

2022 New York Small Group (1-100) Oxford Products: Q1 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	\$1,489.08	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,531.44	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$2,978.16	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,243.88	\$54.41
NY P FRDM NG 20/40/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,400.26	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,380.44	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,800.52	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,990.74	\$54.41
NY P FRDM NG 5/15/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,430.67	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,432.14	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,861.34	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,077.41	\$54.41
NY P FRDM NG 20/40/100 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,455.57	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,474.47	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,911.14	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,148.37	\$54.41
NY P FRDM NG 20/40/100 PPO FAIR 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,757.87	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$2,988.38	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,515.74	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$5,009.93	\$54.41
NY P MTRO GT 15/30/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,127.80	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,917.26	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,255.60	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,214.23	\$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	\$1,215.51	\$19.09
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,066.37	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,431.02	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,464.20	\$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	\$1,293.38	\$19.09
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,198.75	\$32.45
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,586.76	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,686.13	\$54.41

2022 New York Small Group (1-100) Oxford Products: Q1 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	\$1,093.01	\$19.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,858.12	\$32.45
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$2,186.02	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,115.08	\$54.41
NY G FRDM NG 15/35/1750/90 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,186.02	\$19.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,016.23	\$32.45
Max out of Pocket:	In: \$7,500/\$15,000	Employee/ Spouse*	\$2,372.04	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,380.16	\$54.41
NY G FRDM NG 25/40/1750/80 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,176.36	\$19.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,999.81	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,352.72	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,352.63	\$54.41
NY G FRDM NG 25/40/1500/80 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,233.63	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,097.17	\$32.45
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,467.26	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,515.85	\$54.41
NY G FRDM NG 50/50/1000/90 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,199.19	\$19.09
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,038.62	\$32.45
Max out of Pocket:	In: \$6,200/\$12,400	Employee/ Spouse*	\$2,398.38	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,417.69	\$54.41
NY G FRDM NG 1500/90 PPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,171.31	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,991.23	\$32.45
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,342.62	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,338.23	\$54.41
NY G FRDM NG 1500/90 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,122.45	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,908.17	\$32.45
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,244.90	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,198.98	\$54.41
NY G MTRO GT 25/40/1250/80 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$956.30	\$19.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,625.71	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$1,912.60	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,725.46	\$54.41
NY G MTRO GT 25/40/600/80 EPO HNY 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$820.15	\$19.09
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,394.26	\$32.45
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,640.30	\$38.18
RX plan:	\$10/\$35/\$70	Family	\$2,337.43	\$54.41
NY G LBTY NG 30/60/2000/70 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,053.01	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,790.12	\$32.45
Max out of Pocket:	In: \$8,400/\$16,800	Employee/ Spouse*	\$2,106.02	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,001.08	\$54.41
NY G MTRO NG 25/40/1250/80 EPO ME 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$990.73	\$19.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,684.24	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$1,981.46	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,823.58	\$54.41
NY G FRDM NG 30/60/2250/70 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,106.88	\$19.09
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,881.70	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,213.76	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,154.61	\$54.41
NY G LBTY NG 25/50/100 EPO ZD 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,194.42	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,030.51	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,388.84	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,404.10	\$54.41
NY G LBTY NG 1500/90 EPO HSAM 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,066.03	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,812.25	\$32.45
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,132.06	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$3,038.19	\$54.41
NY G LBTY NG 20/40/2000/80 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,064.00	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,808.80	\$32.45
Max out of Pocket:	In: \$8,500/\$17,000	Employee/ Spouse*	\$2,128.00	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,032.40	\$54.41
NY G FRDM NG 1750/100 EPO HSAM 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,141.93	\$19.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$1,941.28	\$32.45
Max out of Pocket:	In: \$6,800/\$13,600	Employee/ Spouse*	\$2,283.86	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,254.50	\$54.41
NY G FRDM NG 25/50/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,262.27	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,145.86	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,524.54	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,597.47	\$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	\$937.62	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,593.95	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,875.24	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,672.22	\$54.41
NY S FRDM NG 40/70/3000/65 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$990.77	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,684.31	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,981.54	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,823.69	\$54.41
NY S LBTY NG 30/75/3500/60 EPO 22				
PCP/Spec:	\$30/\$75	Single	\$918.16	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,560.87	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,836.32	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,616.76	\$54.41
NY S MTRO GT 30/80/3500/70 EPO 22				
PCP/Spec:	\$30/\$80	Single	\$794.85	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,351.25	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,589.70	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,265.32	\$54.41
NY S FRDM NG 30/60/2000/80 PPO HSA 22				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,041.84	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,771.13	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,083.68	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,969.24	\$54.41
NY S LBTY GT 25/50/4500/50 EPO 22				
PCP/Spec:	\$25/\$50	Single	\$900.78	\$19.09
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,531.33	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,801.56	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,567.22	\$54.41
NY S FRDM NG 40/70/3000/65 PPO 22				
PCP/Spec:	\$40/\$70	Single	\$1,039.13	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,766.52	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,078.26	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,961.52	\$54.41
NY S FRDM NG 25/50/2250/80 EPO HSA 22				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$1,001.14	\$19.09
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,701.94	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$2,002.28	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,853.25	\$54.41
NY S FRDM NG 2000/70 EPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$982.74	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,670.66	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,965.48	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,800.81	\$54.41
NY S MTRO NG 30/80/3500/70 EPO ME 22				
PCP/Spec:	\$30/\$80	Single	\$823.47	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,399.90	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,646.94	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,346.89	\$54.41
NY S LBTY NG 25/50/2500/80 EPO HSA 22				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$936.81	\$19.09
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,592.58	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,873.62	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,699.91	\$54.41
NY S MTRO GT 35/50/3500/70 EPO HSA 22				
PCP/Spec:	\$35/\$50 after Deductible	Single	\$755.62	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,284.55	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,511.24	\$38.18
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,153.52	\$54.41
NY S MTRO NG 50/100/100 EPO ZD 22				
PCP/Spec:	\$50/\$100	Single	\$924.64	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,571.89	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,849.28	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,635.22	\$54.41
NY S LBTY NG 4000/80 EPO HSAM 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$880.84	\$19.09
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,497.43	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,761.68	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,510.39	\$54.41
NY S LBTY NG 50/100/100 EPO ZD 22				
PCP/Spec:	\$50/\$100	Single	\$1,045.78	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,777.83	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,091.56	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,980.47	\$54.41
NY S LBTY NG 25/45/5000/50 EPO 22				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$909.38	\$19.09
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,545.95	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,818.76	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,591.73	\$54.41
NY S LBTY NG 40/70/4500/60 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$919.66	\$19.09
Ded and Coinsurance:	In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,563.42	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,839.32	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,621.03	\$54.41
NY S FRDM NG 50/100/100 EPO ZD 22				
PCP/Spec:	\$50/\$100	Single	\$1,102.31	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,873.93	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,204.62	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,141.58	\$54.41
NY S MTRO GT 40/70/3000/65 EPO 22				
PCP/Spec:	\$40/\$70	Single	\$829.01	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,409.32	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,658.02	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,362.68	\$54.41

