

2024 New York Small Group (1-100) Oxford Products: Q1 2024 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Region 8** in the Oxford service area, which includes: Nassau and Suffolk counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Platinum Plans				
NY P FRDM NG 5/15/100 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,583.69	\$20.43
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,692.27	\$34.73
Max out of Pocket:	In: \$3,750/\$7,500 Out: \$5,500/\$11,000	Employee/ Spouse*	\$3,167.38	\$40.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,513.52	\$58.23
NY P FRDM NG 20/40/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,497.12	\$20.43
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,595.90	\$34.73
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,994.24	\$40.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,286.79	\$58.23
NY P FRDM NG 5/15/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,527.00	\$20.43
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,595.90	\$34.73
Max out of Pocket:	In: \$3,750/\$7,500	Employee/ Spouse*	\$3,054.00	\$40.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,351.95	\$58.23
NY P FRDM NG 20/40/100 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,550.39	\$20.43
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,635.66	\$34.73
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$8,000/\$16,000	Employee/ Spouse*	\$3,100.78	\$40.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,418.61	\$58.23
NY P FRDM NG 20/40/100 PPO FAIR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,856.57	\$20.43
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,156.17	\$34.73
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,713.14	\$40.86
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,291.22	\$58.23
NY P MTRO GT 15/25/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,239.15	\$20.43
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,106.56	\$34.73
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,478.30	\$40.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,531.58	\$58.23
NY P LBTY GT 10/25/250/90 EPO LA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,303.55	\$20.43
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,216.04	\$34.73
Max out of Pocket:	In: \$2,750/\$5,500	Employee/ Spouse*	\$2,607.10	\$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,715.12	\$58.23
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	\$1,373.62	\$20.43
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,335.15	\$34.73
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,747.24	\$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,914.82	\$58.23

2024 New York Small Group (1-100) Oxford Products: Q1 2024 Rates

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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	\$1,163.39	\$20.43
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,977.76	\$34.73
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,326.78	\$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,315.66	\$58.23
NY G FRDM NG 15/35/1750/90 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,277.52	\$20.43
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,171.78	\$34.73
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,555.04	\$40.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,640.93	\$58.23
NY G FRDM NG 25/40/1750/80 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,267.86	\$20.43
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,155.36	\$34.73
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,535.72	\$40.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,613.40	\$58.23
NY G FRDM NG 25/40/1500/80 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,319.98	\$20.43
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,243.97	\$34.73
Max out of Pocket:	In: \$7,250/\$14,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,639.96	\$40.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,761.94	\$58.23
NY G FRDM NG 50/50/1000/90 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,281.78	\$20.43
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,179.03	\$34.73
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$2,563.56	\$40.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,653.07	\$58.23
NY G FRDM NG 1600/90 PPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,223.51	\$20.43
Ded and Coinsurance:	In: \$1,600/\$3,200, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,079.97	\$34.73
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,447.02	\$40.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,487.00	\$58.23
NY G FRDM NG 1600/90 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,178.07	\$20.43
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$2,002.72	\$34.73
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,356.14	\$40.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,357.50	\$58.23
NY G MTRO GT 25/40/1250/80 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,051.74	\$20.43
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,787.96	\$34.73
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,103.48	\$40.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,997.46	\$58.23
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	\$899.70	\$20.43
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,529.49	\$34.73
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$1,799.40	\$40.86
RX plan:	\$10/\$35/\$70 Std Select	Family	\$2,564.15	\$58.23
NY G LBTY NG 30/60/1800/70 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,147.60	\$20.43
Ded and Coinsurance:	In: \$1,800/\$3,600, 30%	Parent/Child (ren)	\$1,950.92	\$34.73
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,295.20	\$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,270.66	\$58.23
NY G MTRO NG 25/40/1250/80 EPO ME 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,089.58	\$20.43
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,852.29	\$34.73
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,179.16	\$40.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,105.30	\$58.23
NY G FRDM NG 30/60/2250/70 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,213.75	\$20.43
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$2,063.38	\$34.73
Max out of Pocket:	In: \$8,250/\$16,500	Employee/ Spouse*	\$2,427.50	\$40.86
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,459.19	\$58.23
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	\$1,283.84	\$20.43
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,182.53	\$34.73
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,567.68	\$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,658.94	\$58.23
NY G LBTY NG 1600/90 EPO HSA PR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,112.98	\$20.43
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$1,892.07	\$34.73
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,225.96	\$40.86
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$3,171.99	\$58.23
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	\$1,167.29	\$20.43
Ded and Coinsurance:	In: \$1,500/\$3,000, 20%	Parent/Child (ren)	\$1,984.39	\$34.73
Max out of Pocket:	In: \$8,750/\$17,500	Employee/ Spouse*	\$2,334.58	\$40.86
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,326.78	\$58.23
NY G FRDM NG 2000/100 EPO HSA PR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,179.87	\$20.43
Ded and Coinsurance:	In: \$2,000/\$4,000, 0%	Parent/Child (ren)	\$2,005.78	\$34.73
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,359.74	\$40.86
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,362.63	\$58.23
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	\$1,362.01	\$20.43
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,315.42	\$34.73
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,724.02	\$40.86
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,881.73	\$58.23

