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 1 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 5/15/10		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/	00 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)	\$2,610.42	\$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 5/15/10	0 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/	00 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/	00 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/		Family Tier	\$5,427.06 Rate (select counties)	
				\$59.71
PCP/Spec:	00 EPO 24	Tier	Rate (select counties)	\$59.71 Dep 29 Rider
PCP/Spec: Ded and Coinsurance: Max out of Pocket:	00 EPO 24 \$15/825 In: \$0, 0% In: \$3,500/\$7,000	Tier Single Parent/Child (ren) Employee/ Spouse*	Rate (select counties) \$1,270.95 \$2,160.62 \$2,541.90	\$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90
PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	00 EPO 24 \$15/825 In: \$0,0 0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Tier Single Parent/Child (ren)	Rate (select counties) \$1,270.95 \$2,160.62	\$59.71 Dep 29 Rider \$20.95 \$35.62
PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 10/25/2:	00 EPO 24 \$15/825 In: \$0,0 0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Tier Single Parent/Child (ren) Employee/ Spouse*	Rate (select counties) \$1,270.95 \$2,160.62 \$2,541.90	\$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90
PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 10/25/2:	00 EPO 24 \$15/825 In: \$0,0 0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Titer Single Parent/Child (ren) Employee/ Spouse* Family Titer Single	Rate (select counties) \$1,270.95 \$2,160.62 \$2,541.90 \$3,622.21 Rate (select counties) \$1,337.01	\$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71
PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY P LBTY GT 10/25/2 PCP/Spec: Ded and Coinsurance:	00 EPO 24 \$15/825 In: \$0,0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 5/90 EPO LA 24 \$10/\$25 In: \$250/\$500,10%	Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	Rate (select counties) \$1,270.95 \$2,160.62 \$2,541.90 \$3,622.21 Rate (select counties)	\$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71 Dep 29 Rider
PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY PLBTY GT 10/25/2: PCP/Spec: Ded and Coinsurance: Max out of Pocket:	00 EPO 24 \$15/8/25 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: \$25/\$505,10% In: \$25/\$505,500	Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	Rate (select counties) \$1,270.95 \$2,160.62 \$2,541.90 \$3,622.21 Rate (select counties) \$1,337.01 \$2,272.92 \$2,674.02	\$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90
PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY PLBTY GT 10/25/2: PCP/Spec: Ded and Coinsurance: Max out of Pocket:	00 EPO 24 \$15/825 In: \$0,0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 5/90 EPO LA 24 \$10/\$25 In: \$250/\$500,10%	Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	Rate (select counties) \$1,270.95 \$2,160.62 \$2,541.90 \$3,622.21 Rate (select counties) \$1,337.01 \$2,272.92	\$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71 Dep 29 Rider \$20.95 \$35.62
PCP/Spec: 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:	00 EPO 24 \$15/825 In: \$0,0% In: \$3,50/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 50/90 EPO LA 24 \$10/\$25 In: \$2,570/\$5,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse*	Rate (select counties) \$1,270.95 \$2,160.62 \$2,541.90 \$3,622.21 Rate (select counties) \$1,337.01 \$2,272.92 \$2,674.02	\$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90
NY P. MTRO GT 15/25/ PCP/Spec: 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 PCP/Spec:	00 EPO 24 \$15/825 In: \$0,0% In: \$3,50/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 50/90 EPO LA 24 \$10/\$25 In: \$2,570/\$5,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family	Rate (select counties) \$1,270.95 \$2,160.62 \$2,541.90 \$3,622.21 Rate (select counties) \$1,337.01 \$2,272.92 \$2,674.02 \$3,810.48	\$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71
PCP/Spec: 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	00 EPO 24 \$15/825 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% In: \$2,750/\$5,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier	Rate (select counties) \$1,270.95 \$2,160.62 \$2,541.90 \$3,622.21 Rate (select counties) \$1,337.01 \$2,272.92 \$2,674.02 \$3,810.48 Rate (select counties)	\$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71 Dep 29 Rider