2022 New York Small Group (1-100) Oxford Products: Q1 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		Tier	Rate (select counties)	Dep 29 Rider
NY B FRDM NG 5800/50 EPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$869.28	\$19.09
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,477.78	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,738.56	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,477.45	\$54.41
NY B LBTY NG 7000/100 EPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$824.77	\$19.09
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,402.11	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,649.54	\$38.18
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,350.59	\$54.41
NY B MTRO GT 7000/100 EPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Single	\$703.89	\$19.09
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,196.61	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,407.78	\$38.18
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,006.09	\$54.41
NY B LBTY NG 25/75/5750/70 EPO HSA 22				
PCP/Spec:	\$25/\$75 after Deductible	Single	\$825.39	\$19.09
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,403.16	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,650.78	\$38.18
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,352.36	\$54.41
NY B LBTY NG 30/60/6750/80 PPO HSA 22				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$860.54	\$19.09
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,462.92	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,721.08	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,452.54	\$54.41
NY B MTRO GT 40/75/6500/50 EPO HSA 22				
PCP/Spec:	\$40/\$75 after Deductible	Single	\$700.90	\$19.09
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,191.53	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,401.80	\$38.18
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,997.57	\$54.41

* Employee / Spouse rate is the rate for Employee / Domestic Partner coverage if additional coverage is available and purchased by the group.

