Use the table below to review monthly rates for New York small group Oxford 1 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 5/15/10	0 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/	00 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)	\$2,609.35	\$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 5/15/10	0 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/	00 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/	00 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/	00 EPO 24			
PCP/Spec:	00 El O 24	Tier	Rate (select counties)	Dep 29 Rider
PUP/Spec:	\$15/\$25	Single	Rate (select counties) \$1,270.42	Dep 29 Rider \$20.94
Ded and Coinsurance: Max out of Pocket:	\$15/\$25 in: \$0, 0% in: \$3,500/\$7,000	Single	\$1,270.42 \$2,159.71 \$2,540.84	\$20.94 \$35.60 \$41.88
Ded and Coinsurance: Max out of Pocket: RX plan:	\$15/\$25 In: \$0,0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Single Parent/Child (ren)	\$1,270.42 \$2,159.71	\$20.94 \$35.60 \$41.88 \$59.68
Ded and Coinsurance: Max out of Pocket: RX plan:	\$15/\$25 In: \$0,0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Single Parent/Child (ren) Employee/ Spouse*	\$1,270.42 \$2,159.71 \$2,540.84	\$20.94 \$35.60 \$41.88
Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 10/25/2 PCP/Spec:	\$15/\$25 In: \$0, 0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 50/90 EPO LA 24 \$10/\$25	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$1,270.42 \$2,159.71 \$2,540.84 \$3,620.70 Rate (select counties) \$1,336.46	\$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94
Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 10/25/2 PCP/Spec:	\$15/\$25 In: \$0,0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Single Parent/Child (ren) Employee/ Spouse* Family Tier	\$1,270.42 \$2,159.71 \$2,540.84 \$3,620.70 Rate (select counties)	\$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider
Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 10/25/2 PCP/Spec:	\$15/\$25 In: \$0,0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 10/90 EPO LA 24 \$10/\$25 In: \$250/\$500, 10% In: \$2,750/\$5,500	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$1,270.42 \$2,159.71 \$2,540.84 \$3,620.70 Rate (select counties) \$1,336.46 \$2,271.98 \$2,672.92	\$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88
Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 10/25/2: PCP/Spec: Ded and Coinsurance:	\$15/\$25 In: \$0,0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 50/90 EPO LA 24 \$10/\$25 In: \$250/\$500, 10%	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$1,270.42 \$2,159.71 \$2,540.84 \$3,620.70 Rate (select counties) \$1,336.46 \$2,271.98	\$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60
Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 10/25/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY NG 5/35/50	\$15/\$25 In: \$0,0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 50/90 EPO LA 24 \$10/\$25 In: \$2,550/\$500, 10% In: \$2,750/\$5,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	\$1,270.42 \$2,159.71 \$2,540.84 \$3,620.70 Rate (select counties) \$1,336.46 \$2,271.98 \$2,672.92	\$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88
Ded and Coinsurance: Max out of Pocket: RX plan: NY PLBTY GT 10/25/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY PLBTY NG 5/35/50 PCP/Spec:	\$15/\$25 In: \$0,0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 5/99 EPO LA 24 \$10/\$25 In: \$250/\$500, 10% In: \$2,750/\$5,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk //(100 EPO 24 Tier I: \$5/\$35 Tier II: \$25/\$70	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$1,270.42 \$2,159.71 \$2,540.84 \$3,620.70 Rate (select counties) \$1,336.46 \$2,271.98 \$2,672.92 \$3,808.91 Rate (select counties) \$1,408.30	\$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94
Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 10/25/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	\$15/\$25 In: \$0,0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 10/90 EPO LA 24 \$10/\$25 In: \$2,750/\$5,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 10: \$2,750/\$5,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 10: \$2,750/\$5,500 10: \$50/\$5,500 10: \$50/\$5,500 10: \$50/\$5,500 10: \$50/\$5,500 10: \$50/\$5,000,0%	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$1,270.42 \$2,159.71 \$2,540.84 \$3,620.70 Rate (select counties) \$1,336.46 \$2,271.98 \$2,672.92 \$3,808.91 Rate (select counties) \$1,408.30 \$2,394.11	\$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60
Ded and Coinsurance: Max out of Pocket: RX plan: NY PLBTY GT 10/25/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY PLBTY NG 5/35/50 PCP/Spec:	\$15/\$25 In: \$0,0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 5/99 EPO LA 24 \$10/\$25 In: \$250/\$500, 10% In: \$2,750/\$5,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk //(100 EPO 24 Tier I: \$5/\$35 Tier II: \$25/\$70	Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$1,270.42 \$2,159.71 \$2,540.84 \$3,620.70 Rate (select counties) \$1,336.46 \$2,271.98 \$2,672.92 \$3,808.91 Rate (select counties) \$1,408.30	\$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94

Use the table below to review monthly rates for New York small group Oxford 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.



