

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 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 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,706.66	\$22.01
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,901.32	\$37.42
Max out of Pocket:	In: \$3,750/\$7,500 Out: \$5,500/\$11,000	Employee/ Spouse*	\$3,413.32	\$44.02
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,863.98	\$62.73
NY P FRDM NG 20/40/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,613.38	\$22.01
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,742.75	\$37.42
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$3,226.76	\$44.02
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,598.13	\$62.73
NY P FRDM NG 5/15/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,645.57	\$22.01
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,797.47	\$37.42
Max out of Pocket:	In: \$3,750/\$7,500	Employee/ Spouse*	\$3,291.14	\$44.02
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,689.87	\$62.73
NY P FRDM NG 20/40/100 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,670.78	\$22.01
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,840.33	\$37.42
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$8,000/\$16,000	Employee/ Spouse*	\$3,341.56	\$44.02
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,761.72	\$62.73
NY P FRDM NG 20/40/100 PPO FAIR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$2,000.74	\$22.01
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,401.26	\$37.42
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$25,000/\$50,000	Employee/ Spouse*	\$4,001.48	\$44.02
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,702.11	\$62.73
NY P MTRO GT 15/25/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,335.37	\$22.01
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,270.13	\$37.42
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,670.74	\$44.02
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,805.80	\$62.73
NY P LBTY GT 10/25/250/90 EPO LA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,404.77	\$22.01
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,388.11	\$37.42
Max out of Pocket:	In: \$2,750/\$5,500	Employee/ Spouse*	\$2,809.54	\$44.02
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$4,003.59	\$62.73
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	\$1,480.30	\$22.01
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,516.51	\$37.42
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,960.60	\$44.02
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$4,218.86	\$62.73

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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 24				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Single	\$1,253.72	\$22.01
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$2,131.32	\$37.42
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,507.44	\$44.02
		Family	\$3,573.10	\$62.73
NY G FRDM NG 15/35/1750/90 EPO 24				
PCP/Spec:	\$15/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Single	\$1,376.72	\$22.01
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$2,340.42	\$37.42
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,753.44	\$44.02
		Family	\$3,923.65	\$62.73
NY G FRDM NG 25/40/1750/80 EPO 24				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Single	\$1,366.31	\$22.01
Max out of Pocket:	In: \$6,500/\$13,000	Parent/Child (ren)	\$2,322.73	\$37.42
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,732.62	\$44.02
		Family	\$3,893.98	\$62.73
NY G FRDM NG 25/40/1500/80 PPO 24				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Single	\$1,422.48	\$22.01
Max out of Pocket:	In: \$7,250/\$14,500 Out: \$10,500/\$21,000	Parent/Child (ren)	\$2,418.22	\$37.42
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,844.96	\$44.02
