

**2022 New York Small Group (1-100) Oxford Products: Q3 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	\$1,563.39	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,657.76	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,126.78	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,455.66	\$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	\$1,470.15	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,499.26	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,940.30	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,189.93	\$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	\$1,502.07	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,553.52	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$3,004.14	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,280.90	\$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	\$1,528.21	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,597.96	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,056.42	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,355.40	\$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	\$1,845.61	\$19.09
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$3,137.54	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,691.22	\$38.18
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$5,259.99	\$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	\$1,184.09	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,012.95	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,368.18	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,374.66	\$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	\$1,276.17	\$19.09
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,169.49	\$32.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,552.34	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,637.08	\$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	\$1,357.93	\$19.09
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,308.48	\$32.45
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,715.86	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,870.10	\$54.41

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<b>Gold Plans</b>				
<b>NY G LBTY GT 30/60/1250/100 EPO 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,147.56	\$19.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,950.85	\$32.45
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$2,295.12	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,270.55	\$54.41
<b>NY G FRDM NG 15/35/1750/90 EPO 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,245.22	\$19.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,116.87	\$32.45
Max out of Pocket:	In: \$7,500/\$15,000	Employee/ Spouse*	\$2,490.44	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,548.88	\$54.41
<b>NY G FRDM NG 25/40/1750/80 EPO 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,235.07	\$19.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,099.62	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,470.14	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,519.95	\$54.41
<b>NY G FRDM NG 25/40/1500/80 PPO 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,295.20	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,201.84	\$32.45
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,590.40	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,691.32	\$54.41
<b>NY G FRDM NG 50/50/1000/90 EPO 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,259.04	\$19.09
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,140.37	\$32.45
Max out of Pocket:	In: \$6,200/\$12,400	Employee/ Spouse*	\$2,518.08	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,588.26	\$54.41
<b>NY G FRDM NG 1500/90 PPO HSA 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,229.77	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$2,090.61	\$32.45
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,459.54	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,504.84	\$54.41
<b>NY G FRDM NG 1500/90 EPO HSA 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,178.47	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$2,003.40	\$32.45
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,356.94	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,358.64	\$54.41
<b>NY G MTR0 GT 25/40/1250/80 EPO 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,004.03	\$19.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,706.85	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,008.06	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,861.49	\$54.41
<b>NY G MTR0 GT 25/40/600/80 EPO HNY 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$861.09	\$19.09
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,463.85	\$32.45
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,722.18	\$38.18
RX plan:	\$10/\$35/\$70	Family	\$2,454.11	\$54.41
<b>NY G LBTY NG 30/60/2000/70 EPO 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,105.57	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,879.47	\$32.45
Max out of Pocket:	In: \$8,400/\$16,800	Employee/ Spouse*	\$2,211.14	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,150.87	\$54.41
<b>NY G MTR0 NG 25/40/1250/80 EPO ME 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,040.18	\$19.09
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,768.31	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,080.36	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,964.51	\$54.41
<b>NY G FRDM NG 30/60/2250/70 EPO 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,162.12	\$19.09
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,975.60	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,324.24	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,312.04	\$54.41
