

2024 New York Small Group (1-100) Oxford Products: Q2 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	\$1,623.66	\$20.94
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,760.22	\$35.60
Max out of Pocket:	In: \$3,750/\$7,500 Out: \$5,500/\$11,000	Employee/ Spouse*	\$3,247.32	\$41.88
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,627.43	\$59.68
NY P FRDM NG 20/40/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,534.91	\$20.94
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,661.35	\$35.60
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$3,069.82	\$41.88
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,374.49	\$59.68
NY P FRDM NG 5/15/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,565.53	\$20.94
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,661.40	\$35.60
Max out of Pocket:	In: \$3,750/\$7,500	Employee/ Spouse*	\$3,131.06	\$41.88
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,461.76	\$59.68
NY P FRDM NG 20/40/100 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,589.52	\$20.94
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,702.18	\$35.60
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$8,000/\$16,000	Employee/ Spouse*	\$3,179.04	\$41.88
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,530.13	\$59.68
NY P FRDM NG 20/40/100 PPO FAIR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,903.44	\$20.94
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,235.85	\$35.60
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,806.88	\$41.88
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,424.80	\$59.68
NY P MTRO GT 15/25/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,270.42	\$20.94
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,159.71	\$35.60
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,540.84	\$41.88
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,620.70	\$59.68
NY P LBTY GT 10/25/250/90 EPO LA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,336.46	\$20.94
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,271.98	\$35.60
Max out of Pocket:	In: \$2,750/\$5,500	Employee/ Spouse*	\$2,672.92	\$41.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,808.91	\$59.68
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	\$1,408.30	\$20.94
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,394.11	\$35.60
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,816.60	\$41.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$4,013.66	\$59.68