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NY G LBTY GT 30/60/1: PCP/Spec:	\$30/\$60	Tier Single	Rate (select counties) \$1,192.75	Dep 29 Rider \$20.94
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$2,027.68	\$35.60
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,385.50	\$41.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,399.34	\$59.68
NY G FRDM NG 15/35/ PCP/Spec:	\$15/\$35	Tier Single	Rate (select counties) \$1,309,77	Dep 29 Rider \$20.94
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,226.61	\$35.60
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,619.54	\$41.88
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,732.84	\$59.68
NY G FRDM NG 25/40/ PCP/Spec:	\$25/\$40	Tier Single	Rate (select counties) \$1,299.86	Dep 29 Rider \$20.94
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,209.76	\$35.60
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,599.72	\$41.88
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,704.60	\$59.68
NY G FRDM NG 25/40/ PCP/Spec:	\$25/\$40	Tier Single	Rate (select counties) \$1,353.31	Dep 29 Rider \$20.94
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,300.63	\$35.60
Max out of Pocket:	In: \$7,250/\$14,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,706.62	\$41.88
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,856.93	\$59.68
NY G FRDM NG 50/50/		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$50/\$50 In: \$1,000/\$2,000, 10%	Single Parent/Child (ren)	\$1,314.14 \$2,234.04	\$20.94 \$35.60
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$2,628.28	\$41.88
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,745.30	\$59.68
NY G FRDM NG 1600/9		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	Deductible and Coinsurance In: \$1,600/\$3,200, 10% Out: \$4,000/\$8,000, 40%	Single Parent/Child (ren)	\$1,254.38 \$2,132.45	\$20.94 \$35.60
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$4,000/\$6,000, 40%	Employee/ Spouse*	\$2,508.76	\$41.88
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,574.98	\$59.68
NY G FRDM NG 1600/9		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	Deductible and Coinsurance	Single	\$1,207.81	\$20.94
Max out of Pocket:	In: \$1,600/\$3,200, 10% In: \$5,750/\$11,500	Parent/Child (ren) Employee/ Spouse*	\$2,053.28 \$2,415.62	\$35.60 \$41.88
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,442.26	\$59.68
NY G MTRO GT 25/40/		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,078.30	\$20.94
Ded and Coinsurance: Max out of Pocket:	In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000	Parent/Child (ren) Employee/ Spouse*	\$1,833.11 \$2,156.60	\$35.60 \$41.88
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,073.16	\$59.68
NY G MTRO GT 25/40/6	500/80 EPO HNY 24	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$922.41	\$20.94
Ded and Coinsurance: Max out of Pocket:	In: \$600/\$1,200, 20% In: \$5,900/\$11,800	Parent/Child (ren) Employee/ Spouse*	\$1,568.10 \$1,844.82	\$35.60 \$41.88
RX plan:	\$10/\$35/\$70 Std Select	Family	\$2,628.87	\$59.68
NY G LBTY NG 30/60/1		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,176.57	\$20.94
Ded and Coinsurance:	In: \$1,800/\$3,600, 30%	Parent/Child (ren) Employee/ Spouse*	\$2,000.17	\$35.60
Max out of Pocket:			\$2,353.14	\$41.88
RX plan:	In: \$8,000/\$16,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk		\$3.353.22	\$59.68
RX plan: NY G MTRO NG 25/40/	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family Tier	\$3,353.22 Rate (select counties)	\$59.68 Dep 29 Rider
NY G MTRO NG 25/40/ PCP/Spec:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40	Family Tier Single	Rate (select counties) \$1,117.08	Dep 29 Rider \$20.94
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20%	Family Tier Single Parent/Child (ren)	Rate (select counties) \$1,117.08 \$1,899.04	Dep 29 Rider \$20.94 \$35.60
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000	Family Tier Single Parent/Child (ren) Employee/ Spouse*	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16	Dep 29 Rider \$20.94 \$35.60 \$41.88
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family Tier Single Parent/Child (ren)	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/2 PCP/Spec:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 2250/70 EPO 24 \$30/\$60	Family Tier Single Parent/Child (ren) Employee/ Spouse* Family	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40	Dep 29 Rider \$20.94 \$35.60 \$41.88
