

**2022 New York Small Group (1-100) Oxford Products: Q2 2022 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>®</sup> 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.



<b>Platinum Plans</b>				
<b>NY P FRDM NG 5/15/100 PPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,525.78	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,593.83	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,051.56	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,348.47	\$54.41
<b>NY P FRDM NG 20/40/100 EPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,434.78	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,439.13	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,869.56	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,089.12	\$54.41
<b>NY P FRDM NG 5/15/100 EPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,465.93	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,492.08	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,931.86	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,177.90	\$54.41
<b>NY P FRDM NG 20/40/100 PPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,491.45	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,535.47	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,982.90	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,250.63	\$54.41
<b>NY P FRDM NG 20/40/100 PPO FAIR 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,801.21	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$3,062.06	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,602.42	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$5,133.45	\$54.41
<b>NY P MTRO GT 15/30/100 EPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$15/\$30	Single	\$1,155.61	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,964.54	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,311.22	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,293.49	\$54.41
<b>NY P LBTY GT 15/30/250/90 EPO LA 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$15/\$30	Single	\$1,245.47	\$19.09
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,117.30	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,490.94	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,549.59	\$54.41
<b>NY P LBTY NG 5/35/500/100 EPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,325.26	\$19.09
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,252.94	\$32.45
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,650.52	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,776.99	\$54.41

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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	\$1,119.96	\$19.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,903.93	\$32.45
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$2,239.92	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,191.89	\$54.41
NY G FRDM NG 15/35/1750/90 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,215.26	\$19.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,065.94	\$32.45
Max out of Pocket:	In: \$7,500/\$15,000	Employee/ Spouse*	\$2,430.52	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,463.49	\$54.41
NY G FRDM NG 25/40/1750/80 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,205.36	\$19.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,049.11	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,410.72	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,435.28	\$54.41
NY G FRDM NG 25/40/1500/80 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,264.04	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,148.87	\$32.45
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,528.08	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,602.51	\$54.41
NY G FRDM NG 50/50/1000/90 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,228.75	\$19.09
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,088.88	\$32.45
Max out of Pocket:	In: \$6,200/\$12,400	Employee/ Spouse*	\$2,457.50	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,501.94	\$54.41
NY G FRDM NG 1500/90 PPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,200.18	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,040.31	\$32.45
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,400.36	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,420.51	\$54.41
NY G FRDM NG 1500/90 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,150.12	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,955.20	\$32.45
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,300.24	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,277.84	\$54.41
NY G MTRO GT 25/40/1250/80 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$979.88	\$19.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,665.80	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$1,959.76	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,792.66	\$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	\$840.37	\$19.09
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,428.63	\$32.45
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,680.74	\$38.18
RX plan:	\$10/\$35/\$70	Family	\$2,395.05	\$54.41
NY G LBTY NG 30/60/2000/70 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,078.97	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,834.25	\$32.45
Max out of Pocket:	In: \$8,400/\$16,800	Employee/ Spouse*	\$2,157.94	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,075.06	\$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	\$1,015.15	\$19.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,725.76	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,030.30	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,893.18	\$54.41
NY G FRDM NG 30/60/2250/70 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,134.16	\$19.09
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,928.07	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,268.32	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,232.36	\$54.41
NY G LBTY NG 25/50/100 EPO ZD 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,223.87	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,080.58	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,447.74	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,488.03	\$54.41
NY G LBTY NG 1500/90 EPO HSAM 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,092.31	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,856.93	\$32.45
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,184.62	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$3,113.08	\$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	\$1,090.23	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,853.39	\$32.45
Max out of Pocket:	In: \$8,500/\$17,000	Employee/ Spouse*	\$2,180.46	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,107.16	\$54.41
NY G FRDM NG 1750/100 EPO HSAM 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,170.08	\$19.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$1,989.14	\$32.45
Max out of Pocket:	In: \$6,800/\$13,600	Employee/ Spouse*	\$2,340.16	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,334.73	\$54.41
NY G FRDM NG 25/50/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,293.38	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,198.75	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,586.76	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,686.13	\$54.41