<b>NY G LBTY NG 25/50/100 EPO ZD 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,254.03	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,131.85	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,508.06	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,573.99	\$54.41
<b>NY G LBTY NG 1500/90 EPO HSAM 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,119.24	\$19.09
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,902.71	\$32.45
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,238.48	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$3,189.83	\$54.41
<b>NY G LBTY NG 20/40/2000/80 EPO 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,117.10	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,899.07	\$32.45
Max out of Pocket:	In: \$8,500/\$17,000	Employee/ Spouse*	\$2,234.20	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,183.74	\$54.41
<b>NY G FRDM NG 1750/100 EPO HSAM 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,198.92	\$19.09
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$2,038.16	\$32.45
Max out of Pocket:	In: \$6,800/\$13,600	Employee/ Spouse*	\$2,397.84	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,416.92	\$54.41
<b>NY G FRDM NG 25/50/100 EPO 22</b>		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,325.27	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,252.96	\$32.45
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$2,650.54	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,777.02	\$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	\$984.42	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,673.51	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,968.84	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,805.60	\$54.41
<b>NY S FRDM NG 40/70/3000/65 EPO 22</b>				
PCP/Spec:	\$40/\$70	Single	\$1,040.22	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,768.37	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,080.44	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,964.63	\$54.41
<b>NY S LBTY NG 30/75/3500/60 EPO 22</b>				
PCP/Spec:	\$30/\$75	Single	\$963.98	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,638.77	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,927.96	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,747.34	\$54.41
<b>NY S MTRO GT 30/80/3500/70 EPO 22</b>				
PCP/Spec:	\$30/\$80	Single	\$834.52	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,418.68	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,669.04	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,378.38	\$54.41
<b>NY S FRDM NG 30/60/2000/80 PPO HSA 22</b>				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,093.83	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,859.51	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,187.66	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,117.42	\$54.41
<b>NY S LBTY GT 25/50/4500/50 EPO 22</b>				
PCP/Spec:	\$25/\$50	Single	\$945.74	\$19.09
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,607.76	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,891.48	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,695.36	\$54.41
<b>NY S FRDM NG 40/70/3000/65 PPO 22</b>				
PCP/Spec:	\$40/\$70	Single	\$1,090.99	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,854.68	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,181.98	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$3,109.32	\$54.41
<b>NY S FRDM NG 25/50/2250/80 EPO HSA 22</b>				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$1,051.11	\$19.09
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,786.89	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$2,102.22	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,995.66	\$54.41
<b>NY S FRDM NG 2000/70 EPO HSA 22</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,031.78	\$19.09
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,754.03	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,063.56	\$38.18
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,940.57	\$54.41
<b>NY S MTRO NG 30/80/3500/70 EPO ME 22</b>				
PCP/Spec:	\$30/\$80	Single	\$864.57	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,469.77	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,729.14	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,464.02	\$54.41
<b>NY S LBTY NG 25/50/2500/80 EPO HSA 22</b>				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$983.56	\$19.09
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,672.05	\$32.45
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,967.12	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,803.15	\$54.41
<b>NY S MTRO GT 35/50/3500/70 EPO HSA 22</b>				
PCP/Spec:	\$35/\$50 after Deductible	Single	\$793.34	\$19.09
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,348.68	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,586.68	\$38.18
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,261.02	\$54.41
<b>NY S MTRO NG 50/100/100 EPO ZD 22</b>				
PCP/Spec:	\$50/\$100	Single	\$970.79	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,650.34	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,941.58	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,766.75	\$54.41
<b>NY S LBTY NG 4000/80 EPO HSAM 22</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$924.80	\$19.09
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,572.16	\$32.45
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,849.60	\$38.18
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,635.68	\$54.41
<b>NY S LBTY NG 50/100/100 EPO ZD 22</b>				
PCP/Spec:	\$50/\$100	Single	\$1,097.98	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,866.57	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,195.96	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,129.24	\$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	\$954.76	\$19.09