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 2250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30%	Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance: Max out of Pocket:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 2250/70 EPO 24 \$330/\$60 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30%	Family Tifer Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 2250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,250/\$16,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80 \$3,546.54	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 2250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,250/\$16,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Family Tier Single	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 1250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,250/\$16,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk 10 EPO ZD 24 PCP: Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,0%	Family Titer Single Parent/Child (ren) Employee/ Spouse* Family Titer Single Parent/Child (ren) Employee/ Spouse* Family Titer Single Parent/Child (ren) Single Parent/Child (ren)	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 2250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,250/\$16,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk 00 EPO ZD 24 PCP:Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,0% In: \$0,0% In: \$0,0%	Family Titer Single Parent/Child (ren) Employee/ Spouse*	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 Dep 29 Rider \$20.94 \$35.60 \$41.88
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 2250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500 ,30% In: \$2,250/\$4,500 then \$10/\$40/\$80 Broad Ntwk 00 EPO ZD 24 PCP:Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,0% In: \$0,	Family Titer Single Parent/Child (ren) Employee/ Spouse* Family	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$840 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 1250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500 then \$10/\$40/\$80 Broad Ntwk 100 EPO ZD 24 PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,0% In: \$7,000/\$14,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31 Rate (select counties)	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90/	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 2250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500 ,30% In: \$2,250/\$4,500 then \$10/\$40/\$80 Broad Ntwk 00 EPO ZD 24 PCP:Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,0% In: \$0,	Family Titer Single Parent/Child (ren) Employee/ Spouse* Family	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$840 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 1250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500 then \$10/\$40/\$80 Broad Ntwk 100 EPO ZD 24 PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,0% In: \$7,000/\$14,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 100 EPO ZD 24 PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,0% In: \$7,000/\$14,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 100 EPO HSA PR 24 Deductible and Coinsurance In: \$1,600/\$3,200, 10% In: \$5,750/\$11,500	Family Tier Single Parent/Child (ren) Employee/ Spouse*	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,144.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31 Rate (select counties) \$1,141.08 \$1,939.84 \$2,282.16	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/60/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/60/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 1250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,250/\$16,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk 10 EPO ZD 24 PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,00/\$14,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk EPO HSA PR 24 Deductible and Coinsurance In: \$1,600/\$3,200, 10% In: \$5,750/\$11,500 Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family Titer Single Parent/Child (ren) Employee/ Spouse* Family	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31 Rate (select counties) \$1,141.08 \$1,1939.84 \$2,282.16 \$3,252.08	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 1250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$8,250/\$16,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk 10 EPO ZD 24 PCP:Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,0% In: \$7,000/\$14,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 10 EPO HSA PR 24 Deductible and Coinsurance In: \$1,600/\$3,200, 10% In: \$5,750/\$11,500 Ded Med/fx then \$10/\$50/\$90 Broad Ntwk 10 Ded Med/fx then \$10/\$50/\$90 Broad Ntwk	Family Titer Single Parent/Child (ren) Employee/ Spouse* Family Titer Single Parent/Child (ren)	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31 Rate (select counties) \$1,141.08 \$1,939.84 \$2,282.16 \$3,252.08 Rate (select counties)	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/60/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/60/2 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 1250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,250/\$16,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk 10 EPO ZD 24 PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,00/\$14,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk EPO HSA PR 24 Deductible and Coinsurance In: \$1,600/\$3,200, 10% In: \$5,750/\$11,500 Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family Titer Single Parent/Child (ren) Employee/ Spouse* Family	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31 Rate (select counties) \$1,141.08 \$1,1939.84 \$2,282.16 \$3,252.08	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68
NY G MTRO NG 25/40/PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: Max out of Pocket:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 1250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,500/\$16,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk 10 EPO ZD 24 PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,0% In: \$7,000/\$14,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 10 EPO HSA PR 24 Deductible and Coinsurance In: \$1,600/\$3,200, 10% In: \$5,750/\$11,500 Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk 500/80 EPO PD 24 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$1,500/\$3,000,20% In: \$1,500/\$3,000,20% In: \$1,500/\$1,500 In: \$1,500/\$1,500 In: \$1,500/\$1,000,20% In: \$1,500/\$1,500 In: \$	Family Titer Single Parent/Child (ren) Employee/ Spouse* Family Titer Single	Rate (select counties) \$1,117.08 \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31 Rate (select counties) \$1,141.08 \$1,939.84 \$2,282.16 \$3,252.08 Rate (select counties) \$1,196.75 \$1,196.75	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88
NY G MTRO NG 25/40/PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Max out of Pocket: RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$2,250/\$4,500 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk 10 EPO ZD 24 PCP:Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$7,000/\$14,000 In: \$7,000/\$14,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk EPO HSA PR 24 Deductible and Coinsurance In: \$1,600/\$3,200, 10% In: \$5,750/\$11,500 Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk 500/80 EPO PD 24 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$1,500/\$3,000, 20% In: \$1,500/\$3,7500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family Titer Single Parent/Child (ren) Employee/ Spouse* Family Titer Single Parent/Child (ren)	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31 Rate (select counties) \$1,141.08 \$1,939.84 \$2,282.16 \$3,252.08 Rate (select counties) \$1,1939.84 \$2,282.16 \$3,252.08 Rate (select counties) \$1,196.75 \$2,034.48 \$2,393.50 \$3,410.74	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/1	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40	Family Titer Single Parent/Child (ren) Employee/ Spouse* Family Titer Employee/ Spouse* Family Titer Employee/ Spouse*	Rate (select counties) \$1,117.08 \$1,199.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,144.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31 Rate (select counties) \$1,141.08 \$1,1399.84 \$2,282.16 \$3,252.08 Rate (select counties) \$1,141.08 \$1,196.75 \$2,034.48 \$2,393.50 \$3,410.74 Rate (select counties)	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider
NY G MTRO NG 25/40/PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Max out of Pocket: RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$2,250/\$4,500 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk 10 EPO ZD 24 PCP:Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$7,000/\$14,000 In: \$7,000/\$14,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk EPO HSA PR 24 Deductible and Coinsurance In: \$1,600/\$3,200, 10% In: \$5,750/\$11,500 Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk 500/80 EPO PD 24 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$1,500/\$3,000, 20% In: \$1,500/\$3,7500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family Titer Single Parent/Child (ren) Employee/ Spouse* Family Titer Single Parent/Child (ren)	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31 Rate (select counties) \$1,141.08 \$1,939.84 \$2,282.16 \$3,252.08 Rate (select counties) \$1,1939.84 \$2,282.16 \$3,252.08 Rate (select counties) \$1,196.75 \$2,034.48 \$2,393.50 \$3,410.74	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/9(PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/9(PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 2000/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 1250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk 100 EPO ZD 24 PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,0% In: \$0,0% In: \$1,000/\$3,200, 10% In: \$1,500/\$3,200, 10% In: \$1,500/\$3,200, 10% In: \$1,500/\$3,200 In: \$1,500/\$3,000 In: \$1,500/\$4,000 In: \$1,500/\$4,100	Family Titer Single Parent/Child (ren) Employee/ Spouse* Family Titer Single	Rate (select counties) \$1,117.08 \$1,199.