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Silver Plans		Tier	Rate (select counties)	Dep 29 Rider
<b>NY S LBTY NG 40/70/3000/65 EPO 22</b>				
PCP/Spec:	\$40/\$70	Single	\$960.74	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,633.26	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,921.48	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,738.11	\$54.41
<b>NY S FRDM NG 40/70/3000/65 EPO 22</b>				
PCP/Spec:	\$40/\$70	Single	\$1,015.19	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,725.82	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,030.38	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,893.29	\$54.41
<b>NY S LBTY NG 30/75/3500/60 EPO 22</b>				
PCP/Spec:	\$30/\$75	Single	\$940.79	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,599.34	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,881.58	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,681.25	\$54.41
<b>NY S MTRO GT 30/80/3500/70 EPO 22</b>				
PCP/Spec:	\$30/\$80	Single	\$814.44	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,384.55	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,628.88	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,321.15	\$54.41
<b>NY S FRDM NG 30/60/2000/80 PPO HSA 22</b>				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,067.52	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,814.78	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,135.04	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,042.43	\$54.41
<b>NY S LBTY GT 25/50/4500/50 EPO 22</b>				
PCP/Spec:	\$25/\$50	Single	\$922.99	\$19.09
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,569.08	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,845.98	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,630.52	\$54.41
<b>NY S FRDM NG 40/70/3000/65 PPO 22</b>				
PCP/Spec:	\$40/\$70	Single	\$1,064.75	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,810.08	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,129.50	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$3,034.54	\$54.41
<b>NY S FRDM NG 25/50/2250/80 EPO HSA 22</b>				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$1,025.82	\$19.09
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,743.89	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$2,051.64	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,923.59	\$54.41
<b>NY S FRDM NG 2000/70 EPO HSA 22</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,006.96	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,711.83	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,013.92	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,869.84	\$54.41
<b>NY S MTRO NG 30/80/3500/70 EPO ME 22</b>				
PCP/Spec:	\$30/\$80	Single	\$843.77	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,434.41	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,687.54	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,404.74	\$54.41
<b>NY S LBTY NG 25/50/2500/80 EPO HSA 22</b>				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$959.90	\$19.09
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,631.83	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,919.80	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,735.72	\$54.41
<b>NY S MTRO GT 35/50/3500/70 EPO HSA 22</b>				
PCP/Spec:	\$35/\$50 after Deductible	Single	\$774.25	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,316.23	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,548.50	\$38.18
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,206.61	\$54.41
<b>NY S MTRO NG 50/100/100 EPO ZD 22</b>				
PCP/Spec:	\$50/\$100	Single	\$947.44	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,610.65	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,894.88	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,700.20	\$54.41
<b>NY S LBTY NG 4000/80 EPO HSAM 22</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$902.55	\$19.09
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,534.34	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,805.10	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,572.27	\$54.41
<b>NY S LBTY NG 50/100/100 EPO ZD 22</b>				
PCP/Spec:	\$50/\$100	Single	\$1,071.56	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,821.65	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,143.12	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,053.95	\$54.41
<b>NY S LBTY NG 25/45/5000/50 EPO 22</b>				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$931.79	\$19.09
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,584.04	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,863.58	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,655.60	\$54.41
<b>NY S LBTY NG 40/70/4500/60 EPO 22</b>				
PCP/Spec:	\$40/\$70	Single	\$942.33	\$19.09
Ded and Coinsurance:	In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,601.96	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,884.66	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,685.64	\$54.41
<b>NY S FRDM NG 50/100/100 EPO ZD 22</b>				
PCP/Spec:	\$50/\$100	Single	\$1,129.48	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,920.12	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,258.96	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,219.02	\$54.41
<b>NY S MTRO GT 40/70/3000/65 EPO 22</b>				
PCP/Spec:	\$40/\$70	Single	\$849.45	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,444.07	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,698.90	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,420.93	\$54.41

