

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 Oxford¹ products. Rates are for **Region 4** in the Oxford service area, which includes: Bronx, Kings, New York, Queens, Richmond, Rockland, and Westchester counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Platinum Plans				
NY P FRDM NG 5/15/100 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,624.33	\$20.95
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,761.36	\$35.62
Max out of Pocket:	In: \$3,750/\$7,500 Out: \$5,500/\$11,000	Employee/ Spouse*	\$3,248.66	\$41.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,629.34	\$59.71
NY P FRDM NG 20/40/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,535.54	\$20.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,662.42	\$35.62
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$3,071.08	\$41.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,376.29	\$59.71
NY P FRDM NG 5/15/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,566.19	\$20.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,662.52	\$35.62
Max out of Pocket:	In: \$3,750/\$7,500	Employee/ Spouse*	\$3,132.38	\$41.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,463.64	\$59.71
NY P FRDM NG 20/40/100 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,590.18	\$20.95
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,703.31	\$35.62
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$8,000/\$16,000	Employee/ Spouse*	\$3,180.36	\$41.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,532.01	\$59.71
NY P FRDM NG 20/40/100 PPO FAIR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,904.23	\$20.95
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,237.19	\$35.62
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,808.46	\$41.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,427.06	\$59.71
NY P MTRO GT 15/25/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,270.95	\$20.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,160.62	\$35.62
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,541.90	\$41.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,622.21	\$59.71
NY P LBTY GT 10/25/250/90 EPO LA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,337.01	\$20.95
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,272.92	\$35.62
Max out of Pocket:	In: \$2,750/\$5,500	Employee/ Spouse*	\$2,674.02	\$41.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,810.48	\$59.71
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	\$1,408.88	\$20.95
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,395.10	\$35.62
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,817.76	\$41.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$4,015.31	\$59.71