		Family	\$4,057.07	\$62.73
NY G FRDM NG 50/50/1000/90 EPO 24				
PCP/Spec:	\$50/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Single	\$1,381.32	\$22.01
Max out of Pocket:	In: \$6,700/\$13,400	Parent/Child (ren)	\$2,348.24	\$37.42
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,762.64	\$44.02
		Family	\$3,936.76	\$62.73
NY G FRDM NG 1600/90 PPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,600/\$3,200, 10% Out: \$4,000/\$8,000, 40%	Single	\$1,318.51	\$22.01
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,500/\$21,000	Parent/Child (ren)	\$2,241.47	\$37.42
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,637.02	\$44.02
		Family	\$3,757.75	\$62.73
NY G FRDM NG 1600/90 EPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Single	\$1,269.55	\$22.01
Max out of Pocket:	In: \$5,750/\$11,500	Parent/Child (ren)	\$2,158.24	\$37.42
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,539.10	\$44.02
		Family	\$3,618.22	\$62.73
NY G MTRO GT 25/40/1250/80 EPO 24				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$1,133.42	\$22.01
Max out of Pocket:	In: \$6,500/\$13,000	Parent/Child (ren)	\$1,926.81	\$37.42
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,266.84	\$44.02
		Family	\$3,203.25	\$62.73
NY G MTRO GT 25/40/600/80 EPO HNY 24				
PCP/Spec:	\$25/\$40 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Single	\$969.57	\$22.01
Max out of Pocket:	In: \$5,900/\$11,800	Parent/Child (ren)	\$1,648.27	\$37.42
RX plan:	\$10/\$35/\$70 Std Select	Employee/ Spouse*	\$1,939.14	\$44.02
		Family	\$2,763.27	\$62.73
NY G LBTY NG 30/60/1800/70 EPO 24				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,800/\$3,600, 30%	Single	\$1,236.71	\$22.01
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$2,102.41	\$37.42
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,473.42	\$44.02
		Family	\$3,524.62	\$62.73
NY G MTRO NG 25/40/1250/80 EPO ME 24				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$1,174.18	\$22.01
Max out of Pocket:	In: \$6,500/\$13,000	Parent/Child (ren)	\$1,996.11	\$37.42
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,348.36	\$44.02
		Family	\$3,346.41	\$62.73
NY G FRDM NG 30/60/2250/70 EPO 24				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Single	\$1,308.01	\$22.01
Max out of Pocket:	In: \$8,250/\$16,500	Parent/Child (ren)	\$2,223.62	\$37.42
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,616.02	\$44.02
		Family	\$3,727.83	\$62.73
NY G LBTY NG 25/50/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,383.53	\$22.01
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$2,352.00	\$37.42
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,767.06	\$44.02
		Family	\$3,943.06	\$62.73
NY G LBTY NG 1600/90 EPO HSA PR 24				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Single	\$1,199.41	\$22.01
Max out of Pocket:	In: \$5,750/\$11,500	Parent/Child (ren)	\$2,039.00	\$37.42
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,398.82	\$44.02
		Family	\$3,418.32	\$62.73
NY G LBTY NG 20/40/1500/80 EPO PD 24				
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 20%	Single	\$1,257.94	\$22.01
Max out of Pocket:	In: \$8,750/\$17,500	Parent/Child (ren)	\$2,138.50	\$37.42
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,515.88	\$44.02
		Family	\$3,585.13	\$62.73
NY G FRDM NG 2000/100 EPO HSA PR 24				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 0%	Single	\$1,271.48	\$22.01
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$2,161.52	\$37.42
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,542.96	\$44.02
		Family	\$3,623.72	\$62.73
NY G FRDM NG 25/50/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,467.78	\$22.01
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$2,495.23	\$37.42
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Employee/ Spouse*	\$2,935.56	\$44.02
		Family	\$4,183.17	\$62.73