**2022 New York Small Group (1-100) Oxford Products: Q2 2022 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



<b>Bronze Plans</b>			
<b>NY B FRDM NG 5800/50 EPO HSA 22</b>		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$890.71 \$19.09
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,514.21 \$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,781.42 \$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,538.52 \$54.41
<b>NY B LBTY NG 7000/100 EPO HSA 22</b>		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$845.10 \$19.09
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,436.67 \$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,690.20 \$38.18
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,408.54 \$54.41
<b>NY B MTRO GT 7000/100 EPO HSA 22</b>		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$721.24 \$19.09
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,226.11 \$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,442.48 \$38.18
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,055.53 \$54.41
<b>NY B LBTY NG 25/75/5750/70 EPO HSA 22</b>		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$845.74 \$19.09
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,437.76 \$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,691.48 \$38.18
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,410.36 \$54.41
<b>NY B LBTY NG 30/60/6750/80 PPO HSA 22</b>		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$881.75 \$19.09
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,498.98 \$32.45
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,763.50 \$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,512.99 \$54.41
<b>NY B MTRO GT 40/75/6500/50 EPO HSA 22</b>		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$718.17 \$19.09
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,220.89 \$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,436.34 \$38.18
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$2,046.78 \$54.41

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

<sup>1</sup> 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: Q2 2022 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> products. Rates are for **Region 4** in the Oxford service area, which includes: Bronx, Kings, New York, Queens, Richmond, Rockland, and Westchester counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



<b>Platinum Plans</b>				
<b>NY P FRDM NG 5/15/100 PPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,434.41	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,438.50	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$2,868.82	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,088.07	\$51.16
<b>NY P FRDM NG 20/40/100 EPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,348.86	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,293.06	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,697.72	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,844.25	\$51.16
<b>NY P FRDM NG 5/15/100 EPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,378.15	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,342.86	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,756.30	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,927.73	\$51.16
<b>NY P FRDM NG 20/40/100 PPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,402.14	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,383.64	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,804.28	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,996.10	\$51.16
<b>NY P FRDM NG 20/40/100 PPO FAIR 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,693.35	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$2,878.70	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,386.70	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,826.05	\$51.16
<b>NY P MTRO GT 15/30/100 EPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$15/\$30	Single	\$1,086.40	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,846.88	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,172.80	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,096.24	\$51.16
<b>NY P LBTY GT 15/30/250/90 EPO LA 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$15/\$30	Single	\$1,170.89	\$17.95
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,990.51	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,341.78	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,337.04	\$51.16
<b>NY P LBTY NG 5/35/500/100 EPO 22</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,245.90	\$17.95
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,118.03	\$30.52
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,491.80	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,550.82	\$51.16

**2022 New York Small Group (1-100) Oxford Products: Q2 2022 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> products. Rates are for **Region 4** in the Oxford service area, which includes: Bronx, Kings, New York, Queens, Richmond, Rockland, and Westchester counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



