

2024 New York Small Group (1-100) Oxford Products: Q2 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	\$1,584.34	\$20.44
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,693.38	\$34.75
Max out of Pocket:	In: \$3,750/\$7,500 Out: \$5,500/\$11,000	Employee/ Spouse*	\$3,168.68	\$40.88
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,515.37	\$58.25
NY P FRDM NG 20/40/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,497.74	\$20.44
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,546.16	\$34.75
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,995.48	\$40.88
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,268.56	\$58.25
NY P FRDM NG 5/15/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,527.62	\$20.44
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,596.95	\$34.75
Max out of Pocket:	In: \$3,750/\$7,500	Employee/ Spouse*	\$3,055.24	\$40.88
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,353.72	\$58.25
NY P FRDM NG 20/40/100 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,551.03	\$20.44
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,636.75	\$34.75
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$8,000/\$16,000	Employee/ Spouse*	\$3,102.06	\$40.88
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,420.44	\$58.25
NY P FRDM NG 20/40/100 PPO FAIR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,857.34	\$20.44
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,157.48	\$34.75
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,714.68	\$40.88
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,293.42	\$58.25
NY P MTRO GT 15/25/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,239.66	\$20.44
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,107.42	\$34.75
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,479.32	\$40.88
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,533.03	\$58.25
NY P LBTY GT 10/25/250/90 EPO LA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,304.09	\$20.44
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,216.95	\$34.75
Max out of Pocket:	In: \$2,750/\$5,500	Employee/ Spouse*	\$2,608.18	\$40.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,716.66	\$58.25
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	\$1,374.20	\$20.44
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,336.14	\$34.75
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,748.40	\$40.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,916.47	\$58.25

2024 New York Small Group (1-100) Oxford Products: Q2 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.



Gold Plans				
Plan Name		Tier	Rate (select counties)	Dep 29 Rider
NY G LBTY GT 30/60/1250/100 EPO 24				
PCP/Spec:	\$30/\$60	Single	\$1,163.87	\$20.44
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,978.58	\$34.75
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,327.74	\$40.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,317.03	\$58.25
NY G FRDM NG 15/35/1750/90 EPO 24				
PCP/Spec:	\$15/\$35	Single	\$1,278.05	\$20.44
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,172.69	\$34.75
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,556.10	\$40.88
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,642.44	\$58.25
NY G FRDM NG 25/40/1750/80 EPO 24				
PCP/Spec:	\$25/\$40	Single	\$1,268.38	\$20.44
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,156.25	\$34.75
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,536.76	\$40.88
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,614.88	\$58.25
NY G FRDM NG 25/40/1500/80 PPO 24				
PCP/Spec:	\$25/\$40	Single	\$1,320.53	\$20.44
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,244.90	\$34.75
Max out of Pocket:	In: \$7,250/\$14,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,641.06	\$40.88
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,763.51	\$58.25
NY G FRDM NG 50/50/1000/90 EPO 24				
PCP/Spec:	\$50/\$50	Single	\$1,282.31	\$20.44
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,179.93	\$34.75
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$2,564.62	\$40.88
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,654.58	\$58.25
NY G FRDM NG 1600/90 PPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,224.01	\$20.44
Ded and Coinsurance:	In: \$1,600/\$3,200, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,080.82	\$34.75
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,448.02	\$40.88
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,448.43	\$58.25
NY G FRDM NG 1600/90 EPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,178.56	\$20.44
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$2,003.55	\$34.75
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,357.12	\$40.88
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,358.90	\$58.25
NY G MTRO GT 25/40/1250/80 EPO 24				
PCP/Spec:	\$25/\$40	Single	\$1,052.18	\$20.44
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,788.71	\$34.75
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,104.36	\$40.88
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,998.71	\$58.25
NY G MTRO GT 25/40/600/80 EPO HNY 24				
PCP/Spec:	\$25/\$40 after Deductible	Single	\$900.07	\$20.44
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,530.12	\$34.75
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$1,800.14	\$40.88
RX plan:	\$10/\$35/\$70 Std Select	Family	\$2,565.20	\$58.25
NY G LBTY NG 30/60/1800/70 EPO 24				
PCP/Spec:	\$30/\$60	Single	\$1,148.07	\$20.44
Ded and Coinsurance:	In: \$1,800/\$3,600, 30%	Parent/Child (ren)	\$1,911.72	\$34.75
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,296.14	\$40.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,272.00	\$58.25
NY G MTRO NG 25/40/1250/80 EPO ME 24				
PCP/Spec:	\$25/\$40	Single	\$1,090.03	\$20.44
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,853.05	\$34.75
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,180.06	\$40.88
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,106.59	\$58.25
NY G FRDM NG 30/60/2250/70 EPO 24				
PCP/Spec:	\$30/\$60	Single	\$1,214.25	\$20.44
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$2,064.23	\$34.75
Max out of Pocket:	In: \$8,250/\$16,500	Employee/ Spouse*	\$2,428.50	\$40.88
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,460.61	\$58.25
NY G LBTY NG 25/50/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,284.37	\$20.44
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,183.43	\$34.75
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,568.74	\$40.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,660.45	\$58.25
NY G LBTY NG 1600/90 EPO HSA PR 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,113.44	\$20.44
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$1,892.85	\$34.75
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,226.88	\$40.88
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$3,173.30	\$58.25
NY G LBTY NG 20/40/1500/80 EPO PD 24				
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,167.78	\$20.44
Ded and Coinsurance:	In: \$1,500/\$3,000, 20%	Parent/Child (ren)	\$1,985.23	\$34.75
Max out of Pocket:	In: \$8,750/\$17,500	Employee/ Spouse*	\$2,335.56	\$40.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,328.17	\$58.25
NY G FRDM NG 2000/100 EPO HSA PR 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,180.36	\$20.44
Ded and Coinsurance:	In: \$2,000/\$4,000, 0%	Parent/Child (ren)	\$2,006.61	\$34.75
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,360.72	\$40.88
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,364.03	\$58.25
NY G FRDM NG 25/50/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,362.58	\$20.44
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,316.39	\$34.75
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,725.16	\$40.88
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,883.35	\$58.25