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 Oxford¹ products. Rates are for **Region 4** in the Oxford service area, which includes: Bronx, Kings, New York, Queens, Richmond, Rockland, and Westchester counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Gold Plans			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY G LBTY GT 30/60/1250/100 EPO 24			
PCP/Spec: \$30/\$60	Single	\$1,193.24	\$20.95
Ded and Coinsurance: In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$2,028.51	\$35.62
Max out of Pocket: In: \$7,000/\$14,000	Employee/ Spouse*	\$2,386.48	\$41.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,400.73	\$59.71
NY G FRDM NG 15/35/1750/90 EPO 24			
PCP/Spec: \$15/\$35	Single	\$1,310.30	\$20.95
Ded and Coinsurance: In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,227.51	\$35.62
Max out of Pocket: In: \$8,000/\$16,000	Employee/ Spouse*	\$2,620.60	\$41.90
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,734.36	\$59.71
NY G FRDM NG 25/40/1750/80 EPO 24			
PCP/Spec: \$25/\$40	Single	\$1,300.40	\$20.95
Ded and Coinsurance: In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,210.68	\$35.62
Max out of Pocket: In: \$6,500/\$13,000	Employee/ Spouse*	\$2,600.80	\$41.90
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,706.14	\$59.71
NY G FRDM NG 25/40/1500/80 PPO 24			
PCP/Spec: \$25/\$40	Single	\$1,353.86	\$20.95
Ded and Coinsurance: In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,301.56	\$35.62
Max out of Pocket: In: \$7,250/\$14,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,707.72	\$41.90
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,858.50	\$59.71
NY G FRDM NG 50/50/1000/90 EPO 24			
PCP/Spec: \$50/\$50	Single	\$1,314.68	\$20.95
Ded and Coinsurance: In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,234.96	\$35.62
Max out of Pocket: In: \$6,700/\$13,400	Employee/ Spouse*	\$2,629.36	\$41.90
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,746.84	\$59.71
NY G FRDM NG 1600/90 PPO HSA 24			
PCP/Spec: Deductible and Coinsurance	Single	\$1,254.91	\$20.95
Ded and Coinsurance: In: \$1,600/\$3,200, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,133.35	\$35.62
Max out of Pocket: In: \$5,750/\$11,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,509.82	\$41.90
RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,576.49	\$59.71
NY G FRDM NG 1600/90 EPO HSA 24			
PCP/Spec: Deductible and Coinsurance	Single	\$1,208.31	\$20.95
Ded and Coinsurance: In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$2,054.13	\$35.62
Max out of Pocket: In: \$5,750/\$11,500	Employee/ Spouse*	\$2,416.62	\$41.90
RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,443.68	\$59.71
NY G MTRO GT 25/40/1250/80 EPO 24			
PCP/Spec: \$25/\$40	Single	\$1,078.74	\$20.95
Ded and Coinsurance: In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,833.86	\$35.62
Max out of Pocket: In: \$6,500/\$13,000	Employee/ Spouse*	\$2,157.48	\$41.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,074.41	\$59.71
NY G MTRO GT 25/40/600/80 EPO HNY 24			
PCP/Spec: \$25/\$40 after Deductible	Single	\$922.79	\$20.95
Ded and Coinsurance: In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,568.74	\$35.62
Max out of Pocket: In: \$5,900/\$11,800	Employee/ Spouse*	\$1,845.58	\$41.90
RX plan: \$10/\$35/\$70 Std Select	Family	\$2,629.95	\$59.71
NY G LBTY NG 30/60/1800/70 EPO 24			
PCP/Spec: \$30/\$60	Single	\$1,177.06	\$20.95
Ded and Coinsurance: In: \$1,800/\$3,600, 30%	Parent/Child (ren)	\$2,001.00	\$35.62
Max out of Pocket: In: \$8,000/\$16,000	Employee/ Spouse*	\$2,354.12	\$41.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,354.62	\$59.71
NY G MTRO NG 25/40/1250/80 EPO ME 24			
PCP/Spec: \$25/\$40	Single	\$1,117.54	\$20.95
Ded and Coinsurance: In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,899.82	\$35.62
Max out of Pocket: In: \$6,500/\$13,000	Employee/ Spouse*	\$2,235.08	\$41.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,184.99	\$59.71
NY G FRDM NG 30/60/2250/70 EPO 24			
PCP/Spec: \$30/\$60	Single	\$1,244.90	\$20.95
Ded and Coinsurance: In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$2,116.33	\$35.62
Max out of Pocket: In: \$8,250/\$16,500	Employee/ Spouse*	\$2,489.80	\$41.90
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,547.97	\$59.71
NY G LBTY NG 25/50/100 EPO ZD 24			
PCP/Spec: PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,316.79	\$20.95
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$2,238.54	\$35.62
Max out of Pocket: In: \$7,000/\$14,000	Employee/ Spouse*	\$2,633.58	\$41.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,752.85	\$59.71
NY G LBTY NG 1600/90 EPO HSA PR 24			
PCP/Spec: Deductible and Coinsurance	Single	\$1,141.55	\$20.95
Ded and Coinsurance: In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$1,940.64	\$35.62
Max out of Pocket: In: \$5,750/\$11,500	Employee/ Spouse*	\$2,283.10	\$41.90
RX plan: Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$3,253.42	\$59.71
NY G LBTY NG 20/40/1500/80 EPO PD 24			
PCP/Spec: Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,197.25	\$20.95
Ded and Coinsurance: In: \$1,500/\$3,000, 20%	Parent/Child (ren)	\$2,035.33	\$35.62
Max out of Pocket: In: \$8,750/\$17,500	Employee/ Spouse*	\$2,394.50	\$41.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,412.16	\$59.71
NY G FRDM NG 2000/100 EPO HSA PR 24			
PCP/Spec: Deductible and Coinsurance	Single	\$1,210.15	\$20.95
Ded and Coinsurance: In: \$2,000/\$4,000, 0%	Parent/Child (ren)	\$2,057.26	\$35.62
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$2,420.30	\$41.90
RX plan: Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,448.93	\$59.71
NY G FRDM NG 25/50/100 EPO ZD 24			
PCP/Spec: PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,396.97	\$20.95
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$2,374.85	\$35.62
Max out of Pocket: In: \$7,000/\$14,000	Employee/ Spouse*	\$2,793.94	\$41.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,981.36	\$59.71