<b>Gold Plans</b>				
<b>NY G LBTY GT 30/60/1250/100 EPO 22</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Single	\$1,052.89	\$17.95
Max out of Pocket:	In: \$6,400/\$12,800	Parent/Child (ren)	\$1,789.91	\$30.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,105.78	\$35.90
		Family	\$3,000.74	\$51.16
<b>NY G FRDM NG 15/35/1750/90 EPO 22</b>				
PCP/Spec:	\$15/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Single	\$1,142.49	\$17.95
Max out of Pocket:	In: \$7,500/\$15,000	Parent/Child (ren)	\$1,942.23	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,284.98	\$35.90
		Family	\$3,256.10	\$51.16
<b>NY G FRDM NG 25/40/1750/80 EPO 22</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Single	\$1,133.18	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,926.41	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,266.36	\$35.90
		Family	\$3,229.56	\$51.16
<b>NY G FRDM NG 25/40/1500/80 PPO 22</b>				
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	\$1,188.34	\$17.95
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Parent/Child (ren)	\$2,020.18	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,376.68	\$35.90
		Family	\$3,386.77	\$51.16
<b>NY G FRDM NG 50/50/1000/90 EPO 22</b>				
PCP/Spec:	\$50/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Single	\$1,155.17	\$17.95
Max out of Pocket:	In: \$6,200/\$12,400	Parent/Child (ren)	\$1,963.79	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,310.34	\$35.90
		Family	\$3,292.23	\$51.16
<b>NY G FRDM NG 1500/90 PPO HSA 22</b>				
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	\$1,128.31	\$17.95
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Parent/Child (ren)	\$1,918.13	\$30.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,256.62	\$35.90
		Family	\$3,215.68	\$51.16
<b>NY G FRDM NG 1500/90 EPO HSA 22</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,081.24	\$17.95
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,838.11	\$30.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,162.48	\$35.90
		Family	\$3,081.53	\$51.16
<b>NY G MTR0 GT 25/40/1250/80 EPO 22</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$921.20	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,566.04	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,842.40	\$35.90
		Family	\$2,625.42	\$51.16
<b>NY G MTR0 GT 25/40/600/80 EPO HNY 22</b>				
PCP/Spec:	\$25/\$40 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Single	\$790.05	\$17.95
Max out of Pocket:	In: \$4,000/\$8,000	Parent/Child (ren)	\$1,343.09	\$30.52
RX plan:	\$10/\$35/\$70	Employee/ Spouse*	\$1,580.10	\$35.90
		Family	\$2,251.64	\$51.16
<b>NY G LBTY NG 30/60/2000/70 EPO 22</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Single	\$1,014.36	\$17.95
Max out of Pocket:	In: \$8,400/\$16,800	Parent/Child (ren)	\$1,724.41	\$30.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,028.72	\$35.90
		Family	\$2,890.93	\$51.16
<b>NY G MTR0 NG 25/40/1250/80 EPO ME 22</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$954.36	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,622.41	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,908.72	\$35.90
		Family	\$2,719.93	\$51.16
<b>NY G FRDM NG 30/60/2250/70 EPO 22</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Single	\$1,066.25	\$17.95
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,812.63	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,132.50	\$35.90
		Family	\$3,038.81	\$51.16
<b>NY G LBTY NG 25/50/100 EPO ZD 22</b>				
PCP/Spec:	\$25/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,150.58	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,955.99	\$30.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,301.16	\$35.90
		Family	\$3,279.15	\$51.16
<b>NY G LBTY NG 1500/90 EPO HSAM 22</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,026.90	\$17.95
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,745.73	\$30.52
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$2,053.80	\$35.90
		Family	\$2,926.67	\$51.16
<b>NY G LBTY NG 20/40/2000/80 EPO 22</b>				
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	\$1,024.94	\$17.95
Max out of Pocket:	In: \$8,500/\$17,000	Parent/Child (ren)	\$1,742.40	\$30.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,049.88	\$35.90
		Family	\$2,921.08	\$51.16
<b>NY G FRDM NG 1750/100 EPO HSAM 22</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Single	\$1,100.01	\$17.95
Max out of Pocket:	In: \$6,800/\$13,600	Parent/Child (ren)	\$1,870.02	\$30.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,200.02	\$35.90
		Family	\$3,135.03	\$51.16
<b>NY G FRDM NG 25/50/100 EPO 22</b>				
PCP/Spec:	\$25/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,215.93	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,067.08	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,431.86	\$35.90
		Family	\$3,465.40	\$51.16

**2022 New York Small Group (1-100) Oxford Products: Q2 2022 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> products. Rates are for **Region 4** in the Oxford service area, which includes: Bronx, Kings, New York, Queens, Richmond, Rockland, and Westchester counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