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,144.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31 Rate (select counties) \$1,141.08 \$1,199.84 \$2,282.16 \$3,252.08 \$1,196.75 \$2,034.48 \$2,239.350 \$3,410.74 Rate (select counties) \$1,196.75 \$2,034.48 \$2,293.50 \$3,410.74 Rate (select counties) \$1,196.75	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94 \$35.60 \$41.88
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$251/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 1250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk 10 EPO ZD 24 PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,0% In: \$7,000/\$14,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk EPO HSA PR 24 Deductible and Coinsurance In: \$1,600/\$3,200, 10% In: \$5,750/\$11,500 Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk 50/80 EPO PD 24 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$1,500/\$3,000, 20% In: \$8,750/\$17,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 50/80 EPO PD 24 In: \$1,500/\$3,000, 20% In: \$8,750/\$17,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 50/80 EPO PD 24 In: \$1,500/\$3,000, 0% In: \$1,500/\$3	Family Titer Single Parent/Child (ren) Employee/ Spouse* Family Titer Single Parent/Child (ren)	Rate (select counties) \$1,117.08 \$1,117.08 \$1,117.08 \$1,117.08 \$2,234.16 \$3,183.68 Rate (select counties) \$1,244.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31 Rate (select counties) \$1,141.08 \$1,939.84 \$2,282.16 \$3,252.08 Rate (select counties) \$1,147.08 \$1,939.84 \$2,282.16 \$3,252.08 Rate (select counties) \$1,196.75 \$2,034.48 \$2,393.50 \$3,410.74 Rate (select counties) \$1,196.75 \$2,034.48 \$2,393.50 \$3,410.74 Rate (select counties) \$1,209.65 \$2,056.41 \$2,419.30 \$3,447.50	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68
NY G MTRO NG 25/40/PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/1	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 1250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,500/\$16,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk 10 EPO ZD 24 PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,00% In: \$7,000/\$14,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 10 EPO HSA PR 24 Deductible and Coinsurance In: \$1,600/\$3,200, 10% In: \$5,750/\$11,500 Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk 500/80 EPO PD 24 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$1,500/\$3,000, 20% In: \$1,500/\$3,000, 20% In: \$1,500/\$1,500 10 Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk 500/80 EPO PD 24 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$1,500/\$1,500\$ In: \$1,500/\$1,000, 20% In: \$1,500/\$1,100 In: \$1	Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,1244.40 \$2,115.48 \$2,248.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31 Rate (select counties) \$1,141.08 \$1,939.84 \$2,282.16 \$3,252.08 Rate (select counties) \$1,196.75 \$2,034.48 \$2,393.50 \$3,410.74 Rate (select counties) \$1,196.75 \$2,034.48 \$2,393.50 \$3,410.74 Rate (select counties) \$1,299.65 \$2,056.41 \$2,419.30 \$3,447.50 Rate (select counties)	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider
NY G MTRO NG 25/40/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/ PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/9(PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/9(PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 25/50/ PCP/Spec:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 525/\$40 In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 2250/70 EPO 24 530/\$60 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk 100 EPO ZD 24 PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,0% In: \$7,000/\$14,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk EPO HSA PR 24 Deductible and Coinsurance In: \$1,600/\$3,200, 10% In: \$5,750/\$11,500 Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk 10 EPO ZD 24 17 EPO HSA PR 24 18 Specified and Coinsurance In: \$1,500/\$3,000, 20% In: \$8,750/\$1,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 10 EPO HSA PR 24 20 Deductible and Coinsurance In: \$1,500/\$3,000, 20% In: \$1,500/\$3,000, 9% In: \$1,500/\$4,000, 0% In: \$1,500/\$14,100 Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk 10 EPO ZD 24 PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,1244.40 \$2,115.48 \$2,488.