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Silver Plans				
NY S LBTY NG 40/80/3250/60 EPO 24				
	Tier	Rate (select counties)	Dep 29 Rider	
PCP/Spec:	\$40/\$80	Single	\$1,032.05	\$20.95
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,734.49	\$35.62
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,064.10	\$41.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,941.34	\$59.71
NY S FRDM NG 40/80/3250/60 EPO 24				
PCP/Spec:	\$40/\$80	Single	\$1,091.88	\$20.95
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,533.20	\$35.62
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,183.76	\$41.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,111.86	\$59.71
NY S LBTY NG 30/75/4000/50 EPO 24				
PCP/Spec:	\$30/\$75	Single	\$1,017.56	\$20.95
Ded and Coinsurance:	In: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,729.85	\$35.62
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,035.12	\$41.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Broad Ntwk	Family	\$2,900.05	\$59.71
NY S MTRO GT 30/80/3750/60 EPO 24				
PCP/Spec:	\$30/\$80	Single	\$902.09	\$20.95
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,533.55	\$35.62
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,804.18	\$41.90
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,570.96	\$59.71
NY S FRDM NG 30/60/2250/70 PPO HSA 24				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,100.92	\$20.95
Ded and Coinsurance:	In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,871.56	\$35.62
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$15,500/\$31,000	Employee/ Spouse*	\$2,201.84	\$41.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,137.62	\$59.71
NY S LBTY GT 30/60/4500/50 EPO 24				
PCP/Spec:	\$30/\$60	Single	\$996.01	\$20.95
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,693.22	\$35.62
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,992.02	\$41.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,838.63	\$59.71
NY S FRDM NG 40/80/3250/60 PPO 24				
PCP/Spec:	\$40/\$80	Single	\$1,133.84	\$20.95
Ded and Coinsurance:	In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,927.53	\$35.62
Max out of Pocket:	In: \$9,450/\$18,900 Out: \$15,500/\$31,000	Employee/ Spouse*	\$2,267.68	\$41.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,231.44	\$59.71
NY S FRDM NG 30/60/3000/80 EPO HSA 24				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,060.86	\$20.95
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,803.46	\$35.62
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$2,121.72	\$41.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,023.45	\$59.71
NY S FRDM NG 2500/60 EPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,027.30	\$20.95
Ded and Coinsurance:	In: \$2,500/\$5,000, 40%	Parent/Child (ren)	\$1,746.41	\$35.62
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,054.60	\$41.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,927.81	\$59.71
NY S MTRO NG 30/80/3750/60 EPO ME 24				
PCP/Spec:	\$30/\$80	Single	\$934.54	\$20.95
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,588.72	\$35.62
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,869.08	\$41.90
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,663.44	\$59.71
NY S LBTY NG 30/60/3000/80 EPO HSA 24				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,001.94	\$20.95
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,703.30	\$35.62
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$2,003.88	\$41.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,855.53	\$59.71
NY S MTRO GT 35/50/4000/70 EPO HSA 24				
PCP/Spec:	\$35/\$50 after Deductible	Single	\$847.90	\$20.95
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Parent/Child (ren)	\$1,441.43	\$35.62
Max out of Pocket:	In: \$7,200/\$14,400	Employee/ Spouse*	\$1,695.80	\$41.90
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Family	\$2,416.52	\$59.71
NY S MTRO NG 50/100/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,059.46	\$20.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,801.08	\$35.62
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,118.92	\$41.90
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Std Select	Family	\$3,019.46	\$59.71
NY S LBTY NG 4000/80 EPO HSA PR 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$948.49	\$20.95
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,612.43	\$35.62
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,896.98	\$41.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,703.20	\$59.71
NY S LBTY NG 50/100/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,166.13	\$20.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,982.42	\$35.62
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,332.26	\$41.90
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Family	\$3,323.47	\$59.71
NY S LBTY NG 25/45/5000/50 EPO 24				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$1,026.78	\$20.95
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,745.53	\$35.62
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,053.56	\$41.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,926.32	\$59.71
NY S FRDM NG 50/100/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,233.10	\$20.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,096.27	\$35.62
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,466.20	\$41.90
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Family	\$3,514.34	\$59.71

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Bronze Plans				
NY B FRDM NG 5000/50 EPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,000/\$14,000, 50%	Single	\$957.18	\$20.95
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$1,627.21	\$35.62
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Employee/ Spouse*	\$1,914.36	\$41.90
		Family	\$2,727.96	\$59.71
NY B LBTY NG 7250/100 EPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Single	\$914.28	\$20.95
Max out of Pocket:	In: \$7,250/\$14,500	Parent/Child (ren)	\$1,564.28	\$35.62
RX plan:	Ded Med/Rx then 0%/0%/0% Broad Ntwk	Employee/ Spouse*	\$1,828.56	\$41.90
		Family	\$2,605.70	\$59.71
NY B MTRO GT 7250/100 EPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Single	\$802.65	\$20.95
Max out of Pocket:	In: \$7,250/\$14,500	Parent/Child (ren)	\$1,364.51	\$35.62
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Employee/ Spouse*	\$1,605.30	\$41.90
		Family	\$2,287.55	\$59.71
NY B LBTY NG 25/75/6750/70 EPO HSA 24				
PCP/Spec:	\$25/\$75 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Single	\$899.60	\$20.95
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$1,529.32	\$35.62
RX plan:	Ded Med/Rx then 30%/30%/30% Broad Ntwk	Employee/ Spouse*	\$1,799.20	\$41.90
		Family	\$2,563.86	\$59.71
NY B LBTY NG 30/60/6750/80 PPO HSA 24				
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Single	\$926.91	\$20.95
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$31,250/\$62,500	Parent/Child (ren)	\$1,575.75	\$35.62
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse*	\$1,853.82	\$41.90
		Family	\$2,641.69	\$59.71
NY B MTRO GT 40/75/6500/50 EPO HSA 24				
PCP/Spec:	\$40/\$75 after Deductible	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Single	\$783.72	\$20.95
Max out of Pocket:	In: \$8,000/\$16,000	Parent/Child (ren)	\$1,332.32	\$35.62
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Employee/ Spouse*	\$1,567.44	\$41.90
		Family	\$2,233.60	\$59.71

* 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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