

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

Use the table below to review monthly rates for New York small group 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 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,664.65	\$21.47
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,829.91	\$36.50
Max out of Pocket:	In: \$3,750/\$7,500 Out: \$5,500/\$11,000	Employee/ Spouse*	\$3,329.30	\$42.94
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,744.25	\$61.19
<b>NY P FRDM NG 20/40/100 EPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,573.65	\$21.47
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,728.21	\$36.50
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$3,147.30	\$42.94
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,484.90	\$61.19
<b>NY P FRDM NG 5/15/100 EPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$5/\$15	Single	\$1,605.06	\$21.47
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,728.21	\$36.50
Max out of Pocket:	In: \$3,750/\$7,500	Employee/ Spouse*	\$3,210.12	\$42.94
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,574.42	\$61.19
<b>NY P FRDM NG 20/40/100 PPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,629.65	\$21.47
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,770.41	\$36.50
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$8,000/\$16,000	Employee/ Spouse*	\$3,259.30	\$42.94
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,644.50	\$61.19
<b>NY P FRDM NG 20/40/100 PPO FAIR 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$20/\$40	Single	\$1,951.48	\$21.47
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,317.52	\$36.50
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,902.96	\$42.94
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,561.72	\$61.19
<b>NY P MTRO GT 15/25/100 EPO 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$15/\$25	Single	\$1,302.50	\$21.47
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,214.25	\$36.50
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,605.00	\$42.94
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,712.13	\$61.19
<b>NY P LBTY GT 10/25/250/90 EPO LA 24</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
PCP/Spec:	\$10/\$25	Single	\$1,370.19	\$21.47
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,329.32	\$36.50
Max out of Pocket:	In: \$2,750/\$5,500	Employee/ Spouse*	\$2,740.38	\$42.94
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,905.04	\$61.19
<b>NY P LBTY NG 5/35/500/100 EPO 24</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	\$1,443.84	\$21.47
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,454.53	\$36.50
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,887.68	\$42.94
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$4,114.94	\$61.19