2024 New York Small Group (1-100) Oxford Products: Q2 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.



Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 24				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Single	\$1,192.75	\$20.94
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$2,027.68	\$35.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,385.50	\$41.88
		Family	\$3,399.34	\$59.68
NY G FRDM NG 15/35/1750/90 EPO 24				
PCP/Spec:	\$15/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Single	\$1,309.77	\$20.94
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$2,209.76	\$35.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,619.54	\$41.88
		Family	\$3,732.84	\$59.68
NY G FRDM NG 25/40/1750/80 EPO 24				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Single	\$1,299.86	\$20.94
Max out of Pocket:	In: \$6,500/\$13,000	Parent/Child (ren)	\$2,209.76	\$35.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,599.72	\$41.88
		Family	\$3,704.60	\$59.68
NY G FRDM NG 25/40/1500/80 PPO 24				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Single	\$1,353.31	\$20.94
Max out of Pocket:	In: \$7,250/\$14,500 Out: \$10,500/\$21,000	Parent/Child (ren)	\$2,300.63	\$35.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,706.62	\$41.88
		Family	\$3,856.93	\$59.68
NY G FRDM NG 50/50/1000/90 EPO 24				
PCP/Spec:	\$50/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Single	\$1,314.14	\$20.94
Max out of Pocket:	In: \$6,700/\$13,400	Parent/Child (ren)	\$2,234.04	\$35.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,628.28	\$41.88
		Family	\$3,745.30	\$59.68
NY G FRDM NG 1600/90 PPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,600/\$3,200, 10% Out: \$4,000/\$8,000, 40%	Single	\$1,254.38	\$20.94
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,500/\$21,000	Parent/Child (ren)	\$2,132.45	\$35.60
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,508.76	\$41.88
		Family	\$3,574.98	\$59.68
NY G FRDM NG 1600/90 EPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Single	\$1,207.81	\$20.94
Max out of Pocket:	In: \$5,750/\$11,500	Parent/Child (ren)	\$2,053.28	\$35.60
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,415.62	\$41.88
		Family	\$3,442.26	\$59.68
NY G MTRO GT 25/40/1250/80 EPO 24				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$1,078.30	\$20.94
Max out of Pocket:	In: \$6,500/\$13,000	Parent/Child (ren)	\$1,833.11	\$35.60
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,156.60	\$41.88
		Family	\$3,073.16	\$59.68
NY G MTRO GT 25/40/600/80 EPO HNY 24				
PCP/Spec:	\$25/\$40 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Single	\$922.41	\$20.94
Max out of Pocket:	In: \$5,900/\$11,800	Parent/Child (ren)	\$1,568.10	\$35.60
RX plan:	\$10/\$35/\$70 Std Select	Employee/ Spouse*	\$1,844.82	\$41.88
		Family	\$2,628.87	\$59.68
NY G LBTY NG 30/60/1800/70 EPO 24				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,800/\$3,600, 30%	Single	\$1,176.57	\$20.94
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$2,000.17	\$35.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,353.14	\$41.88
		Family	\$3,353.22	\$59.68
NY G MTRO NG 25/40/1250/80 EPO ME 24				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$1,117.08	\$20.94
Max out of Pocket:	In: \$6,500/\$13,000	Parent/Child (ren)	\$1,899.04	\$35.60
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,234.16	\$41.88
		Family	\$3,183.68	\$59.68
NY G FRDM NG 30/60/2250/70 EPO 24				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Single	\$1,244.40	\$20.94
Max out of Pocket:	In: \$8,250/\$16,500	Parent/Child (ren)	\$2,115.48	\$35.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,488.80	\$41.88
		Family	\$3,546.54	\$59.68
NY G LBTY NG 25/50/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,316.25	\$20.94
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$2,237.63	\$35.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,632.50	\$41.88
		Family	\$3,751.31	\$59.68
NY G LBTY NG 1600/90 EPO HSA PR 24				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Single	\$1,141.08	\$20.94
Max out of Pocket:	In: \$5,750/\$11,500	Parent/Child (ren)	\$1,939.84	\$35.60
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,282.16	\$41.88
		Family	\$3,252.08	\$59.68
NY G LBTY NG 20/40/1500/80 EPO PD 24				
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 20%	Single	\$1,196.75	\$20.94
Max out of Pocket:	In: \$8,750/\$17,500	Parent/Child (ren)	\$2,034.48	\$35.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,393.50	\$41.88
		Family	\$3,410.74	\$59.68
NY G FRDM NG 2000/100 EPO HSA PR 24				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 0%	Single	\$1,209.65	\$20.94
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$2,056.41	\$35.60
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,419.30	\$41.88
		Family	\$3,447.50	\$59.68
NY G FRDM NG 25/50/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,396.39	\$20.94
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$2,373.86	\$35.60
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Employee/ Spouse*	\$2,792.78	\$41.88
		Family	\$3,979.71	\$59.68

