

2024 New York Small Group (1-100) Oxford Products: Q3 2024 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Region 3** in the Oxford service area, which includes: Dutchess, Orange, Putnam, Sullivan, and Ulster counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Platinum Plans				
NY P FRDM NG 5/15/100 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,535.34	\$19.80
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,610.08	\$33.66
Max out of Pocket:	In: \$3,750/\$7,500 Out: \$5,500/\$11,000	Employee/ Spouse*	\$3,070.68	\$39.60
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,375.72	\$56.43
NY P FRDM NG 20/40/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,451.42	\$19.80
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,467.41	\$33.66
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,902.84	\$39.60
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,136.55	\$56.43
NY P FRDM NG 5/15/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,480.39	\$19.80
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,516.66	\$33.66
Max out of Pocket:	In: \$3,750/\$7,500	Employee/ Spouse*	\$2,960.78	\$39.60
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,219.11	\$56.43
NY P FRDM NG 20/40/100 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,503.06	\$19.80
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,555.20	\$33.66
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$8,000/\$16,000	Employee/ Spouse*	\$3,006.12	\$39.60
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,283.72	\$56.43
NY P FRDM NG 20/40/100 PPO FAIR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,799.90	\$19.80
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,059.83	\$33.66
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,599.80	\$39.60
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,129.72	\$56.43
NY P MTRO GT 15/25/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,201.33	\$19.80
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,042.26	\$33.66
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,402.66	\$39.60
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,423.79	\$56.43
NY P LBTY GT 10/25/250/90 EPO LA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,263.76	\$19.80
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,148.39	\$33.66
Max out of Pocket:	In: \$2,750/\$5,500	Employee/ Spouse*	\$2,527.52	\$39.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,601.72	\$56.43
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	\$1,331.70	\$19.80
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,263.89	\$33.66
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,663.40	\$39.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,795.35	\$56.43

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Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,127.87	\$19.80
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,917.38	\$33.66
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,255.74	\$39.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,214.43	\$56.43
NY G FRDM NG 15/35/1750/90 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,238.52	\$19.80
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,105.48	\$33.66
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,477.04	\$39.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,529.78	\$56.43
NY G FRDM NG 25/40/1750/80 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,229.16	\$19.80
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,089.57	\$33.66
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,458.32	\$39.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,503.11	\$56.43
NY G FRDM NG 25/40/1500/80 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,279.70	\$19.80
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,175.49	\$33.66
Max out of Pocket:	In: \$7,250/\$14,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,559.40	\$39.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,647.15	\$56.43
NY G FRDM NG 50/50/1000/90 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,242.66	\$19.80
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,112.52	\$33.66
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$2,485.32	\$39.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,541.58	\$56.43
NY G FRDM NG 1600/90 PPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,186.16	\$19.80
Ded and Coinsurance:	In: \$1,600/\$3,200, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,016.47	\$33.66
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,372.32	\$39.60
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,380.56	\$56.43
NY G FRDM NG 1600/90 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,142.11	\$19.80
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$1,941.59	\$33.66
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,284.22	\$39.60
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,255.01	\$56.43
NY G MTRO GT 25/40/1250/80 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,019.64	\$19.80
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,733.39	\$33.66
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,039.28	\$39.60
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,905.97	\$56.43
NY G MTRO GT 25/40/600/80 EPO HNY 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$872.24	\$19.80
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,482.81	\$33.66
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$1,744.48	\$39.60
RX plan:	\$10/\$35/\$70 Std Select	Family	\$2,485.88	\$56.43
NY G LBTY NG 30/60/1800/70 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,112.57	\$19.80
Ded and Coinsurance:	In: \$1,800/\$3,600, 30%	Parent/Child (ren)	\$1,891.37	\$33.66
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,225.14	\$39.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,170.82	\$56.43
NY G MTRO NG 25/40/1250/80 EPO ME 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,056.32	\$19.80
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,795.74	\$33.66
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,112.64	\$39.60
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,010.51	\$56.43
NY G FRDM NG 30/60/2250/70 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,176.70	\$19.80
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$2,000.39	\$33.66
Max out of Pocket:	In: \$8,250/\$16,500	Employee/ Spouse*	\$2,353.40	\$39.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,353.60	\$56.43
NY G LBTY NG 25/50/100 EPO ZD 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,244.65	\$19.80
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,115.91	\$33.66
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,489.30	\$39.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,547.25	\$56.43
NY G LBTY NG 1600/90 EPO HSA PR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,079.00	\$19.80
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$1,834.30	\$33.66
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,158.00	\$39.60
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$3,075.15	\$56.43
NY G LBTY NG 20/40/1500/80 EPO PD 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,131.66	\$19.80
Ded and Coinsurance:	In: \$1,500/\$3,000, 20%	Parent/Child (ren)	\$1,923.82	\$33.66
Max out of Pocket:	In: \$8,750/\$17,500	Employee/ Spouse*	\$2,263.32	\$39.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,225.23	\$56.43
NY G FRDM NG 2000/100 EPO HSA PR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,143.85	\$19.80
Ded and Coinsurance:	In: \$2,000/\$4,000, 0%	Parent/Child (ren)	\$1,944.55	\$33.66
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,287.70	\$39.60
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,259.97	\$56.43
NY G FRDM NG 25/50/100 EPO ZD 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,320.44	\$19.80
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,244.75	\$33.66
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,640.88	\$39.60
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,763.25	\$56.43