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,623.09	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,909.52	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,721.07	\$54.41
<b>NY S LBTY NG 40/70/4500/60 EPO 22</b>				
PCP/Spec:	\$40/\$70	Single	\$965.56	\$19.09
Ded and Coinsurance:	In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,641.45	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,931.12	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,751.85	\$54.41
<b>NY S FRDM NG 50/100/100 EPO ZD 22</b>				
PCP/Spec:	\$50/\$100	Single	\$1,157.32	\$19.09
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,967.44	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$2,314.64	\$38.18
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,298.36	\$54.41
<b>NY S MTRO GT 40/70/3000/65 EPO 22</b>				
PCP/Spec:	\$40/\$70	Single	\$870.39	\$19.09
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,479.66	\$32.45
Max out of Pocket:	In: \$8,700/\$17,400	Employee/ Spouse*	\$1,740.78	\$38.18
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,480.61	\$54.41

**2022 New York Small Group (1-100) Oxford Products: Q3 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>			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Single	\$912.66 \$19.09
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,551.52 \$32.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$1,825.32 \$38.18
		Family	\$2,601.08 \$54.41
<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	\$865.94 \$19.09
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,472.10 \$32.45
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,731.88 \$38.18
		Family	\$2,467.93 \$54.41
<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	\$739.02 \$19.09
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,256.33 \$32.45
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,478.04 \$38.18
		Family	\$2,106.21 \$54.41
<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	\$866.59 \$19.09
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,473.20 \$32.45
RX plan:	Ded Med/Rx then 30%/30%/30%	Employee/ Spouse*	\$1,733.18 \$38.18
		Family	\$2,469.78 \$54.41
<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	\$903.48 \$19.09
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Parent/Child (ren)	\$1,535.92 \$32.45
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$1,806.96 \$38.18
		Family	\$2,574.92 \$54.41
<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	\$735.88 \$19.09
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,251.00 \$32.45
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Employee/ Spouse*	\$1,471.76 \$38.18
		Family	\$2,097.26 \$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: Q3 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	\$1,469.77	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,498.61	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$2,939.54	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,188.84	\$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	\$1,382.11	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,349.59	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,764.22	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,939.01	\$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	\$1,412.12	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,400.60	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,824.24	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,024.54	\$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	\$1,436.70	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,442.39	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,873.40	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,094.60	\$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	\$1,735.09	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$2,949.65	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,470.18	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,945.01	\$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	\$1,113.18	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,892.41	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,226.36	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,172.56	\$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	\$1,199.75	\$17.95
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,039.58	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,399.50	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,419.29	\$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	\$1,276.61	\$17.95
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,170.24	\$30.52
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,553.22	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,638.34	\$51.16

**2022 New York Small Group (1-100) Oxford Products: Q3 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	\$1,078.85	\$17.95
Max out of Pocket:	In: \$6,400/\$12,800	Parent/Child (ren)	\$1,834.05	\$30.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,157.70	\$35.90
		Family	\$3,074.72	\$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	\$1,170.65	\$17.95
Max out of Pocket:	In: \$7,500/\$15,000	Parent/Child (ren)	\$1,990.11	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,341.30	\$35.90
		Family	\$3,336.35	\$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	\$1,161.11	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,973.89	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,322.22	\$35.90
		Family	\$3,309.16	\$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	\$1,217.64	\$17.95