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

Use the table below to review monthly rates for New York small group 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 24</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Single	\$1,222.86	\$21.47
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$2,078.86	\$36.50
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,445.72	\$42.94
		Family	\$3,485.15	\$61.19
<b>NY G FRDM NG 15/35/1750/90 EPO 24</b>				
PCP/Spec:	\$15/\$35	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Single	\$1,342.82	\$21.47
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$2,282.79	\$36.50
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,685.64	\$42.94
		Family	\$3,827.04	\$61.19
<b>NY G FRDM NG 25/40/1750/80 EPO 24</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Single	\$1,332.68	\$21.47
Max out of Pocket:	In: \$6,500/\$13,000	Parent/Child (ren)	\$2,265.56	\$36.50
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,665.36	\$42.94
		Family	\$3,798.14	\$61.19
<b>NY G FRDM NG 25/40/1500/80 PPO 24</b>				
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	\$1,387.46	\$21.47
Max out of Pocket:	In: \$7,250/\$14,500 Out: \$10,500/\$21,000	Parent/Child (ren)	\$2,388.68	\$36.50
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,774.92	\$42.94
		Family	\$3,924.26	\$61.19
<b>NY G FRDM NG 50/50/1000/90 EPO 24</b>				
PCP/Spec:	\$50/\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Single	\$1,347.31	\$21.47
Max out of Pocket:	In: \$6,700/\$13,400	Parent/Child (ren)	\$2,290.43	\$36.50
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,694.82	\$42.94
		Family	\$3,839.83	\$61.19
<b>NY G FRDM NG 1600/90 PPO HSA 24</b>				
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	\$1,286.05	\$21.47
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,500/\$21,000	Parent/Child (ren)	\$2,186.29	\$36.50
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,572.10	\$42.94
		Family	\$3,665.24	\$61.19
<b>NY G FRDM NG 1600/90 EPO HSA 24</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Single	\$1,238.30	\$21.47
Max out of Pocket:	In: \$5,750/\$11,500	Parent/Child (ren)	\$2,105.11	\$36.50
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,476.60	\$42.94
		Family	\$3,529.16	\$61.19
<b>NY G MTRO GT 25/40/1250/80 EPO 24</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$1,105.51	\$21.47
Max out of Pocket:	In: \$6,500/\$13,000	Parent/Child (ren)	\$1,879.37	\$36.50
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,211.02	\$42.94
		Family	\$3,150.70	\$61.19
<b>NY G MTRO GT 25/40/600/80 EPO HNY 24</b>				
PCP/Spec:	\$25/\$40 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Single	\$945.70	\$21.47
Max out of Pocket:	In: \$5,900/\$11,800	Parent/Child (ren)	\$1,607.69	\$36.50
RX plan:	\$10/\$35/\$70 Std Select	Employee/ Spouse*	\$1,891.40	\$42.94
		Family	\$2,695.25	\$61.19
<b>NY G LBTY NG 30/60/1800/70 EPO 24</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,800/\$3,600, 30%	Single	\$1,206.27	\$21.47
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$2,050.66	\$36.50
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,412.54	\$42.94
		Family	\$3,437.87	\$61.19
<b>NY G MTRO NG 25/40/1250/80 EPO ME 24</b>				
PCP/Spec:	\$25/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$1,145.28	\$21.47
Max out of Pocket:	In: \$6,500/\$13,000	Parent/Child (ren)	\$1,946.98	\$36.50
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$2,290.56	\$42.94
		Family	\$3,264.05	\$61.19
<b>NY G FRDM NG 30/60/2250/70 EPO 24</b>				
PCP/Spec:	\$30/\$60	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Single	\$1,275.80	\$21.47
Max out of Pocket:	In: \$8,250/\$16,500	Parent/Child (ren)	\$2,168.86	\$36.50
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,551.60	\$42.94
		Family	\$3,636.03	\$61.19
<b>NY G LBTY NG 25/50/100 EPO ZD 24</b>				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,349.47	\$21.47
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$2,294.10	\$36.50
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,698.94	\$42.94
		Family	\$3,845.99	\$61.19
<b>NY G LBTY NG 1600/90 EPO HSA PR 24</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Single	\$1,169.88	\$21.47
Max out of Pocket:	In: \$5,750/\$11,500	Parent/Child (ren)	\$1,988.80	\$36.50
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,339.76	\$42.94
		Family	\$3,334.16	\$61.19
<b>NY G LBTY NG 20/40/1500/80 EPO PD 24</b>				
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	\$1,226.97	\$21.47
Max out of Pocket:	In: \$8,750/\$17,500	Parent/Child (ren)	\$2,085.85	\$36.50
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$2,453.94	\$42.94
		Family	\$3,496.86	\$61.19
<b>NY G FRDM NG 2000/100 EPO HSA PR 24</b>				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 0%	Single	\$1,240.18	\$21.47
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$2,108.31	\$36.50
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$2,480.36	\$42.94
		Family	\$3,534.51	\$61.19
<b>NY G FRDM NG 25/50/100 EPO ZD 24</b>				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,431.64	\$21.47
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$2,433.79	\$36.50
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Employee/ Spouse*	\$2,863.28	\$42.94
		Family	\$4,080.17	\$61.19

