39	\$61.22
NY G FRDM NG 30/60/2250/70 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,276.33	\$21.48
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$2,169.76	\$36.52
Max out of Pocket:	In: \$8,250/\$16,500	Employee/ Spouse*	\$2,552.66	\$42.96
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,637.54	\$61.22
NY G LBTY NG 25/50/100 EPO ZD 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,350.03	\$21.48
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,295.05	\$36.52
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,700.06	\$42.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,847.59	\$61.22
NY G LBTY NG 1600/90 EPO HSA PR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,170.36	\$21.48
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$1,989.61	\$36.52
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,340.72	\$42.96
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$3,335.53	\$61.22
NY G LBTY NG 20/40/1500/80 EPO PD 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,227.47	\$21.48
Ded and Coinsurance:	In: \$1,500/\$3,000, 20%	Parent/Child (ren)	\$2,086.70	\$36.52
Max out of Pocket:	In: \$8,750/\$17,500	Employee/ Spouse*	\$2,454.94	\$42.96
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,498.29	\$61.22
NY G FRDM NG 2000/100 EPO HSA PR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,240.69	\$21.48
Ded and Coinsurance:	In: \$2,000/\$4,000, 0%	Parent/Child (ren)	\$2,109.17	\$36.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,481.38	\$42.96
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,535.97	\$61.22
NY G FRDM NG 25/50/100 EPO ZD 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,432.23	\$21.48
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,434.79	\$36.52
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,864.46	\$42.96
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$4,081.86	\$61.22

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Silver Plans			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/80/3250/60 EPO 24			
PCP/Spec:	Single	\$1,058.11	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,798.79	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$2,116.22	\$42.96
RX plan:	Family	\$3,015.61	\$61.22
NY S FRDM NG 40/80/3250/60 EPO 24			
PCP/Spec:	Single	\$1,119.44	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,778.05	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$2,238.88	\$42.96
RX plan:	Family	\$3,190.40	\$61.22
NY S LBTY NG 30/75/4000/50 EPO 24			
PCP/Spec:	Single	\$1,043.24	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,773.51	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$2,086.48	\$42.96
RX plan:	Family	\$2,973.23	\$61.22
NY S MTRO GT 30/80/3750/60 EPO 24			
PCP/Spec:	Single	\$924.86	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,572.26	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$1,849.72	\$42.96
RX plan:	Family	\$2,635.85	\$61.22
NY S FRDM NG 30/60/2250/70 PPO HSA 24			
PCP/Spec:	Single	\$1,128.71	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,918.81	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$2,257.42	\$42.96
RX plan:	Family	\$3,216.82	\$61.22
NY S LBTY GT 30/60/4500/50 EPO 24			
PCP/Spec:	Single	\$1,021.16	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,735.97	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$2,042.32	\$42.96
RX plan:	Family	\$2,910.31	\$61.22
NY S FRDM NG 40/80/3250/60 PPO 24			
PCP/Spec:	Single	\$1,162.46	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,976.18	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$2,324.92	\$42.96
RX plan:	Family	\$3,313.01	\$61.22
NY S FRDM NG 30/60/3000/80 EPO HSA 24			
PCP/Spec:	Single	\$1,087.64	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,848.99	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$2,175.28	\$42.96
RX plan:	Family	\$3,099.77	\$61.22
NY S FRDM NG 2500/60 EPO HSA 24			
PCP/Spec:	Single	\$1,053.23	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,790.49	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$2,106.46	\$42.96
RX plan:	Family	\$3,001.71	\$61.22
NY S MTRO NG 30/80/3750/60 EPO ME 24			
PCP/Spec:	Single	\$958.13	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,628.82	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$1,916.26	\$42.96
RX plan:	Family	\$2,730.67	\$61.22
NY S LBTY NG 30/60/3000/80 EPO HSA 24			
PCP/Spec:	Single	\$1,027.23	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,746.29	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$2,054.46	\$42.96
RX plan:	Family	\$2,927.61	\$61.22
NY S MTRO GT 35/50/4000/70 EPO HSA 24			
PCP/Spec:	Single	\$869.30	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,477.81	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$1,738.60	\$42.96
RX plan:	Family	\$2,477.51	\$61.22
NY S MTRO NG 50/100/100 EPO ZD 24			
PCP/Spec:	Single	\$1,086.19	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,846.52	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$2,172.38	\$42.96
RX plan:	Family	\$3,095.64	\$61.22
NY S LBTY NG 4000/80 EPO HSA PR 24			
PCP/Spec:	Single	\$972.43	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,653.13	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$1,944.86	\$42.96
RX plan:	Family	\$2,771.43	\$61.22
NY S LBTY NG 50/100/100 EPO ZD 24			
PCP/Spec:	Single	\$1,195.56	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$2,032.45	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$2,391.12	\$42.96
RX plan:	Family	\$3,407.35	\$61.22
NY S LBTY NG 25/45/5000/50 EPO 24			
PCP/Spec:	Single	\$1,052.70	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$1,789.59	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$2,105.40	\$42.96
RX plan:	Family	\$3,000.20	\$61.22
NY S FRDM NG 50/100/100 EPO ZD 24			
PCP/Spec:	Single	\$1,264.23	\$21.48
Ded and Coinsurance:	Parent/Child (ren)	\$2,149.19	\$36.52
Max out of Pocket:	Employee/ Spouse*	\$2,528.46	\$42.96
RX plan:	Family	\$3,603.06	\$61.22

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Bronze Plans			
NY B FRDM NG 5000/50 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$981.34
Ded and Coinsurance:	In: \$5,000/\$14,000, 50%	Parent/Child (ren)	\$1,668.28
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,962.68
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,796.82
NY B LBTY NG 7250/100 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$937.36
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,593.51
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,874.72
RX plan:	Ded Med/Rx then 0%/0%/0% Broad Ntwk	Family	\$2,671.48
NY B MTRO GT 7250/100 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$822.90
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,398.93
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,645.80
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,345.27
NY B LBTY NG 25/75/6750/70 EPO HSA 24			
PCP/Spec:	\$25/\$75 after Deductible	Single	\$922.31
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,567.93
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,844.62
RX plan:	Ded Med/Rx then 30%/30%/30% Broad Ntwk	Family	\$2,628.58
NY B LBTY NG 30/60/6750/80 PPO HSA 24			
PCP/Spec:	\$30/\$60 after Deductible	Single	\$950.31
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,615.53
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,900.62
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,708.38
NY B MTRO GT 40/75/6500/50 EPO HSA 24			
PCP/Spec:	\$40/\$75 after Deductible	Single	\$803.51
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,365.97
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,607.02
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,290.00

* 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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