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31 Rate (select counties) \$1,141.08 \$1,939.84 \$2,282.16 \$3,252.08 Rate (select counties) \$1,141.08 \$1,939.84 \$2,282.16 \$3,252.08 Rate (select counties) \$1,196.75 \$2,034.48 \$2,393.50 \$3,440.74 Rate (select counties) \$1,209.65 \$2,056.41 \$2,419.30 \$3,3447.50 Rate (select counties)	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider \$20.94
NY G MTRO NG 25/40/PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 30/60/PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 25/50/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 1600/90 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G LBTY NG 20/40/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/1	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 1250/80 EPO ME 24 \$25/\$40 In: \$1,250/\$2,500, 20% In: \$1,250/\$2,500, 20% In: \$6,500/\$13,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 1250/70 EPO 24 \$30/\$60 In: \$2,250/\$4,500, 30% In: \$2,250/\$4,500, 30% In: \$2,500/\$16,500 Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk 10 EPO ZD 24 PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,00% In: \$7,000/\$14,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 10 EPO HSA PR 24 Deductible and Coinsurance In: \$1,600/\$3,200, 10% In: \$5,750/\$11,500 Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk 500/80 EPO PD 24 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$1,500/\$3,000, 20% In: \$1,500/\$3,000, 20% In: \$1,500/\$1,500 10 Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk 500/80 EPO PD 24 Tier I: \$20/\$40 Tier II: \$40/\$80 In: \$1,500/\$1,500\$ In: \$1,500/\$1,000, 20% In: \$1,500/\$1,100 In: \$1	Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier	Rate (select counties) \$1,117.08 \$1,899.04 \$2,234.16 \$3,183.68 Rate (select counties) \$1,1244.40 \$2,115.48 \$2,248.80 \$3,546.54 Rate (select counties) \$1,316.25 \$2,237.63 \$2,632.50 \$3,751.31 Rate (select counties) \$1,141.08 \$1,939.84 \$2,282.16 \$3,252.08 Rate (select counties) \$1,196.75 \$2,034.48 \$2,393.50 \$3,410.74 Rate (select counties) \$1,196.75 \$2,034.48 \$2,393.50 \$3,410.74 Rate (select counties) \$1,299.65 \$2,056.41 \$2,419.30 \$3,447.50 Rate (select counties)	Dep 29 Rider \$20.94 \$35.60 \$41.88 \$59.68 Dep 29 Rider

Use the table below to review monthly rates for New York small group Oxford 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.



Silver Plans				
NY S LBTY NG 40/80/32		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$40/\$80 In: \$3,250/\$6,500, 40%	Single Parent/Child (ren)	\$1,031.62 \$1,753.75	\$20.94 \$35.60
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,063.24	\$41.88
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,940.12	\$59.68
NY S FRDM NG 40/80/32 PCP/Spec:	\$60/60 EPO 24 \$40/\$80	Tier Single	Rate (select counties) \$1.091.43	Dep 29 Rider \$20.94
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,855.43	\$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 30/75/40/ PCP/Spec:	\$30/\$75	Tier Single	Rate (select counties) \$1,017.13	Dep 29 Rider \$20.94
Ded and Coinsurance:	In: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,729.12	\$35.60
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,034.26	\$41.88
RX plan: NY S MTRO GT 30/80/37	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Broad Ntwk	Family Tier	\$2,898.82 Rate (select counties)	\$59.68 Dep 29 Rider
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: NY S FRDM NG 30/60/22	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family Tier	\$2,569.90 Rate (select counties)	\$59.68 Dep 29 Rider
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 \$59.68
RX plan: NY S LBTY GT 30/60/450	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk 00/50 EPO 24	Family Tier	\$3,136.31 Rate (select counties)	Dep 29 Rider
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: RX plan:	In: \$9,450/\$18,900 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse* Family	\$1,991.20 \$2.837.46	\$41.88 \$59.68
NY S FRDM NG 40/80/32		Tier	Rate (select counties)	Dep 29 Rider
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: RX plan:	In: \$9,450/\$18,900 Out: \$15,500/\$31,000 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse* Family	\$2,266.74 \$3.230.10	\$41.88 \$59.68
NY S FRDM NG 30/60/30		Tier	Rate (select counties)	Dep 29 Rider