<b>Silver Plans</b>			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
<b>NY S LBTY NG 40/70/3000/65 EPO 22</b>			
PCP/Spec:	Single	\$903.20	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,535.44	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,806.40	\$35.90
RX plan:	Family	\$2,574.12	\$51.16
<b>NY S FRDM NG 40/70/3000/65 EPO 22</b>			
PCP/Spec:	Single	\$954.40	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,622.48	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,908.80	\$35.90
RX plan:	Family	\$2,720.04	\$51.16
<b>NY S LBTY NG 30/75/3500/60 EPO 22</b>			
PCP/Spec:	Single	\$884.45	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,503.57	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,768.90	\$35.90
RX plan:	Family	\$2,520.68	\$51.16
<b>NY S MTRO GT 30/80/3500/70 EPO 22</b>			
PCP/Spec:	Single	\$765.67	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,301.64	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,531.34	\$35.90
RX plan:	Family	\$2,182.16	\$51.16
<b>NY S FRDM NG 30/60/2000/80 PPO HSA 22</b>			
PCP/Spec:	Single	\$1,003.59	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,706.10	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,007.18	\$35.90
RX plan:	Family	\$2,860.23	\$51.16
<b>NY S LBTY GT 25/50/4500/50 EPO 22</b>			
PCP/Spec:	Single	\$867.72	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,475.12	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,735.44	\$35.90
RX plan:	Family	\$2,473.00	\$51.16
<b>NY S FRDM NG 40/70/3000/65 PPO 22</b>			
PCP/Spec:	Single	\$1,000.99	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,701.68	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,001.98	\$35.90
RX plan:	Family	\$2,852.82	\$51.16
<b>NY S FRDM NG 25/50/2250/80 EPO HSA 22</b>			
PCP/Spec:	Single	\$964.39	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,639.46	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,928.78	\$35.90
RX plan:	Family	\$2,748.51	\$51.16
<b>NY S FRDM NG 2000/70 EPO HSA 22</b>			
PCP/Spec:	Single	\$946.66	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,609.32	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,893.32	\$35.90
RX plan:	Family	\$2,697.98	\$51.16
<b>NY S MTRO NG 30/80/3500/70 EPO ME 22</b>			
PCP/Spec:	Single	\$793.24	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,348.51	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,586.48	\$35.90
RX plan:	Family	\$2,280.73	\$51.16
<b>NY S LBTY NG 25/50/2500/80 EPO HSA 22</b>			
PCP/Spec:	Single	\$902.42	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,534.11	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,804.84	\$35.90
RX plan:	Family	\$2,571.90	\$51.16
<b>NY S MTRO GT 35/50/3500/70 EPO HSA 22</b>			
PCP/Spec:	Single	\$727.89	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,237.41	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,455.78	\$35.90
RX plan:	Family	\$2,074.49	\$51.16
<b>NY S MTRO NG 50/100/100 EPO ZD 22</b>			
PCP/Spec:	Single	\$890.70	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,514.19	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,781.40	\$35.90
RX plan:	Family	\$2,538.50	\$51.16
<b>NY S LBTY NG 4000/80 EPO HSAM 22</b>			
PCP/Spec:	Single	\$848.50	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,442.45	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,697.00	\$35.90
RX plan:	Family	\$2,418.23	\$51.16
<b>NY S LBTY NG 50/100/100 EPO ZD 22</b>			
PCP/Spec:	Single	\$1,007.39	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,712.56	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,014.78	\$35.90
RX plan:	Family	\$2,871.06	\$51.16
<b>NY S LBTY NG 25/45/5000/50 EPO 22</b>			
PCP/Spec:	Single	\$875.99	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,489.18	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,751.98	\$35.90
RX plan:	Family	\$2,496.57	\$51.16
<b>NY S LBTY NG 40/70/4500/60 EPO 22</b>			
PCP/Spec:	Single	\$885.90	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,506.03	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,771.80	\$35.90
RX plan:	Family	\$2,524.82	\$51.16
<b>NY S FRDM NG 50/100/100 EPO ZD 22</b>			
PCP/Spec:	Single	\$1,061.84	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,805.13	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,123.68	\$35.90
RX plan:	Family	\$3,026.24	\$51.16
<b>NY S MTRO GT 40/70/3000/65 EPO 22</b>			
PCP/Spec:	Single	\$798.58	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,357.59	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,597.16	\$35.90
RX plan:	Family	\$2,275.95	\$51.16

**2022 New York Small Group (1-100) Oxford Products: Q2 2022 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> products. Rates are for **Region 4** in the Oxford service area, which includes: Bronx, Kings, New York, Queens, Richmond, Rockland, and Westchester counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



<b>Bronze Plans</b>			
<b>NY B FRDM NG 5800/50 EPO HSA 22</b>		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$837.37 \$17.95
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,423.53 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,674.74 \$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,386.50 \$51.16
<b>NY B LBTY NG 7000/100 EPO HSA 22</b>		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$794.50 \$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,350.65 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,589.00 \$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,264.33 \$51.16
<b>NY B MTRO GT 7000/100 EPO HSA 22</b>		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$678.05 \$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,152.69 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,356.10 \$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,932.44 \$51.16
<b>NY B LBTY NG 25/75/5750/70 EPO HSA 22</b>		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$795.09 \$17.95
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,351.65 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,590.18 \$35.90
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,266.01 \$51.16
<b>NY B LBTY NG 30/60/6750/80 PPO HSA 22</b>		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$828.95 \$17.95
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,409.22 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,657.90 \$35.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,362.51 \$51.16
<b>NY B MTRO GT 40/75/6500/50 EPO HSA 22</b>		Tier	Rate (select counties) Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$675.17 \$17.95
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,147.79 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,350.34 \$35.90
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,924.23 \$51.16