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Parent/Child (ren)	\$2,069.99	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,435.28	\$35.90
		Family	\$3,470.27	\$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	\$1,183.65	\$17.95
Max out of Pocket:	In: \$6,200/\$12,400	Parent/Child (ren)	\$2,012.21	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,367.30	\$35.90
		Family	\$3,373.40	\$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	\$1,156.12	\$17.95
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Parent/Child (ren)	\$1,965.40	\$30.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,312.24	\$35.90
		Family	\$3,294.94	\$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	\$1,107.90	\$17.95
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,883.43	\$30.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,215.80	\$35.90
		Family	\$3,157.52	\$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	\$943.91	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,604.65	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,887.82	\$35.90
		Family	\$2,690.14	\$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	\$809.52	\$17.95
Max out of Pocket:	In: \$4,000/\$8,000	Parent/Child (ren)	\$1,376.18	\$30.52
RX plan:	\$10/\$35/\$70	Employee/ Spouse*	\$1,619.04	\$35.90
		Family	\$2,307.13	\$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	\$1,039.36	\$17.95
Max out of Pocket:	In: \$8,400/\$16,800	Parent/Child (ren)	\$1,766.91	\$30.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,078.72	\$35.90
		Family	\$2,962.18	\$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	\$977.89	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,662.41	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,955.78	\$35.90
		Family	\$2,786.99	\$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	\$1,092.53	\$17.95
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,857.30	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,185.06	\$35.90
		Family	\$3,113.71	\$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	\$1,178.94	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,004.20	\$30.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,357.88	\$35.90
		Family	\$3,359.98	\$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	\$1,052.21	\$17.95
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,788.76	\$30.52
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$2,104.42	\$35.90
		Family	\$2,998.80	\$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	\$1,050.21	\$17.95
Max out of Pocket:	In: \$8,500/\$17,000	Parent/Child (ren)	\$1,785.36	\$30.52
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,100.42	\$35.90
		Family	\$2,993.10	\$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	\$1,127.13	\$17.95
Max out of Pocket:	In: \$6,800/\$13,600	Parent/Child (ren)	\$1,916.12	\$30.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,254.26	\$35.90
		Family	\$3,212.32	\$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	\$1,245.91	\$17.95
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,118.05	\$30.52
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,491.82	\$35.90
		Family	\$3,550.84	\$51.16

**2022 New York Small Group (1-100) Oxford Products: Q3 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: \$40/\$70	Single	\$925.47	\$17.95
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,573.30	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,850.94	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,637.59	\$51.16
<b>NY S FRDM NG 40/70/3000/65 EPO 22</b>			
PCP/Spec: \$40/\$70	Single	\$977.93	\$17.95
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,662.48	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,955.86	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,787.10	\$51.16
<b>NY S LBTY NG 30/75/3500/60 EPO 22</b>			
PCP/Spec: \$30/\$75	Single	\$906.26	\$17.95
Ded and Coinsurance: In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,540.64	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,812.52	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,582.84	\$51.16
<b>NY S MTRO GT 30/80/3500/70 EPO 22</b>			
PCP/Spec: \$30/\$80	Single	\$784.55	\$17.95
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,333.74	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,569.10	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,235.97	\$51.16
<b>NY S FRDM NG 30/60/2000/80 PPO HSA 22</b>			
PCP/Spec: \$30/\$60 after Deductible	Single	\$1,028.33	\$17.95
Ded and Coinsurance: In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,748.16	\$30.52
Max out of Pocket: In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,056.66	\$35.90
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,930.74	\$51.16
<b>NY S LBTY GT 25/50/4500/50 EPO 22</b>			
PCP/Spec: \$25/\$50	Single	\$889.10	\$17.95
Ded and Coinsurance: In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,511.47	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,778.20	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,533.94	\$51.16
<b>NY S FRDM NG 40/70/3000/65 PPO 22</b>			
PCP/Spec: \$40/\$70	Single	\$1,025.66	\$17.95
Ded and Coinsurance: In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,743.62	\$30.52
Max out of Pocket: In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,051.32	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,923.13	\$51.16
<b>NY S FRDM NG 25/50/2250/80 EPO HSA 22</b>			
PCP/Spec: \$25/\$50 after Deductible	Single	\$988.16	\$17.95
Ded and Coinsurance: In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,679.87	\$30.52
Max out of Pocket: In: \$6,900/\$13,800	Employee/ Spouse*	\$1,976.32	\$35.90
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,816.26	\$51.16
<b>NY S FRDM NG 2000/70 EPO HSA 22</b>			