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Silver Plans				
NY S LBTY NG 40/80/3250/60 EPO 24				
PCP/Spec:	\$40/\$80	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Single	\$1,031.62	\$20.94
Max out of Pocket:	In: \$9,450/\$18,900	Parent/Child (ren)	\$1,753.75	\$35.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,063.24	\$41.88
		Family	\$2,940.12	\$59.68
NY S FRDM NG 40/80/3250/60 EPO 24				
PCP/Spec:	\$40/\$80	Single	\$1,091.43	\$20.94
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,525.43	\$35.60
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,182.86	\$41.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,110.58	\$59.68
NY S LBTY NG 30/75/4000/50 EPO 24				
PCP/Spec:	\$30/\$75	Single	\$1,017.13	\$20.94
Ded and Coinsurance:	In: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,739.12	\$35.60
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,034.26	\$41.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Broad Ntwk	Family	\$2,898.82	\$59.68
NY S MTRO GT 30/80/3750/60 EPO 24				
PCP/Spec:	\$30/\$80	Single	\$901.72	\$20.94
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,532.92	\$35.60
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,803.44	\$41.88
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,569.90	\$59.68
NY S FRDM NG 30/60/2250/70 PPO HSA 24				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,100.46	\$20.94
Ded and Coinsurance:	In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,870.78	\$35.60
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$15,500/\$31,000	Employee/ Spouse*	\$2,200.92	\$41.88
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,136.31	\$59.68
NY S LBTY GT 30/60/4500/50 EPO 24				
PCP/Spec:	\$30/\$60	Single	\$995.60	\$20.94
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,692.52	\$35.60
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,991.20	\$41.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,837.46	\$59.68
NY S FRDM NG 40/80/3250/60 PPO 24				
PCP/Spec:	\$40/\$80	Single	\$1,133.37	\$20.94
Ded and Coinsurance:	In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,926.73	\$35.60
Max out of Pocket:	In: \$9,450/\$18,900 Out: \$15,500/\$31,000	Employee/ Spouse*	\$2,266.74	\$41.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,230.10	\$59.68
NY S FRDM NG 30/60/3000/80 EPO HSA 24				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,060.43	\$20.94
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,802.73	\$35.60
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$2,120.86	\$41.88
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,022.23	\$59.68
NY S FRDM NG 2500/60 EPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,026.87	\$20.94
Ded and Coinsurance:	In: \$2,500/\$5,000, 40%	Parent/Child (ren)	\$1,745.68	\$35.60
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,053.74	\$41.88
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,926.58	\$59.68
NY S MTRO NG 30/80/3750/60 EPO ME 24				
PCP/Spec:	\$30/\$80	Single	\$934.16	\$20.94
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,588.07	\$35.60
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,868.32	\$41.88
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,662.36	\$59.68
NY S LBTY NG 30/60/3000/80 EPO HSA 24				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,001.52	\$20.94
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,702.58	\$35.60
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$2,003.04	\$41.88
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,854.33	\$59.68
NY S MTRO GT 35/50/4000/70 EPO HSA 24				
PCP/Spec:	\$35/\$50 after Deductible	Single	\$847.54	\$20.94
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Parent/Child (ren)	\$1,440.82	\$35.60
Max out of Pocket:	In: \$7,200/\$14,400	Employee/ Spouse*	\$1,695.08	\$41.88
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Family	\$2,415.49	\$59.68
NY S MTRO NG 50/100/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,059.01	\$20.94
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,800.32	\$35.60
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,118.02	\$41.88
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Std Select	Family	\$3,018.18	\$59.68
NY S LBTY NG 4000/80 EPO HSA PR 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$948.10	\$20.94
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,611.77	\$35.60
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,896.20	\$41.88
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,702.09	\$59.68
NY S LBTY NG 50/100/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,165.65	\$20.94
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,981.61	\$35.60
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,331.30	\$41.88
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Family	\$3,322.10	\$59.68
NY S LBTY NG 25/45/5000/50 EPO 24				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$1,026.36	\$20.94
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,744.81	\$35.60
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,052.72	\$41.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,925.13	\$59.68
NY S FRDM NG 50/100/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,232.59	\$20.94
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,095.40	\$35.60
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,465.18	\$41.88
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Family	\$3,512.88	\$59.68

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Bronze Plans			
NY B FRDM NG 5000/50 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$956.79
Ded and Coinsurance:	In: \$5,000/\$14,000, 50%	Parent/Child (ren)	\$1,626.54
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,913.58
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,726.85
NY B LBTY NG 7250/100 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$913.90
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,553.63
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,827.80
RX plan:	Ded Med/Rx then 0%/0%/0% Broad Ntwk	Family	\$2,604.62
NY B MTRO GT 7250/100 EPO HSA 24			
PCP/Spec:	Deductible and Coinsurance	Single	\$802.31
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,363.93
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,604.62
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,286.58
NY B LBTY NG 25/75/6750/70 EPO HSA 24			
PCP/Spec:	\$25/\$75 after Deductible	Single	\$899.23
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,528.69
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,798.46
RX plan:	Ded Med/Rx then 30%/30%/30% Broad Ntwk	Family	\$2,562.81
NY B LBTY NG 30/60/6750/80 PPO HSA 24			
PCP/Spec:	\$30/\$60 after Deductible	Single	\$926.53
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,575.10
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,853.06
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,640.61
NY B MTRO GT 40/75/6500/50 EPO HSA 24			
PCP/Spec:	\$40/\$75 after Deductible	Single	\$783.41
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,331.80
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,566.82
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,232.72

* 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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