¹ Oxford insurance products are underwritten by Oxford Health Insurance, Inc. ©2017 Oxford Health Plans LLC. All rights reserved.

2022 New York Small Group (1-100) Oxford Products: Q1 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	\$1,399.91	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,379.85	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$2,799.82	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,989.74	\$51.16
NY P FRDM NG 20/40/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,316.41	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,237.90	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,632.82	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,751.77	\$51.16
NY P FRDM NG 5/15/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,345.00	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,286.50	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,690.00	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,833.25	\$51.16
NY P FRDM NG 20/40/100 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,368.41	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,326.30	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,736.82	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,899.97	\$51.16
NY P FRDM NG 20/40/100 PPO FAIR 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,652.61	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$2,809.44	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,305.22	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,709.94	\$51.16
NY P MTRO GT 15/30/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,060.27	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,802.46	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,120.54	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,021.77	\$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	\$1,142.72	\$17.95
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,942.62	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,285.44	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,256.75	\$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	\$1,215.93	\$17.95
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,067.08	\$30.52
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,431.86	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,465.40	\$51.16

2022 New York Small Group (1-100) Oxford Products: Q1 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			
NY G LBTY GT 30/60/1250/100 EPO 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,027.56 \$17.95
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,746.85 \$30.52
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$2,055.12 \$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,928.55 \$51.16
NY G FRDM NG 15/35/1750/90 EPO 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,115.00 \$17.95
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$1,895.50 \$30.52
Max out of Pocket:	In: \$7,500/\$15,000	Employee/ Spouse*	\$2,230.00 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,177.75 \$51.16
NY G FRDM NG 25/40/1750/80 EPO 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,105.92 \$17.95
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,880.06 \$30.52
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,211.84 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,151.87 \$51.16
NY G FRDM NG 25/40/1500/80 PPO 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,159.76 \$17.95
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,971.59 \$30.52
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,319.52 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,305.32 \$51.16
NY G FRDM NG 50/50/1000/90 EPO 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,127.38 \$17.95
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,916.55 \$30.52
Max out of Pocket:	In: \$6,200/\$12,400	Employee/ Spouse*	\$2,254.76 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,213.03 \$51.16
NY G FRDM NG 1500/90 PPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,101.17 \$17.95
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,871.99 \$30.52
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,202.34 \$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,138.33 \$51.16
NY G FRDM NG 1500/90 EPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,055.23 \$17.95
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,793.89 \$30.52
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,110.46 \$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,007.41 \$51.16
NY G MTR0 GT 25/40/1250/80 EPO 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$899.04 \$17.95
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,528.37 \$30.52
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$1,798.08 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,562.26 \$51.16
NY G MTR0 GT 25/40/600/80 EPO HNY 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$771.04 \$17.95
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,310.77 \$30.52
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,542.08 \$35.90
RX plan:	\$10/\$35/\$70	Family	\$2,197.46 \$51.16
NY G LBTY NG 30/60/2000/70 EPO 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$989.96 \$17.95
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,682.93 \$30.52
Max out of Pocket:	In: \$8,400/\$16,800	Employee/ Spouse*	\$1,979.92 \$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,821.39 \$51.16
NY G MTR0 NG 25/40/1250/80 EPO ME 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$931.40 \$17.95
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,583.38 \$30.52
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$1,862.80 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,654.49 \$51.16
NY G FRDM NG 30/60/2250/70 EPO 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,040.59 \$17.95
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,769.00 \$30.52
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,081.18 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$2,965.68 \$51.16
NY G LBTY NG 25/50/100 EPO ZD 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,122.90 \$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,908.93 \$30.52
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,245.80 \$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,200.27 \$51.16
NY G LBTY NG 1500/90 EPO HSAM 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,002.20 \$17.95
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,703.74 \$30.52
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,004.40 \$35.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,856.27 \$51.16
NY G LBTY NG 20/40/2000/80 EPO 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,000.29 \$17.95
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,700.49 \$30.52
Max out of Pocket:	In: \$8,500/\$17,000	Employee/ Spouse*	\$2,000.58 \$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,850.83 \$51.16
NY G FRDM NG 1750/100 EPO HSAM 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,073.55 \$17.95
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$1,825.04 \$30.52
Max out of Pocket:	In: \$6,800/\$13,600	Employee/ Spouse*	\$2,147.10 \$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,059.62 \$51.16
NY G FRDM NG 25/50/100 EPO 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,186.68 \$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,017.36 \$30.52
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,373.36 \$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,382.04 \$51.16