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

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



<b>Silver Plans</b>			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
<b>NY S LBTY NG 40/80/3250/60 EPO 24</b>			
PCP/Spec:	Single	\$1,057.66	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,798.02	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$2,115.32	\$42.94
RX plan:	Family	\$3,014.33	\$61.19
<b>NY S FRDM NG 40/80/3250/60 EPO 24</b>			
PCP/Spec:	Single	\$1,118.98	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,778.02	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$2,237.96	\$42.94
RX plan:	Family	\$3,189.09	\$61.19
<b>NY S LBTY NG 30/75/4000/50 EPO 24</b>			
PCP/Spec:	Single	\$1,042.81	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,772.78	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$2,085.62	\$42.94
RX plan:	Family	\$2,972.01	\$61.19
<b>NY S MTRO GT 30/80/3750/60 EPO 24</b>			
PCP/Spec:	Single	\$924.48	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,517.62	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$1,848.96	\$42.94
RX plan:	Family	\$2,634.77	\$61.19
<b>NY S FRDM NG 30/60/2250/70 PPO HSA 24</b>			
PCP/Spec:	Single	\$1,128.23	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,917.99	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$2,256.46	\$42.94
RX plan:	Family	\$3,215.46	\$61.19
<b>NY S LBTY GT 30/60/4500/50 EPO 24</b>			
PCP/Spec:	Single	\$1,020.73	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,735.24	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$2,041.46	\$42.94
RX plan:	Family	\$2,909.08	\$61.19
<b>NY S FRDM NG 40/80/3250/60 PPO 24</b>			
PCP/Spec:	Single	\$1,161.98	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,975.37	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$2,323.96	\$42.94
RX plan:	Family	\$3,311.64	\$61.19
<b>NY S FRDM NG 30/60/3000/80 EPO HSA 24</b>			
PCP/Spec:	Single	\$1,087.19	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,848.22	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$2,174.38	\$42.94
RX plan:	Family	\$3,098.49	\$61.19
<b>NY S FRDM NG 2500/60 EPO HSA 24</b>			
PCP/Spec:	Single	\$1,052.79	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,789.74	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$2,105.58	\$42.94
RX plan:	Family	\$3,000.45	\$61.19
<b>NY S MTRO NG 30/80/3750/60 EPO ME 24</b>			
PCP/Spec:	Single	\$957.73	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,628.14	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$1,915.46	\$42.94
RX plan:	Family	\$2,729.53	\$61.19
<b>NY S LBTY NG 30/60/3000/80 EPO HSA 24</b>			
PCP/Spec:	Single	\$1,026.81	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,745.58	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$2,053.62	\$42.94
RX plan:	Family	\$2,926.41	\$61.19
<b>NY S MTRO GT 35/50/4000/70 EPO HSA 24</b>			
PCP/Spec:	Single	\$868.94	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,477.20	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$1,737.88	\$42.94
RX plan:	Family	\$2,476.48	\$61.19
<b>NY S MTRO NG 50/100/100 EPO ZD 24</b>			
PCP/Spec:	Single	\$1,085.75	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,845.78	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$2,171.50	\$42.94
RX plan:	Family	\$3,094.39	\$61.19
<b>NY S LBTY NG 4000/80 EPO HSA PR 24</b>			
PCP/Spec:	Single	\$972.03	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,652.45	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$1,944.06	\$42.94
RX plan:	Family	\$2,770.29	\$61.19
<b>NY S LBTY NG 50/100/100 EPO ZD 24</b>			
PCP/Spec:	Single	\$1,195.07	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$2,031.62	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$2,390.14	\$42.94
RX plan:	Family	\$3,405.95	\$61.19
<b>NY S LBTY NG 25/45/5000/50 EPO 24</b>			
PCP/Spec:	Single	\$1,052.27	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$1,788.86	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$2,104.54	\$42.94
RX plan:	Family	\$2,998.97	\$61.19
<b>NY S FRDM NG 50/100/100 EPO ZD 24</b>			
PCP/Spec:	Single	\$1,263.70	\$21.47
Ded and Coinsurance:	Parent/Child (ren)	\$2,148.29	\$36.50
Max out of Pocket:	Employee/ Spouse*	\$2,527.40	\$42.94
RX plan:	Family	\$3,601.55	\$61.19

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

Use the table below to review monthly rates for New York small group 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 5000/50 EPO HSA 24</b>					
PCP/Spec:	Deductible and Coinsurance	Single	\$980.93	Dep 29 Rider	\$21.47
Ded and Coinsurance:	In: \$5,000/\$14,000, 50%	Parent/Child (ren)	\$1,667.58		\$36.50
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,961.86		\$42.94
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,795.65		\$61.19
<b>NY B LBTY NG 7250/100 EPO HSA 24</b>					
PCP/Spec:	Deductible and Coinsurance	Single	\$936.97	Dep 29 Rider	\$21.47
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,598.85		\$36.50
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,873.94		\$42.94
RX plan:	Ded Med/Rx then 0%/0%/0% Broad Ntwk	Family	\$2,670.36		\$61.19
<b>NY B MTRO GT 7250/100 EPO HSA 24</b>					
PCP/Spec:	Deductible and Coinsurance	Single	\$822.57	Dep 29 Rider	\$21.47
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,398.37		\$36.50
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,645.14		\$42.94
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,344.32		\$61.19
<b>NY B LBTY NG 25/75/6750/70 EPO HSA 24</b>					
PCP/Spec:	\$25/\$75 after Deductible	Single	\$921.93	Dep 29 Rider	\$21.47
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,567.28		\$36.50
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,843.86		\$42.94
RX plan:	Ded Med/Rx then 30%/30%/30% Broad Ntwk	Family	\$2,627.50		\$61.19
<b>NY B LBTY NG 30/60/6750/80 PPO HSA 24</b>					
PCP/Spec:	\$30/\$60 after Deductible	Single	\$949.91	Dep 29 Rider	\$21.47
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,614.85		\$36.50
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,899.82		\$42.94
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,707.24		\$61.19
<b>NY B MTRO GT 40/75/6500/50 EPO HSA 24</b>					
PCP/Spec:	\$40/\$75 after Deductible	Single	\$803.18	Dep 29 Rider	\$21.47
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,365.41		\$36.50
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,606.36		\$42.94
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,289.06		\$61.19

\* 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.