PCP/Spec: Deductible and Coinsurance	Single	\$970.00	\$17.95
Ded and Coinsurance: In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,649.00	\$30.52
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,940.00	\$35.90
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,764.50	\$51.16
<b>NY S MTRO NG 30/80/3500/70 EPO ME 22</b>			
PCP/Spec: \$30/\$80	Single	\$812.79	\$17.95
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,381.74	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,625.58	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,316.45	\$51.16
<b>NY S LBTY NG 25/50/2500/80 EPO HSA 22</b>			
PCP/Spec: \$25/\$50 after Deductible	Single	\$924.66	\$17.95
Ded and Coinsurance: In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,571.92	\$30.52
Max out of Pocket: In: \$6,900/\$13,800	Employee/ Spouse*	\$1,849.32	\$35.90
RX plan: Ded Med/Rx then \$10/\$50/\$90	Family	\$2,635.28	\$51.16
<b>NY S MTRO GT 35/50/3500/70 EPO HSA 22</b>			
PCP/Spec: \$35/\$50 after Deductible	Single	\$745.83	\$17.95
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,267.91	\$30.52
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,491.66	\$35.90
RX plan: Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,125.62	\$51.16
<b>NY S MTRO NG 50/100/100 EPO ZD 22</b>			
PCP/Spec: \$50/\$100	Single	\$912.66	\$17.95
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,551.52	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,825.32	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,601.08	\$51.16
<b>NY S LBTY NG 4000/80 EPO HSAM 22</b>			
PCP/Spec: Deductible and Coinsurance	Single	\$869.42	\$17.95
Ded and Coinsurance: In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,478.01	\$30.52
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,738.84	\$35.90
RX plan: Ded Med/Rx then \$10/\$50/\$90	Family	\$2,477.85	\$51.16
<b>NY S LBTY NG 50/100/100 EPO ZD 22</b>			
PCP/Spec: \$50/\$100	Single	\$1,032.23	\$17.95
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,754.79	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,064.46	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,941.86	\$51.16
<b>NY S LBTY NG 25/45/5000/50 EPO 22</b>			
PCP/Spec: Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$897.59	\$17.95
Ded and Coinsurance: In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,525.90	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,795.18	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,558.13	\$51.16
<b>NY S LBTY NG 40/70/4500/60 EPO 22</b>			
PCP/Spec: \$40/\$70	Single	\$907.74	\$17.95
Ded and Coinsurance: In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,543.16	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,815.48	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,587.06	\$51.16
<b>NY S FRDM NG 50/100/100 EPO ZD 22</b>			
PCP/Spec: \$50/\$100	Single	\$1,088.02	\$17.95
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,849.63	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,176.04	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,100.86	\$51.16
<b>NY S MTRO GT 40/70/3000/65 EPO 22</b>			
PCP/Spec: \$40/\$70	Single	\$818.27	\$17.95
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,391.06	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,636.54	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,332.07	\$51.16

**2022 New York Small Group (1-100) Oxford Products: Q3 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	\$858.01 \$17.95
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,458.62 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,716.02 \$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,445.33 \$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	\$814.08 \$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,383.94 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,628.16 \$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,320.13 \$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	\$694.76 \$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,181.09 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,389.52 \$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,980.07 \$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	\$814.69 \$17.95
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,384.97 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,629.38 \$35.90
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,321.87 \$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	\$849.38 \$17.95
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,443.95 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,698.76 \$35.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,420.73 \$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	\$691.81 \$17.95
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,176.08 \$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,383.62 \$35.90
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,971.66 \$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: Q3 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>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,514.80	\$18.50
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,575.16	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$3,029.60	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,317.18	\$52.73
<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	\$1,424.46	\$18.50
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,421.58	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,848.92	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,059.71	\$52.73
<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	\$1,455.39	\$18.50
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,474.16	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,910.78	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,147.86	\$52.73