2022 New York Small Group (1-100) Oxford Products: Q1 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.



Silver Plans			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/70/3000/65 EPO 22			
PCP/Spec:	Single	\$881.48	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,498.52	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,762.96	\$35.90
RX plan:	Family	\$2,512.22	\$51.16
NY S FRDM NG 40/70/3000/65 EPO 22			
PCP/Spec:	Single	\$931.44	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,583.45	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,862.88	\$35.90
RX plan:	Family	\$2,654.60	\$51.16
NY S LBTY NG 30/75/3500/60 EPO 22			
PCP/Spec:	Single	\$863.18	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,467.41	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,726.36	\$35.90
RX plan:	Family	\$2,460.06	\$51.16
NY S MTRO GT 30/80/3500/70 EPO 22			
PCP/Spec:	Single	\$747.25	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,270.33	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,494.50	\$35.90
RX plan:	Family	\$2,129.66	\$51.16
NY S FRDM NG 30/60/2000/80 PPO HSA 22			
PCP/Spec:	Single	\$979.45	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,665.07	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,988.90	\$35.90
RX plan:	Family	\$2,791.43	\$51.16
NY S LBTY GT 25/50/4500/50 EPO 22			
PCP/Spec:	Single	\$846.84	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,439.63	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,693.68	\$35.90
RX plan:	Family	\$2,413.49	\$51.16
NY S FRDM NG 40/70/3000/65 PPO 22			
PCP/Spec:	Single	\$976.90	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,660.73	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,953.80	\$35.90
RX plan:	Family	\$2,784.17	\$51.16
NY S FRDM NG 25/50/2250/80 EPO HSA 22			
PCP/Spec:	Single	\$941.19	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,600.02	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,882.38	\$35.90
RX plan:	Family	\$2,682.39	\$51.16
NY S FRDM NG 2000/70 EPO HSA 22			
PCP/Spec:	Single	\$923.89	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,570.61	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,847.78	\$35.90
RX plan:	Family	\$2,633.09	\$51.16
NY S MTRO NG 30/80/3500/70 EPO ME 22			
PCP/Spec:	Single	\$774.16	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,316.07	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,548.32	\$35.90
RX plan:	Family	\$2,206.36	\$51.16
NY S LBTY NG 25/50/2500/80 EPO HSA 22			
PCP/Spec:	Single	\$880.71	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,497.21	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,761.42	\$35.90
RX plan:	Family	\$2,510.02	\$51.16
NY S MTRO GT 35/50/3500/70 EPO HSA 22			
PCP/Spec:	Single	\$710.38	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,207.65	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,420.76	\$35.90
RX plan:	Family	\$2,024.58	\$51.16
NY S MTRO NG 50/100/100 EPO ZD 22			
PCP/Spec:	Single	\$869.27	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,477.76	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,738.54	\$35.90
RX plan:	Family	\$2,477.42	\$51.16
NY S LBTY NG 4000/80 EPO HSAM 22			
PCP/Spec:	Single	\$828.09	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,407.75	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,656.18	\$35.90
RX plan:	Family	\$2,360.06	\$51.16
NY S LBTY NG 50/100/100 EPO ZD 22			
PCP/Spec:	Single	\$983.16	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,671.37	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,966.32	\$35.90
RX plan:	Family	\$2,802.01	\$51.16
NY S LBTY NG 25/45/5000/50 EPO 22			
PCP/Spec:	Single	\$854.92	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,453.36	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,709.84	\$35.90
RX plan:	Family	\$2,436.52	\$51.16
NY S LBTY NG 40/70/4500/60 EPO 22			
PCP/Spec:	Single	\$864.59	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,469.80	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,729.18	\$35.90
RX plan:	Family	\$2,464.08	\$51.16
NY S FRDM NG 50/100/100 EPO ZD 22			
PCP/Spec:	Single	\$1,036.30	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,761.71	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,072.60	\$35.90
RX plan:	Family	\$2,953.46	\$51.16
NY S MTRO GT 40/70/3000/65 EPO 22			
PCP/Spec:	Single	\$779.37	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,324.93	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,558.74	\$35.90
RX plan:	Family	\$2,221.20	\$51.16