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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: \$40/\$80	Single	\$1,006.65	\$20.44
Ded and Coinsurance: In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,711.31	\$34.75
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$2,013.30	\$40.88
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,868.95	\$58.25
NY S FRDM NG 40/80/3250/60 EPO 24			
PCP/Spec: \$40/\$80	Single	\$1,065.00	\$20.44
Ded and Coinsurance: In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,810.50	\$34.75
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$2,130.00	\$40.88
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,035.25	\$58.25
NY S LBTY NG 30/75/4000/50 EPO 24			
PCP/Spec: \$30/\$75	Single	\$992.50	\$20.44
Ded and Coinsurance: In: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,687.25	\$34.75
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$1,985.00	\$40.88
RX plan: Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Broad Ntwk	Family	\$2,828.63	\$58.25
NY S MTRO GT 30/80/3750/60 EPO 24			
PCP/Spec: \$30/\$80	Single	\$879.88	\$20.44
Ded and Coinsurance: In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,485.80	\$34.75
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$1,759.76	\$40.88
RX plan: Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,507.66	\$58.25
NY S FRDM NG 30/60/2250/70 PPO HSA 24			
PCP/Spec: \$30/\$60 after Deductible	Single	\$1,073.81	\$20.44
Ded and Coinsurance: In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,825.48	\$34.75
Max out of Pocket: In: \$8,000/\$16,000 Out: \$15,500/\$31,000	Employee/ Spouse*	\$2,147.62	\$40.88
RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,000.36	\$58.25
NY S LBTY GT 30/60/4500/50 EPO 24			
PCP/Spec: \$30/\$60	Single	\$971.49	\$20.44
Ded and Coinsurance: In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,611.53	\$34.75
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$1,942.98	\$40.88
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,768.75	\$58.25
NY S FRDM NG 40/80/3250/60 PPO 24			
PCP/Spec: \$40/\$80	Single	\$1,105.92	\$20.44
Ded and Coinsurance: In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,880.06	\$34.75
Max out of Pocket: In: \$9,450/\$18,900 Out: \$15,500/\$31,000	Employee/ Spouse*	\$2,211.84	\$40.88
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,151.87	\$58.25
NY S FRDM NG 30/60/3000/80 EPO HSA 24			
PCP/Spec: \$30/\$60 after Deductible	Single	\$1,034.75	\$20.44
Ded and Coinsurance: In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,759.08	\$34.75
Max out of Pocket: In: \$7,150/\$14,300	Employee/ Spouse*	\$2,069.50	\$40.88
RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,949.04	\$58.25
NY S FRDM NG 2500/60 EPO HSA 24			
PCP/Spec: Deductible and Coinsurance	Single	\$1,002.01	\$20.44
Ded and Coinsurance: In: \$2,500/\$5,000, 40%	Parent/Child (ren)	\$1,703.42	\$34.75
Max out of Pocket: In: \$8,000/\$16,000	Employee/ Spouse*	\$2,004.02	\$40.88
RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,855.73	\$58.25
NY S MTRO NG 30/80/3750/60 EPO ME 24			
PCP/Spec: \$30/\$80	Single	\$911.54	\$20.44
Ded and Coinsurance: In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,549.62	\$34.75
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$1,823.08	\$40.88
RX plan: Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,597.89	\$58.25
NY S LBTY NG 30/60/3000/80 EPO HSA 24			
PCP/Spec: \$30/\$60 after Deductible	Single	\$977.27	\$20.44
Ded and Coinsurance: In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,661.36	\$34.75
Max out of Pocket: In: \$7,150/\$14,300	Employee/ Spouse*	\$1,954.54	\$40.88
RX plan: Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,785.22	\$58.25
NY S MTRO GT 35/50/4000/70 EPO HSA 24			
PCP/Spec: \$35/\$50 after Deductible	Single	\$827.02	\$20.44