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

<sup>1</sup> 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: Q2 2022 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



<b>Platinum Plans</b>				
<b>NY P FRDM NG 5/15/100 PPO 22</b>				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Single	\$1,478.36	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Parent/Child (ren)	\$2,513.21	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,956.72	\$37.00
		Family	\$4,213.33	\$52.73
<b>NY P FRDM NG 20/40/100 EPO 22</b>				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,390.19	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,363.32	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,780.38	\$37.00
		Family	\$3,962.04	\$52.73
<b>NY P FRDM NG 5/15/100 EPO 22</b>				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,420.38	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,414.65	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,840.76	\$37.00
		Family	\$4,048.08	\$52.73
<b>NY P FRDM NG 20/40/100 PPO 22</b>				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Single	\$1,445.10	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Parent/Child (ren)	\$2,456.67	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,890.20	\$37.00
		Family	\$4,118.54	\$52.73
<b>NY P FRDM NG 20/40/100 PPO FAIR 22</b>				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Single	\$1,745.23	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Parent/Child (ren)	\$2,966.89	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,490.46	\$37.00
		Family	\$4,973.91	\$52.73
<b>NY P MTRO GT 15/30/100 EPO 22</b>				
PCP/Spec:	\$15/\$30	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,119.69	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$1,903.47	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,239.38	\$37.00
		Family	\$3,191.12	\$52.73
<b>NY P LBTY GT 15/30/250/90 EPO LA 22</b>				
PCP/Spec:	\$15/\$30	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$250/\$500, 10%	Single	\$1,206.76	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,051.49	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,413.52	\$37.00
		Family	\$3,439.27	\$52.73
<b>NY P LBTY NG 5/35/500/100 EPO 22</b>				
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	\$1,284.07	\$18.50
Max out of Pocket:	In: \$3,050/\$6,100	Parent/Child (ren)	\$2,182.92	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,568.14	\$37.00
		Family	\$3,659.60	\$52.73