2022 New York Small Group (1-100) Oxford Products: Q1 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.



Bronze Plans				
NY B FRDM NG 5800/50 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$817.22	\$17.95
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,389.27	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,634.44	\$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,329.08	\$51.16
NY B LBTY NG 7000/100 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$775.38	\$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,318.15	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,550.76	\$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,209.83	\$51.16
NY B MTRO GT 7000/100 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$661.74	\$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,124.96	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,323.48	\$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,885.96	\$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	\$775.97	\$17.95
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,319.15	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,551.94	\$35.90
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,211.51	\$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	\$809.01	\$17.95
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,375.32	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,618.02	\$35.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,305.68	\$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	\$658.93	\$17.95
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,120.18	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,317.86	\$35.90
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,877.95	\$51.16

* Employee / Spouse rate is the rate for Employee / Domestic Partner coverage if additional coverage is available and purchased by the group.

¹ Oxford insurance products are underwritten by Oxford Health Insurance, Inc. ©2017 Oxford Health Plans LLC. All rights reserved.

2022 New York Small Group (1-100) Oxford Products: Q1 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				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Single	\$1,442.80	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Parent/Child (ren)	\$2,452.76	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,885.60	\$37.00
		Family	\$4,111.98	\$52.73
NY P FRDM NG 20/40/100 EPO 22				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,356.75	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,306.48	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,713.50	\$37.00
		Family	\$3,866.74	\$52.73
NY P FRDM NG 5/15/100 EPO 22				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,386.21	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,356.56	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,772.42	\$37.00
		Family	\$3,950.70	\$52.73
NY P FRDM NG 20/40/100 PPO 22				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Single	\$1,410.33	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Parent/Child (ren)	\$2,397.56	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,820.66	\$37.00
		Family	\$4,019.44	\$52.73
NY P FRDM NG 20/40/100 PPO FAIR 22				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Single	\$1,703.24	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Parent/Child (ren)	\$2,895.51	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,406.48	\$37.00
		Family	\$4,854.23	\$52.73
NY P MTRO GT 15/30/100 EPO 22				
PCP/Spec:	\$15/\$30	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,092.75	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$1,857.68	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,185.50	\$37.00
		Family	\$3,114.34	\$52.73
NY P LBTY GT 15/30/250/90 EPO LA 22				
PCP/Spec:	\$15/\$30	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$250/\$500, 10%	Single	\$1,177.73	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,002.14	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,355.46	\$37.00
		Family	\$3,356.53	\$52.73
NY P LBTY NG 5/35/500/100 EPO 22				
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Single	\$1,253.18	\$18.50
Max out of Pocket:	In: \$3,050/\$6,100	Parent/Child (ren)	\$2,130.41	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,506.36	\$37.00
		Family	\$3,571.56	\$52.73