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Silver Plans			
NY S LBTY NG 40/80/3250/60 EPO 24			
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Single	\$1,084.36
Max out of Pocket:	In: \$9,450/\$18,900	Parent/Child (ren)	\$1,843.41
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,168.72
		Family	\$3,000.43
			\$62.73
			\$22.01
NY S FRDM NG 40/80/3250/60 EPO 24			
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Single	\$1,147.22
Max out of Pocket:	In: \$9,450/\$18,900	Parent/Child (ren)	\$1,811.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,294.44
		Family	\$3,269.58
			\$62.73
			\$22.01
NY S LBTY NG 30/75/4000/50 EPO 24			
PCP/Spec:	\$30/\$75	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$4,000/\$8,000, 50%	Single	\$1,069.13
Max out of Pocket:	In: \$9,450/\$18,900	Parent/Child (ren)	\$1,811.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Broad Ntwk	Employee/ Spouse*	\$2,138.26
		Family	\$3,047.02
			\$62.73
			\$22.01
NY S MTRO GT 30/80/3750/60 EPO 24			
PCP/Spec:	\$30/\$80	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Single	\$947.82
Max out of Pocket:	In: \$9,450/\$18,900	Parent/Child (ren)	\$1,611.29
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,895.64
		Family	\$2,701.29
			\$62.73
			\$22.01
NY S FRDM NG 30/60/2250/70 PPO HSA 24			
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Single	\$1,156.72
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$15,500/\$31,000	Parent/Child (ren)	\$1,966.42
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,313.44
		Family	\$3,296.65
			\$62.73
			\$22.01
NY S LBTY GT 30/60/4500/50 EPO 24			
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Single	\$1,046.50
Max out of Pocket:	In: \$9,450/\$18,900	Parent/Child (ren)	\$1,779.05
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,093.00
		Family	\$2,982.53
			\$62.73
			\$22.01
NY S FRDM NG 40/80/3250/60 PPO 24			
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Single	\$1,191.30
Max out of Pocket:	In: \$9,450/\$18,900 Out: \$15,500/\$31,000	Parent/Child (ren)	\$2,025.21
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,382.60
		Family	\$3,395.21
			\$62.73
			\$22.01
NY S FRDM NG 30/60/3000/80 EPO HSA 24			
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Single	\$1,114.63
Max out of Pocket:	In: \$7,150/\$14,300	Parent/Child (ren)	\$1,894.87
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,229.26
		Family	\$3,176.70
			\$62.73
			\$22.01
NY S FRDM NG 2500/60 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$2,500/\$5,000, 40%	Single	\$1,079.37
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$1,834.93
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,158.74
		Family	\$3,076.20
			\$62.73
			\$22.01
NY S MTRO NG 30/80/3750/60 EPO ME 24			
PCP/Spec:	\$30/\$80	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Single	\$981.91
Max out of Pocket:	In: \$9,450/\$18,900	Parent/Child (ren)	\$1,669.25
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,963.82
		Family	\$2,798.44
			\$62.73
			\$22.01
NY S LBTY NG 30/60/3000/80 EPO HSA 24			
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Single	\$1,052.72
Max out of Pocket:	In: \$7,150/\$14,300	Parent/Child (ren)	\$1,789.62
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,105.44
		Family	\$3,000.25
			\$62.73
			\$22.01
NY S MTRO GT 35/50/4000/70 EPO HSA 24			
PCP/Spec:	\$35/\$50 after Deductible	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Single	\$890.87
Max out of Pocket:	In: \$7,200/\$14,400	Parent/Child (ren)	\$1,514.48
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Employee/ Spouse*	\$1,781.74
		Family	\$2,538.98
			\$62.73
			\$22.01
NY S MTRO NG 50/100/100 EPO ZD 24			
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,113.15
Max out of Pocket:	In: \$9,450/\$18,900	Parent/Child (ren)	\$1,892.36
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Std Select	Employee/ Spouse*	\$2,226.30
		Family	\$3,172.48
			\$62.73
			\$22.01
NY S LBTY NG 4000/80 EPO HSA PR 24			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Single	\$996.57
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$1,694.17
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$1,993.14
		Family	\$2,840.22
			\$62.73
			\$22.01
NY S LBTY NG 50/100/100 EPO ZD 24			
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,225.24
Max out of Pocket:	In: \$9,450/\$18,900	Parent/Child (ren)	\$2,082.91
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Employee/ Spouse*	\$2,450.48
		Family	\$3,491.93
			\$62.73
			\$22.01
NY S LBTY NG 25/45/5000/50 EPO 24			
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Single	\$1,078.83
Max out of Pocket:	In: \$9,450/\$18,900	Parent/Child (ren)	\$1,834.01
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,157.66
		Family	\$3,074.67
			\$62.73
			\$22.01
NY S FRDM NG 50/100/100 EPO ZD 24			
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier	Rate (select counties)
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,295.60
Max out of Pocket:	In: \$9,450/\$18,900	Parent/Child (ren)	\$2,202.52
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Employee/ Spouse*	\$2,591.20
		Family	\$3,692.46
			\$62.73
			\$22.01

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 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 5000/50 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$1,005.69
Ded and Coinsurance:	In: \$5,000/\$14,000, 50%	Parent/Child (ren)	\$1,709.67
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,011.38
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,866.22
NY B LBTY NG 7250/100 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$960.62
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,633.05
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,921.24
RX plan:	Ded Med/Rx then 0%/0%/0% Broad Ntwk	Family	\$2,737.77
NY B MTRO GT 7250/100 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$843.33
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,433.66
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,686.66
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,403.49
NY B LBTY NG 25/75/6750/70 EPO HSA 24			
PCP/Spec:	\$25/\$75 after Deductible	Single	\$945.20
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,606.84
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,890.40
RX plan:	Ded Med/Rx then 30%/30%/30% Broad Ntwk	Family	\$2,693.82
NY B LBTY NG 30/60/6750/80 PPO HSA 24			
PCP/Spec:	\$30/\$60 after Deductible	Single	\$973.89
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,655.61
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,947.78
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,775.59
NY B MTRO GT 40/75/6500/50 EPO HSA 24			
PCP/Spec:	\$40/\$75 after Deductible	Single	\$823.46
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,399.88
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,646.92
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,346.86

* 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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