**2022 New York Small Group (1-100) Oxford Products: Q2 2022 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



<b>Gold Plans</b>				
<b>NY G LBTY GT 30/60/1250/100 EPO 22</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Single	\$1,085.15	\$18.50
Max out of Pocket:	In: \$6,400/\$12,800	Parent/Child (ren)	\$1,844.76	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,170.30	\$37.00
		Family	\$3,092.68	\$52.73
<b>NY G FRDM NG 15/35/1750/90 EPO 22</b>				
PCP/Spec:	\$15/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Single	\$1,177.49	\$18.50
Max out of Pocket:	In: \$7,500/\$15,000	Parent/Child (ren)	\$2,001.73	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,354.98	\$37.00
		Family	\$3,355.85	\$52.73
<b>NY G FRDM NG 25/40/1750/80 EPO 22</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Single	\$1,167.90	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,985.43	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,335.80	\$37.00
		Family	\$3,328.52	\$52.73
<b>NY G FRDM NG 25/40/1500/80 PPO 22</b>				
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	\$1,224.75	\$18.50
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Parent/Child (ren)	\$2,082.08	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,449.50	\$37.00
		Family	\$3,490.54	\$52.73
<b>NY G FRDM NG 50/50/1000/90 EPO 22</b>				
PCP/Spec:	\$50/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Single	\$1,190.56	\$18.50
Max out of Pocket:	In: \$6,200/\$12,400	Parent/Child (ren)	\$2,023.95	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,381.12	\$37.00
		Family	\$3,393.10	\$52.73
<b>NY G FRDM NG 1500/90 PPO HSA 22</b>				
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	\$1,162.88	\$18.50
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Parent/Child (ren)	\$1,976.90	\$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,325.76	\$37.00
		Family	\$3,314.21	\$52.73
<b>NY G FRDM NG 1500/90 EPO HSA 22</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,114.37	\$18.50
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,894.43	\$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,228.74	\$37.00
		Family	\$3,175.95	\$52.73
<b>NY G MTR0 GT 25/40/1250/80 EPO 22</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$949.42	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,614.01	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,898.84	\$37.00
		Family	\$2,705.85	\$52.73
<b>NY G MTR0 GT 25/40/600/80 EPO HNY 22</b>				
PCP/Spec:	\$25/\$40 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Single	\$814.25	\$18.50
Max out of Pocket:	In: \$4,000/\$8,000	Parent/Child (ren)	\$1,384.23	\$31.45
RX plan:	\$10/\$35/\$70	Employee/ Spouse*	\$1,628.50	\$37.00
		Family	\$2,320.61	\$52.73
<b>NY G LBTY NG 30/60/2000/70 EPO 22</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Single	\$1,045.44	\$18.50
Max out of Pocket:	In: \$8,400/\$16,800	Parent/Child (ren)	\$1,777.25	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,090.88	\$37.00
		Family	\$2,979.50	\$52.73
<b>NY G MTR0 NG 25/40/1250/80 EPO ME 22</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$983.60	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,672.12	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,967.20	\$37.00
		Family	\$2,803.26	\$52.73
<b>NY G FRDM NG 30/60/2250/70 EPO 22</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Single	\$1,098.91	\$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,868.15	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,197.82	\$37.00
		Family	\$3,131.89	\$52.73
<b>NY G LBTY NG 25/50/100 EPO ZD 22</b>				
PCP/Spec:	\$25/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,185.83	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,015.91	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,371.66	\$37.00
		Family	\$3,379.62	\$52.73
<b>NY G LBTY NG 1500/90 EPO HSAM 22</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,058.36	\$18.50
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,799.21	\$31.45
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$2,116.72	\$37.00
		Family	\$3,016.33	\$52.73
<b>NY G LBTY NG 20/40/2000/80 EPO 22</b>				
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	\$1,056.35	\$18.50
Max out of Pocket:	In: \$8,500/\$17,000	Parent/Child (ren)	\$1,795.80	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,112.70	\$37.00
		Family	\$3,010.60	\$52.73
<b>NY G FRDM NG 1750/100 EPO HSAM 22</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Single	\$1,133.72	\$18.50
Max out of Pocket:	In: \$6,800/\$13,600	Parent/Child (ren)	\$1,927.32	\$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,267.44	\$37.00
		Family	\$3,231.10	\$52.73
<b>NY G FRDM NG 25/50/100 EPO 22</b>				
PCP/Spec:	\$25/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,253.19	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,130.42	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,506.38	\$37.00
		Family	\$3,571.59	\$52.73