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Silver Plans			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/80/3250/60 EPO 24			
PCP/Spec:	Single	\$975.51	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,658.37	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$1,951.02	\$39.60
RX plan:	Family	\$2,780.20	\$56.43
NY S FRDM NG 40/80/3250/60 EPO 24			
PCP/Spec:	Single	\$1,032.07	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,754.52	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$2,064.14	\$39.60
RX plan:	Family	\$2,941.40	\$56.43
NY S LBTY NG 30/75/4000/50 EPO 24			
PCP/Spec:	Single	\$961.81	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,635.08	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$1,923.62	\$39.60
RX plan:	Family	\$2,741.16	\$56.43
NY S MTRO GT 30/80/3750/60 EPO 24			
PCP/Spec:	Single	\$852.67	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,449.54	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$1,705.34	\$39.60
RX plan:	Family	\$2,430.11	\$56.43
NY S FRDM NG 30/60/2250/70 PPO HSA 24			
PCP/Spec:	Single	\$1,040.60	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,759.02	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$2,081.20	\$39.60
RX plan:	Family	\$2,965.71	\$56.43
NY S LBTY GT 30/60/4500/50 EPO 24			
PCP/Spec:	Single	\$941.45	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,600.47	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$1,882.90	\$39.60
RX plan:	Family	\$2,683.13	\$56.43
NY S FRDM NG 40/80/3250/60 PPO 24			
PCP/Spec:	Single	\$1,071.73	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,821.94	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$2,143.46	\$39.60
RX plan:	Family	\$3,054.43	\$56.43
NY S FRDM NG 30/60/3000/80 EPO HSA 24			
PCP/Spec:	Single	\$1,002.75	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,704.68	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$2,005.50	\$39.60
RX plan:	Family	\$2,857.84	\$56.43
NY S FRDM NG 2500/60 EPO HSA 24			
PCP/Spec:	Single	\$971.02	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,650.73	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$1,942.04	\$39.60
RX plan:	Family	\$2,767.41	\$56.43
NY S MTRO NG 30/80/3750/60 EPO ME 24			
PCP/Spec:	Single	\$883.34	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,501.68	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$1,766.68	\$39.60
RX plan:	Family	\$2,517.52	\$56.43
NY S LBTY NG 30/60/3000/80 EPO HSA 24			
PCP/Spec:	Single	\$947.05	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,609.99	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$1,894.10	\$39.60
RX plan:	Family	\$2,699.09	\$56.43
NY S MTRO GT 35/50/4000/70 EPO HSA 24			
PCP/Spec:	Single	\$801.44	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,362.45	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$1,602.88	\$39.60
RX plan:	Family	\$2,284.10	\$56.43
NY S MTRO NG 50/100/100 EPO ZD 24			
PCP/Spec:	Single	\$1,001.42	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,702.41	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$2,002.84	\$39.60
RX plan:	Family	\$2,854.05	\$56.43
NY S LBTY NG 4000/80 EPO HSA PR 24			
PCP/Spec:	Single	\$896.53	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,524.10	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$1,793.06	\$39.60
RX plan:	Family	\$2,555.11	\$56.43
NY S LBTY NG 50/100/100 EPO ZD 24			
PCP/Spec:	Single	\$1,102.24	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,873.81	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$2,204.48	\$39.60
RX plan:	Family	\$3,141.38	\$56.43
NY S LBTY NG 25/45/5000/50 EPO 24			
PCP/Spec:	Single	\$970.54	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,649.92	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$1,941.08	\$39.60
RX plan:	Family	\$2,766.04	\$56.43
NY S FRDM NG 50/100/100 EPO ZD 24			
PCP/Spec:	Single	\$1,165.55	\$19.80
Ded and Coinsurance:	Parent/Child (ren)	\$1,981.44	\$33.66
Max out of Pocket:	Employee/ Spouse*	\$2,331.10	\$39.60
RX plan:	Family	\$3,321.82	\$56.43

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Bronze Plans				
NY B FRDM NG 5000/50 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$904.74	\$19.80
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,538.06	\$33.66
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,809.48	\$39.60
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,578.51	\$56.43
NY B LBTY NG 7250/100 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$864.19	\$19.80
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,469.12	\$33.66
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,728.38	\$39.60
RX plan:	Ded Med/Rx then 0%/0%/0% Broad Ntwk	Family	\$2,462.94	\$56.43
NY B MTRO GT 7250/100 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$758.67	\$19.80
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,289.74	\$33.66
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,517.34	\$39.60
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,162.21	\$56.43
NY B LBTY NG 25/75/5750/70 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$850.32	\$19.80
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,445.54	\$33.66
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,700.64	\$39.60
RX plan:	Ded Med/Rx then 30%/30%/30% Broad Ntwk	Family	\$2,423.41	\$56.43
NY B LBTY NG 30/60/6750/80 PPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$876.13	\$19.80
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,489.42	\$33.66
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,752.26	\$39.60
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,496.97	\$56.43
NY B MTRO GT 40/75/6500/50 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$740.79	\$19.80
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,259.34	\$33.66
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,481.58	\$39.60
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,111.25	\$56.43

* 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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