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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	\$1,006.23	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,710.59	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,012.46	\$40.86
RX plan:	Family	\$2,867.76	\$58.23
NY S FRDM NG 40/80/3250/60 EPO 24			
PCP/Spec:	Single	\$1,064.56	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,809.75	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,129.12	\$40.86
RX plan:	Family	\$3,034.00	\$58.23
NY S LBTY NG 30/75/4000/50 EPO 24			
PCP/Spec:	Single	\$992.09	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,686.55	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,984.18	\$40.86
RX plan:	Family	\$2,827.46	\$58.23
NY S MTRO GT 30/80/3750/60 EPO 24			
PCP/Spec:	Single	\$879.52	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,459.18	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,759.04	\$40.86
RX plan:	Family	\$2,506.63	\$58.23
NY S FRDM NG 30/60/2250/70 PPO HSA 24			
PCP/Spec:	Single	\$1,073.37	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,484.73	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,146.74	\$40.86
RX plan:	Family	\$3,059.10	\$58.23
NY S LBTY GT 30/60/4500/50 EPO 24			
PCP/Spec:	Single	\$971.09	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,609.85	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,942.18	\$40.86
RX plan:	Family	\$2,767.61	\$58.23
NY S FRDM NG 40/80/3250/60 PPO 24			
PCP/Spec:	Single	\$1,105.47	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,879.30	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,210.94	\$40.86
RX plan:	Family	\$3,150.59	\$58.23
NY S FRDM NG 30/60/3000/80 EPO HSA 24			
PCP/Spec:	Single	\$1,034.31	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,758.33	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,068.62	\$40.86
RX plan:	Family	\$2,947.78	\$58.23
NY S FRDM NG 2500/60 EPO HSA 24			
PCP/Spec:	Single	\$1,001.59	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,702.70	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,003.18	\$40.86
RX plan:	Family	\$2,854.53	\$58.23
NY S MTRO NG 30/80/3750/60 EPO ME 24			
PCP/Spec:	Single	\$911.16	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,548.97	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,822.32	\$40.86
RX plan:	Family	\$2,596.81	\$58.23
NY S LBTY NG 30/60/3000/80 EPO HSA 24			
PCP/Spec:	Single	\$976.86	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,660.66	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,953.72	\$40.86
RX plan:	Family	\$2,784.05	\$58.23
NY S MTRO GT 35/50/4000/70 EPO HSA 24			
PCP/Spec:	Single	\$826.68	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,405.36	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,653.36	\$40.86
RX plan:	Family	\$2,356.04	\$58.23
NY S MTRO NG 50/100/100 EPO ZD 24			
PCP/Spec:	Single	\$1,032.95	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,756.02	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,065.90	\$40.86
RX plan:	Family	\$2,943.91	\$58.23
NY S LBTY NG 4000/80 EPO HSA PR 24			
PCP/Spec:	Single	\$924.75	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,572.08	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$1,849.50	\$40.86
RX plan:	Family	\$2,635.54	\$58.23
NY S LBTY NG 50/100/100 EPO ZD 24			
PCP/Spec:	Single	\$1,136.94	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,932.80	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,273.88	\$40.86
RX plan:	Family	\$3,240.28	\$58.23
NY S LBTY NG 25/45/5000/50 EPO 24			
PCP/Spec:	Single	\$1,001.09	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$1,701.85	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,002.18	\$40.86
RX plan:	Family	\$2,853.11	\$58.23
NY S FRDM NG 50/100/100 EPO ZD 24			
PCP/Spec:	Single	\$1,202.24	\$20.43
Ded and Coinsurance:	Parent/Child (ren)	\$2,043.81	\$34.73
Max out of Pocket:	Employee/ Spouse*	\$2,404.48	\$40.86
RX plan:	Family	\$3,426.38	\$58.23

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Bronze Plans			
NY B FRDM NG 5000/50 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$933.24
Ded and Coinsurance:	In: \$5,000/\$14,000, 50%	Parent/Child (ren)	\$1,586.51
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,866.48
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,659.73
NY B LBTY NG 7250/100 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$891.40
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,515.38
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,782.80
RX plan:	Ded Med/Rx then 0%/0%/0% Broad Ntwk	Family	\$2,540.49
NY B MTRO GT 7250/100 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$782.56
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,330.35
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,565.12
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,230.30
NY B LBTY NG 25/75/6750/70 EPO HSA 24			
PCP/Spec:	\$25/\$75 after Deductible	Single	\$877.09
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,491.05
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,754.18
RX plan:	Ded Med/Rx then 30%/30%/30% Broad Ntwk	Family	\$2,499.71
NY B LBTY NG 30/60/6750/80 PPO HSA 24			
PCP/Spec:	\$30/\$60 after Deductible	Single	\$903.72
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,536.32
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,807.44
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,575.60
NY B MTRO GT 40/75/6500/50 EPO HSA 24			
PCP/Spec:	\$40/\$75 after Deductible	Single	\$764.12
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,299.00
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,528.24
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,177.74

* 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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