Ded and Coinsurance: In: \$4,000/\$8,000, 30%	Parent/Child (ren)	\$1,405.93	\$34.75
Max out of Pocket: In: \$7,200/\$14,400	Employee/ Spouse*	\$1,654.04	\$40.88
RX plan: Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Family	\$2,357.01	\$58.25
NY S MTRO NG 50/100/100 EPO ZD 24			
PCP/Spec: PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,033.37	\$20.44
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,756.73	\$34.75
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$2,066.74	\$40.88
RX plan: Non-T1 Ded \$200 then \$15/\$65/\$95 Std Select	Family	\$2,945.10	\$58.25
NY S LBTY NG 4000/80 EPO HSA PR 24			
PCP/Spec: Deductible and Coinsurance	Single	\$925.14	\$20.44
Ded and Coinsurance: In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,572.74	\$34.75
Max out of Pocket: In: \$8,000/\$16,000	Employee/ Spouse*	\$1,850.28	\$40.88
RX plan: Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,636.65	\$58.25
NY S LBTY NG 50/100/100 EPO ZD 24			
PCP/Spec: PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,137.42	\$20.44
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,933.61	\$34.75
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$2,274.84	\$40.88
RX plan: Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Family	\$3,241.65	\$58.25
NY S LBTY NG 25/45/5000/50 EPO 24			
PCP/Spec: Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$1,001.51	\$20.44
Ded and Coinsurance: In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,702.57	\$34.75
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$2,003.02	\$40.88
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,854.30	\$58.25
NY S FRDM NG 50/100/100 EPO ZD 24			
PCP/Spec: PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,202.74	\$20.44
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$2,044.66	\$34.75
Max out of Pocket: In: \$9,450/\$18,900	Employee/ Spouse*	\$2,405.48	\$40.88
RX plan: Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Family	\$3,427.81	\$58.25

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Bronze Plans			
NY B FRDM NG 5000/50 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$933.62
Ded and Coinsurance:	In: \$5,000/\$14,000, 50%	Parent/Child (ren)	\$1,587.15
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,867.24
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,660.82
NY B LBTY NG 7250/100 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$891.77
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,516.01
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,783.54
RX plan:	Ded Med/Rx then 0%/0%/0% Broad Ntwk	Family	\$2,541.54
NY B MTRO GT 7250/100 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$782.88
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,330.90
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,565.76
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,231.21
NY B LBTY NG 25/75/6750/70 EPO HSA 24			
PCP/Spec:	\$25/\$75 after Deductible	Single	\$877.45
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,491.67
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,754.90
RX plan:	Ded Med/Rx then 30%/30%/30% Broad Ntwk	Family	\$2,500.73
NY B LBTY NG 30/60/6750/80 PPO HSA 24			
PCP/Spec:	\$30/\$60 after Deductible	Single	\$904.09
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,536.95
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,808.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,576.66
NY B MTRO GT 40/75/6500/50 EPO HSA 24			
PCP/Spec:	\$40/\$75 after Deductible	Single	\$764.43
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,299.53
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,528.86
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,178.63

* 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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