<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	\$1,480.72	\$18.50
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,517.22	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,961.44	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,220.05	\$52.73
<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	\$1,788.25	\$18.50
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$3,040.03	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,576.50	\$37.00
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$5,096.51	\$52.73
<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	\$1,147.29	\$18.50
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,950.39	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,294.58	\$37.00
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,269.78	\$52.73
<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	\$1,236.51	\$18.50
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,102.07	\$31.45
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,473.02	\$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,524.05	\$52.73
<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	\$1,315.73	\$18.50
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,236.74	\$31.45
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,631.46	\$37.00
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,749.83	\$52.73

**2022 New York Small Group (1-100) Oxford Products: Q3 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	\$1,111.90	\$18.50
Max out of Pocket:	In: \$6,400/\$12,800	Parent/Child (ren)	\$1,890.23	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,223.80	\$37.00
		Family	\$3,168.92	\$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	\$1,206.52	\$18.50
Max out of Pocket:	In: \$7,500/\$15,000	Parent/Child (ren)	\$2,051.08	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,413.04	\$37.00
		Family	\$3,438.58	\$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	\$1,196.69	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,034.37	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,393.38	\$37.00
		Family	\$3,410.57	\$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	\$1,254.94	\$18.50
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Parent/Child (ren)	\$2,133.40	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,509.88	\$37.00
		Family	\$3,576.58	\$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	\$1,219.91	\$18.50
Max out of Pocket:	In: \$6,200/\$12,400	Parent/Child (ren)	\$2,073.85	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,439.82	\$37.00
		Family	\$3,476.74	\$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	\$1,191.55	\$18.50
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Parent/Child (ren)	\$2,025.64	\$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,383.10	\$37.00
		Family	\$3,395.92	\$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	\$1,141.84	\$18.50
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,941.13	\$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,283.68	\$37.00
		Family	\$3,254.24	\$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	\$972.83	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,653.81	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,945.66	\$37.00
		Family	\$2,772.57	\$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	\$834.32	\$18.50
Max out of Pocket:	In: \$4,000/\$8,000	Parent/Child (ren)	\$1,418.34	\$31.45
RX plan:	\$10/\$35/\$70	Employee/ Spouse*	\$1,668.64	\$37.00
		Family	\$2,377.81	\$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	\$1,071.21	\$18.50
Max out of Pocket:	In: \$8,400/\$16,800	Parent/Child (ren)	\$1,821.06	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,142.42	\$37.00
		Family	\$3,052.95	\$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	\$1,007.85	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,713.35	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,015.70	\$37.00
		Family	\$2,872.37	\$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	\$1,126.00	\$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,914.20	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,252.00	\$37.00
		Family	\$3,209.10	\$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	\$1,215.06	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,065.60	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,430.12	\$37.00
		Family	\$3,462.92	\$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	\$1,084.45	\$18.50
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,843.57	\$31.45
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$2,168.90	\$37.00
		Family	\$3,090.68	\$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	\$1,082.39	\$18.50
Max out of Pocket:	In: \$8,500/\$17,000	Parent/Child (ren)	\$1,840.06	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,164.78	\$37.00
		Family	\$3,084.81	\$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	\$1,161.66	\$18.50
Max out of Pocket:	In: \$6,800/\$13,600	Parent/Child (ren)	\$1,974.82	\$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,323.32	\$37.00
		Family	\$3,310.73	\$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	\$1,284.08	\$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,182.94	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,568.16	\$37.00
		Family	\$3,659.63	\$52.73

**2022 New York Small Group (1-100) Oxford Products: Q3 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	\$953.82	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,621.49	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,907.64	\$37.00
RX plan:	Family	\$2,718.39	\$52.73
<b>NY S FRDM NG 40/70/3000/65 EPO 22</b>			