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: RX plan:	In: \$7,150/\$14,300 Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse* Family	\$2,120.86 \$3,022.23	\$41.88 \$59.68
NY S FRDM NG 2500/60		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,026.87	\$20.94
Ded and Coinsurance: Max out of Pocket:	In: \$2,500/\$5,000, 40% In: \$8,000/\$16,000	Parent/Child (ren) Employee/ Spouse*	\$1,745.68 \$2,053.74	\$35.60 \$41.88
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,926.58	\$59.68
NY S MTRO NG 30/80/37		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$934.16	\$20.94
Ded and Coinsurance: Max out of Pocket:	In: \$3,750/\$7,500, 40% In: \$9,450/\$18,900	Parent/Child (ren) Employee/ Spouse*	\$1,588.07 \$1,868.32	\$35.60 \$41.88
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,662.36	\$59.68
NY S LBTY NG 30/60/30		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$30/\$60 after Deductible In: \$3,000/\$6,000, 20%	Single Parent/Child (ren)	\$1,001.52 \$1,702.58	\$20.94 \$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 35/50/40		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$35/\$50 after Deductible In: \$4,000/\$8,000, 30%	Single Parent/Child (ren)	\$847.54 \$1,440.82	\$20.94 \$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/ PCP/Spec:		Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100 In: \$0, 0%	Single Parent/Child (ren)	\$1,059.01 \$1,800.32	\$20.94 \$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 PCP/Spec:	EPO HSA PR 24 Deductible and Coinsurance	Tier Single	Rate (select counties) \$948.10	Dep 29 Rider \$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: NY S LBTY NG 50/100/1	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,702.09	\$59.68 Dep 29 Rider
PCP/Spec:	DU EPO 2D 24 PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Tier Single	Rate (select counties) \$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: NY S LBTY NG 25/45/50	Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Family Tier	\$3,322.10 Rate (select counties)	\$59.68 Dep 29 Rider
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: RX plan:	In: \$9,450/\$18,900 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,052.72 \$2,925.13	\$41.88 \$59.68
NY S FRDM NG 50/100/1		Family Tier	Rate (select counties)	Dep 29 Rider
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: RX plan:	In: \$9,450/\$18,900 Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Employee/ Spouse* Family	\$2,465.18 \$3,512.88	\$41.88 \$59.68
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Use the table below to review monthly rates for New York small group Oxford 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.



Bronze Plans				
NY B FRDM NG 5000/50	EPO HSA 24	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$956.79	\$20.94
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,626.54	\$35.60
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,913.58	\$41.88
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,726.85	\$59.68
NY B LBTY NG 7250/100		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$913.90	\$20.94
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,553.63	\$35.60
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,827.80	\$41.88
RX plan:	Ded Med/Rx then 0%/0%/0% Broad Ntwk	Family	\$2,604.62	\$59.68
NY B MTRO GT 7250/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$802.31	\$20.94
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,363.93	\$35.60
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,604.62	\$41.88
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,286.58	\$59.68
NY B LBTY NG 25/75/57	50/70 EPO HSA 24	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$899.23	\$20.94
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,528.69	\$35.60
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,798.46	\$41.88
RX plan:	Ded Med/Rx then 30%/30% Broad Ntwk	Family	\$2,562.81	\$59.68
NY B LBTY NG 30/60/67	50/80 PPO HSA 24	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$926.53	\$20.94
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,575.10	\$35.60
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,853.06	\$41.88
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,640.61	\$59.68
NY B MTRO GT 40/75/65	500/50 EPO HSA 24	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$783.41	\$20.94
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,331.80	\$35.60
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,566.82	\$41.88
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,232.72	\$59.68

^{*} 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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