**2022 New York Small Group (1-100) Oxford Products: Q2 2022 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



<b>Silver Plans</b>			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
<b>NY S LBTY NG 40/70/3000/65 EPO 22</b>			
PCP/Spec:	Single	\$930.88	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,582.50	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,861.76	\$37.00
RX plan:	Family	\$2,653.01	\$52.73
<b>NY S FRDM NG 40/70/3000/65 EPO 22</b>			
PCP/Spec:	Single	\$983.64	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,672.19	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,967.28	\$37.00
RX plan:	Family	\$2,803.37	\$52.73
<b>NY S LBTY NG 30/75/3500/60 EPO 22</b>			
PCP/Spec:	Single	\$911.55	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,549.64	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,823.10	\$37.00
RX plan:	Family	\$2,597.92	\$52.73
<b>NY S MTRO GT 30/80/3500/70 EPO 22</b>			
PCP/Spec:	Single	\$789.13	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,341.52	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,578.26	\$37.00
RX plan:	Family	\$2,249.02	\$52.73
<b>NY S FRDM NG 30/60/2000/80 PPO HSA 22</b>			
PCP/Spec:	Single	\$1,034.34	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,758.38	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$2,068.68	\$37.00
RX plan:	Family	\$2,947.87	\$52.73
<b>NY S LBTY GT 25/50/4500/50 EPO 22</b>			
PCP/Spec:	Single	\$894.30	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,520.31	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,788.60	\$37.00
RX plan:	Family	\$2,548.76	\$52.73
<b>NY S FRDM NG 40/70/3000/65 PPO 22</b>			
PCP/Spec:	Single	\$1,031.65	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,753.81	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$2,063.30	\$37.00
RX plan:	Family	\$2,940.20	\$52.73
<b>NY S FRDM NG 25/50/2250/80 EPO HSA 22</b>			
PCP/Spec:	Single	\$993.94	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,689.70	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,977.88	\$37.00
RX plan:	Family	\$2,832.73	\$52.73
<b>NY S FRDM NG 2000/70 EPO HSA 22</b>			
PCP/Spec:	Single	\$975.67	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,658.64	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,951.34	\$37.00
RX plan:	Family	\$2,780.66	\$52.73
<b>NY S MTRO NG 30/80/3500/70 EPO ME 22</b>			
PCP/Spec:	Single	\$817.55	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,389.84	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,635.10	\$37.00
RX plan:	Family	\$2,330.02	\$52.73
<b>NY S LBTY NG 25/50/2500/80 EPO HSA 22</b>			
PCP/Spec:	Single	\$930.07	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,581.12	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,860.14	\$37.00
RX plan:	Family	\$2,650.70	\$52.73
<b>NY S MTRO GT 35/50/3500/70 EPO HSA 22</b>			
PCP/Spec:	Single	\$750.19	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,275.32	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,500.38	\$37.00
RX plan:	Family	\$2,138.04	\$52.73
<b>NY S MTRO NG 50/100/100 EPO ZD 22</b>			
PCP/Spec:	Single	\$917.99	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,560.58	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,835.98	\$37.00
RX plan:	Family	\$2,616.27	\$52.73
<b>NY S LBTY NG 4000/80 EPO HSAM 22</b>			
PCP/Spec:	Single	\$874.50	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,486.65	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,749.00	\$37.00
RX plan:	Family	\$2,492.33	\$52.73
<b>NY S LBTY NG 50/100/100 EPO ZD 22</b>			
PCP/Spec:	Single	\$1,038.26	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,765.04	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$2,076.52	\$37.00
RX plan:	Family	\$2,959.04	\$52.73
<b>NY S LBTY NG 25/45/5000/50 EPO 22</b>			
PCP/Spec:	Single	\$902.83	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,534.81	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,805.66	\$37.00
RX plan:	Family	\$2,573.07	\$52.73
<b>NY S LBTY NG 40/70/4500/60 EPO 22</b>			
PCP/Spec:	Single	\$913.04	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,552.17	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,826.08	\$37.00
RX plan:	Family	\$2,602.16	\$52.73
<b>NY S FRDM NG 50/100/100 EPO ZD 22</b>			
PCP/Spec:	Single	\$1,094.38	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,860.45	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$2,188.76	\$37.00
RX plan:	Family	\$3,118.98	\$52.73
<b>NY S MTRO GT 40/70/3000/65 EPO 22</b>			
PCP/Spec:	Single	\$823.05	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,399.19	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,646.10	\$37.00
RX plan:	Family	\$2,345.69	\$52.73

**2022 New York Small Group (1-100) Oxford Products: Q2 2022 Rates**

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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.



<b>Bronze Plans</b>				
<b>NY B FRDM NG 5800/50 EPO HSA 22</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Single	\$863.02	\$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,467.13	\$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$1,726.04	\$37.00
		Family	\$2,459.61	\$52.73
<b>NY B LBTY NG 7000/100 EPO HSA 22</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$818.84	\$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,392.03	\$31.45
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,637.68	\$37.00
		Family	\$2,333.69	\$52.73
<b>NY B MTRO GT 7000/100 EPO HSA 22</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$698.83	\$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,188.01	\$31.45
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,397.66	\$37.00
		Family	\$1,991.67	\$52.73
<b>NY B LBTY NG 25/75/5750/70 EPO HSA 22</b>				
PCP/Spec:	\$25/\$75 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Single	\$819.45	\$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,393.07	\$31.45
RX plan:	Ded Med/Rx then 30%/30%/30%	Employee/ Spouse*	\$1,638.90	\$37.00
		Family	\$2,335.43	\$52.73
<b>NY B LBTY NG 30/60/6750/80 PPO HSA 22</b>				
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Single	\$854.35	\$18.50
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Parent/Child (ren)	\$1,452.40	\$31.45
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$1,708.70	\$37.00
		Family	\$2,434.90	\$52.73
<b>NY B MTRO GT 40/75/6500/50 EPO HSA 22</b>				
PCP/Spec:	\$40/\$75 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Single	\$695.85	\$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,182.95	\$31.45
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Employee/ Spouse*	\$1,391.70	\$37.00
		Family	\$1,983.17	\$52.73

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

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