2022 New York Small Group (1-100) Oxford Products: Q1 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				
NY G LBTY GT 30/60/1250/100 EPO 22				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Single	\$1,059.05	\$18.50
Max out of Pocket:	In: \$6,400/\$12,800	Parent/Child (ren)	\$1,800.39	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,118.10	\$37.00
		Family	\$3,018.29	\$52.73
NY G FRDM NG 15/35/1750/90 EPO 22				
PCP/Spec:	\$15/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Single	\$1,149.17	\$18.50
Max out of Pocket:	In: \$7,500/\$15,000	Parent/Child (ren)	\$1,953.59	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,298.34	\$37.00
		Family	\$3,275.13	\$52.73
NY G FRDM NG 25/40/1750/80 EPO 22				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Single	\$1,139.80	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,937.66	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,279.60	\$37.00
		Family	\$3,248.43	\$52.73
NY G FRDM NG 25/40/1500/80 PPO 22				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Single	\$1,195.29	\$18.50
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Parent/Child (ren)	\$2,031.99	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,390.58	\$37.00
		Family	\$3,406.58	\$52.73
NY G FRDM NG 50/50/1000/90 EPO 22				
PCP/Spec:	\$50/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Single	\$1,161.92	\$18.50
Max out of Pocket:	In: \$6,200/\$12,400	Parent/Child (ren)	\$1,975.26	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,323.84	\$37.00
		Family	\$3,311.47	\$52.73
NY G FRDM NG 1500/90 PPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Single	\$1,134.91	\$18.50
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Parent/Child (ren)	\$1,929.35	\$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,269.82	\$37.00
		Family	\$3,234.49	\$52.73
NY G FRDM NG 1500/90 EPO HSA 22				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,087.56	\$18.50
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,848.85	\$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,175.12	\$37.00
		Family	\$3,099.55	\$52.73
NY G MTR0 GT 25/40/1250/80 EPO 22				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$926.58	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,575.19	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,853.16	\$37.00
		Family	\$2,640.75	\$52.73
NY G MTR0 GT 25/40/600/80 EPO HNY 22				
PCP/Spec:	\$25/\$40 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Single	\$794.66	\$18.50
Max out of Pocket:	In: \$4,000/\$8,000	Parent/Child (ren)	\$1,350.92	\$31.45
RX plan:	\$10/\$35/\$70	Employee/ Spouse*	\$1,589.32	\$37.00
		Family	\$2,264.78	\$52.73
NY G LBTY NG 30/60/2000/70 EPO 22				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Single	\$1,020.29	\$18.50
Max out of Pocket:	In: \$8,400/\$16,800	Parent/Child (ren)	\$1,734.49	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,040.58	\$37.00
		Family	\$2,907.83	\$52.73
NY G MTR0 NG 25/40/1250/80 EPO ME 22				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$959.94	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,631.90	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,919.88	\$37.00
		Family	\$2,735.83	\$52.73
NY G FRDM NG 30/60/2250/70 EPO 22				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Single	\$1,072.48	\$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,823.22	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,144.96	\$37.00
		Family	\$3,056.57	\$52.73
NY G LBTY NG 25/50/100 EPO ZD 22				
PCP/Spec:	\$25/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,157.30	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,967.41	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,314.60	\$37.00
		Family	\$3,298.31	\$52.73
NY G LBTY NG 1500/90 EPO HSAM 22				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,032.90	\$18.50
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,755.93	\$31.45
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$2,065.80	\$37.00
		Family	\$2,943.77	\$52.73
NY G LBTY NG 20/40/2000/80 EPO 22				
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Single	\$1,030.93	\$18.50
Max out of Pocket:	In: \$8,500/\$17,000	Parent/Child (ren)	\$1,752.58	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,061.86	\$37.00
		Family	\$2,938.15	\$52.73
NY G FRDM NG 1750/100 EPO HSAM 22				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Single	\$1,106.44	\$18.50
Max out of Pocket:	In: \$6,800/\$13,600	Parent/Child (ren)	\$1,880.95	\$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,212.88	\$37.00
		Family	\$3,153.35	\$52.73
NY G FRDM NG 25/50/100 EPO 22				
PCP/Spec:	\$25/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,223.04	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,079.17	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,446.08	\$37.00
		Family	\$3,485.66	\$52.73