PCP/Spec:	Single	\$1,007.89	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,713.41	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$2,015.78	\$37.00
RX plan:	Family	\$2,872.49	\$52.73
<b>NY S LBTY NG 30/75/3500/60 EPO 22</b>			
PCP/Spec:	Single	\$934.02	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,587.83	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,868.04	\$37.00
RX plan:	Family	\$2,661.96	\$52.73
<b>NY S MTRO GT 30/80/3500/70 EPO 22</b>			
PCP/Spec:	Single	\$808.58	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,374.59	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,617.16	\$37.00
RX plan:	Family	\$2,304.45	\$52.73
<b>NY S FRDM NG 30/60/2000/80 PPO HSA 22</b>			
PCP/Spec:	Single	\$1,059.84	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,801.73	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$2,119.68	\$37.00
RX plan:	Family	\$3,020.54	\$52.73
<b>NY S LBTY GT 25/50/4500/50 EPO 22</b>			
PCP/Spec:	Single	\$916.35	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,557.80	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,832.70	\$37.00
RX plan:	Family	\$2,611.60	\$52.73
<b>NY S FRDM NG 40/70/3000/65 PPO 22</b>			
PCP/Spec:	Single	\$1,057.09	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,797.05	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$2,114.18	\$37.00
RX plan:	Family	\$3,012.71	\$52.73
<b>NY S FRDM NG 25/50/2250/80 EPO HSA 22</b>			
PCP/Spec:	Single	\$1,018.44	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,731.35	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$2,036.88	\$37.00
RX plan:	Family	\$2,902.55	\$52.73
<b>NY S FRDM NG 2000/70 EPO HSA 22</b>			
PCP/Spec:	Single	\$999.72	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,699.52	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,999.44	\$37.00
RX plan:	Family	\$2,849.20	\$52.73
<b>NY S MTRO NG 30/80/3500/70 EPO ME 22</b>			
PCP/Spec:	Single	\$837.70	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,424.09	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,675.40	\$37.00
RX plan:	Family	\$2,387.45	\$52.73
<b>NY S LBTY NG 25/50/2500/80 EPO HSA 22</b>			
PCP/Spec:	Single	\$953.00	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,620.10	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,906.00	\$37.00
RX plan:	Family	\$2,716.05	\$52.73
<b>NY S MTRO GT 35/50/3500/70 EPO HSA 22</b>			
PCP/Spec:	Single	\$768.68	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,306.76	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,537.36	\$37.00
RX plan:	Family	\$2,190.74	\$52.73
<b>NY S MTRO NG 50/100/100 EPO ZD 22</b>			
PCP/Spec:	Single	\$940.62	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,599.05	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,881.24	\$37.00
RX plan:	Family	\$2,680.77	\$52.73
<b>NY S LBTY NG 4000/80 EPO HSAM 22</b>			
PCP/Spec:	Single	\$896.06	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,523.30	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,792.12	\$37.00
RX plan:	Family	\$2,553.77	\$52.73
<b>NY S LBTY NG 50/100/100 EPO ZD 22</b>			
PCP/Spec:	Single	\$1,063.85	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,808.55	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$2,127.70	\$37.00
RX plan:	Family	\$3,031.97	\$52.73
<b>NY S LBTY NG 25/45/5000/50 EPO 22</b>			
PCP/Spec:	Single	\$925.09	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,572.65	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,850.18	\$37.00
RX plan:	Family	\$2,636.51	\$52.73
<b>NY S LBTY NG 40/70/4500/60 EPO 22</b>			
PCP/Spec:	Single	\$935.55	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,590.44	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,871.10	\$37.00
RX plan:	Family	\$2,666.32	\$52.73
<b>NY S FRDM NG 50/100/100 EPO ZD 22</b>			
PCP/Spec:	Single	\$1,121.35	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,906.30	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$2,242.70	\$37.00
RX plan:	Family	\$3,195.85	\$52.73
<b>NY S MTRO GT 40/70/3000/65 EPO 22</b>			
PCP/Spec:	Single	\$843.34	\$18.50
Ded and Coinsurance:	Parent/Child (ren)	\$1,433.68	\$31.45
Max out of Pocket:	Employee/ Spouse*	\$1,686.68	\$37.00
RX plan:	Family	\$2,403.52	\$52.73

**2022 New York Small Group (1-100) Oxford Products: Q3 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	\$884.30 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,503.31 \$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$1,768.60 \$37.00
		Family	\$2,520.26 \$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	\$839.02 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,426.33 \$31.45
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,678.04 \$37.00
		Family	\$2,391.21 \$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	\$716.05 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,217.29 \$31.45
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,432.10 \$37.00
		Family	\$2,040.74 \$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	\$839.65 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,427.41 \$31.45
RX plan:	Ded Med/Rx then 30%/30%/30%	Employee/ Spouse*	\$1,679.30 \$37.00
		Family	\$2,393.00 \$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	\$875.40 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Parent/Child (ren)	\$1,488.18 \$31.45
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$1,750.80 \$37.00
		Family	\$2,494.89 \$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	\$713.01 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,212.12 \$31.45
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Employee/ Spouse*	\$1,426.02 \$37.00
		Family	\$2,032.08 \$52.73

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

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