2022 New York Small Group (1-100) Oxford Products: Q1 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.



Silver Plans			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/70/3000/65 EPO 22			
PCP/Spec: \$40/\$70	Single	\$908.48	\$18.50
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,544.42	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,816.96	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,589.17	\$52.73
NY S FRDM NG 40/70/3000/65 EPO 22			
PCP/Spec: \$40/\$70	Single	\$959.98	\$18.50
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,631.97	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,919.96	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,735.94	\$52.73
NY S LBTY NG 30/75/3500/60 EPO 22			
PCP/Spec: \$30/\$75	Single	\$889.62	\$18.50
Ded and Coinsurance: In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,512.35	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,779.24	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,535.42	\$52.73
NY S MTRO GT 30/80/3500/70 EPO 22			
PCP/Spec: \$30/\$80	Single	\$770.15	\$18.50
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,309.26	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,540.30	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,194.93	\$52.73
NY S FRDM NG 30/60/2000/80 PPO HSA 22			
PCP/Spec: \$30/\$60 after Deductible	Single	\$1,009.46	\$18.50
Ded and Coinsurance: In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,716.08	\$31.45
Max out of Pocket: In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,018.92	\$37.00
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,876.96	\$52.73
NY S LBTY GT 25/50/4500/50 EPO 22			
PCP/Spec: \$25/\$50	Single	\$872.79	\$18.50
Ded and Coinsurance: In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,483.74	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,745.58	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,487.45	\$52.73
NY S FRDM NG 40/70/3000/65 PPO 22			
PCP/Spec: \$40/\$70	Single	\$1,006.84	\$18.50
Ded and Coinsurance: In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,711.63	\$31.45
Max out of Pocket: In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,013.68	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,869.49	\$52.73
NY S FRDM NG 25/50/2250/80 EPO HSA 22			
PCP/Spec: \$25/\$50 after Deductible	Single	\$970.03	\$18.50
Ded and Coinsurance: In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,649.05	\$31.45
Max out of Pocket: In: \$6,900/\$13,800	Employee/ Spouse*	\$1,940.06	\$37.00
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,764.59	\$52.73
NY S FRDM NG 2000/70 EPO HSA 22			
PCP/Spec: Deductible and Coinsurance	Single	\$952.19	\$18.50
Ded and Coinsurance: In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,618.72	\$31.45
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,904.38	\$37.00
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,713.74	\$52.73
NY S MTRO NG 30/80/3500/70 EPO ME 22			
PCP/Spec: \$30/\$80	Single	\$797.88	\$18.50
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,356.40	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,595.76	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,273.96	\$52.73
NY S LBTY NG 25/50/2500/80 EPO HSA 22			
PCP/Spec: \$25/\$50 after Deductible	Single	\$907.69	\$18.50
Ded and Coinsurance: In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,543.07	\$31.45
Max out of Pocket: In: \$6,900/\$13,800	Employee/ Spouse*	\$1,815.38	\$37.00
RX plan: Ded Med/Rx then \$10/\$50/\$90	Family	\$2,586.92	\$52.73
NY S MTRO GT 35/50/3500/70 EPO HSA 22			
PCP/Spec: \$35/\$50 after Deductible	Single	\$732.14	\$18.50
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,244.64	\$31.45
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,464.28	\$37.00
RX plan: Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,086.60	\$52.73
NY S MTRO NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$895.91	\$18.50
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,523.05	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,791.82	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,553.34	\$52.73
NY S LBTY NG 4000/80 EPO HSAM 22			
PCP/Spec: Deductible and Coinsurance	Single	\$853.46	\$18.50
Ded and Coinsurance: In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,450.88	\$31.45
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,706.92	\$37.00
RX plan: Ded Med/Rx then \$10/\$50/\$90	Family	\$2,432.36	\$52.73
NY S LBTY NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$1,013.28	\$18.50
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,722.58	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,026.56	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,887.85	\$52.73
NY S LBTY NG 25/45/5000/50 EPO 22			
PCP/Spec: Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$881.11	\$18.50
Ded and Coinsurance: In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,497.89	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,762.22	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,511.16	\$52.73
NY S LBTY NG 40/70/4500/60 EPO 22			
PCP/Spec: \$40/\$70	Single	\$891.08	\$18.50
Ded and Coinsurance: In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,514.84	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,782.16	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,539.58	\$52.73
NY S FRDM NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$1,068.05	\$18.50
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,815.69	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,136.10	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,043.94	\$52.73
NY S MTRO GT 40/70/3000/65 EPO 22			
PCP/Spec: \$40/\$70	Single	\$803.25	\$18.50
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,365.53	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,606.50	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,289.26	\$52.73

2022 New York Small Group (1-100) Oxford Products: Q1 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		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$842.26 \$18.50
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,431.84 \$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,684.52 \$37.00
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,400.44 \$52.73
NY B LBTY NG 7000/100 EPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$799.14 \$18.50
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,358.54 \$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,598.28 \$37.00
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,277.55 \$52.73
NY B MTRO GT 7000/100 EPO HSA 22		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$682.01 \$18.50
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,159.42 \$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,364.02 \$37.00
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,943.73 \$52.73
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	\$799.74 \$18.50
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,359.56 \$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,599.48 \$37.00
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,279.26 \$52.73
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	\$833.79 \$18.50
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,417.44 \$31.45
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,667.58 \$37.00
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,376.30 \$52.73
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	\$679.11 \$18.50
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,154.49 \$31.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,358.22 \$37.00
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,935.46 \$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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