PCP/Spec: 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 PCP/Spec:	00 EPO 24 \$15/825 In: \$0,0% In: \$3,500/\$7,000 Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select 50/90 EPO LA 24 \$15/0/\$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	Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Single	Rate (select counties) \$1,270.95 \$2,160.62 \$2,541.90 \$3,622.21 Rate (select counties) \$1,337.01 \$2,272.92 \$2,674.02 \$3,810.48 Rate (select counties) \$1,408.88	\$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71 Dep 29 Rider \$20.95

Use the table below to review monthly rates for New York small group Oxford ¹ products: Q3 2024 Rates
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Note 1877 1879	Gold Plans				
Dec and Continuation In \$1,000 \$2,000 \$1			Tier	Rate (select counties)	Dep 29 Rider
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Marcard of Protects Marcard Street		\$15/\$35			\$20.95
Explain			,		
TWO STEED NOT 2004 TO 2005 TO					
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Decision of Product 15,12003-500, 20% 15,200-100, 20% 15,2					
Mary Content					
Explain					
COPSpace Spiny					\$59.71
Deal and Communication Deal (2003) 2009 2019 41 000058 0000. 40% ParentChild (rem.) \$2,301.56 \$35.62	NY G FRDM NG 25/40/1	500/80 PPO 24	Tier	Rate (select counties)	Dep 29 Rider
Marco and Protects In. \$27,00341-800 Out. \$190,000421-0001 September Spouce** \$22,707.72 \$41.90 \$60,000421-0001 September Spouce** \$22,707.72 \$41.90 September Spouce** \$60,000421-0001 Septe					
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PCPSpeec Deductable and Consurance Single \$1,294.01 \$20.95			Family	\$3,746.84	
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Riginary September Septe			,		
No. FERDINOS 100/000 EPO FISA 24 Deductible and Coinsurance Deductib					
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RX plant S. 200 Med First then \$1074340\$30 Broad Nivk Family S. 3.44.8 88 \$5.9.71					
N. G. MTRG GT 22404(175098) EPO 24 Ter Stript Str					
PCPPSpec: \$25940 \$1,078.74 \$20.95 Ded and Coinsurance: In. \$1,2092,200,20% 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-Ti Ded \$150 then \$10\$60\$595 Std Select Family \$3,074.41 \$35.00 Port PCPPSpec: \$25940 and for beduetable Single \$302.79 \$39.71 NY G MTRO GT 2540000005 EPO LNY 24 Ter Rate (select counties) Day 29 Rider PCPPSpec: \$259540 and for beduetable Single \$302.79 \$32.09 \$5 Ded and Coinsurance: In. \$1,000\$11,000 Parent/Child (ren) \$1,568.74 \$35.62 Max out of Pocket In. \$5,000\$11,000 Parent/Child (ren) \$1,568.74 \$35.62 Max out of Pocket In. \$5,000\$11,000 Parent/Child (ren) \$1,568.74 \$35.62 Max out of Pocket In. \$5,000\$11,000 Parent/Child (ren) \$2,000\$ Store PCPPSpec: S0,000\$ Store Parent/Child (ren) \$2,000\$ Store Parent/Child (ren) \$2,000\$ Store \$3,000\$ Store \$3,000\$ Store Parent/Child (ren) \$2,000\$ Store \$3,000\$					
Deal and Consurance: In: \$1,25092,200,20% Parent/Child (ren) \$1,833.88 \$3.5 62					
Max out of Pocket: In: \$5,500513.000 Employee/ Spouse* \$2,157.48 \$41.90 \$87 plan: Non-T1 Ded \$150 then \$107865789 Sits Select Family \$3,074.41 \$89.71 \$8					
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N. C. MITRO GT 2540000000 EPO INNY 24 Ter					
PCPFSpec:					
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Title No. California Stock S					
PCP/Spec: \$30560 \$1,177.06 \$20.95 Ded and Coinsurance: In. \$1,800/83.600, 30% Parent/Child (ren) \$2,001.00 \$35.62 Max out of Pocket: In. \$5,000/816,000 Employee/ Spouse* \$2,354.12 \$41.90 RX plan: Non-T1 Ded \$200 men \$10/550/\$90 Broad Niwk Employee/ Spouse* \$2,354.12 \$41.90 RX plan: Non-T1 Ded \$200 men \$10/550/\$90 Broad Niwk Employee/ Spouse* \$2,354.12 \$41.90 RX plan: St. \$1,250/82.500,20% Single St. \$11.17.64 \$50.095 Ded and Coinsurance: In. \$1,250/82.500,20% Parent/Child (ren) \$1,899.82 \$55.62 Max out of Pocket: In. \$6,500/813,000 Single St. \$11.17.64 Range (select counties) Single St. \$1.17.64 \$50.095 Range (select counties) Single St. \$1.17.64 \$50.095 Range (select counties) Single St. \$1.17.64 \$50.095 Range (select counties) Single St. \$1.49.00 \$50.005 Range (select counties) Sin					
Ded and Coinsurance: In: \$1,800/\$3,600,30% Parent/Child (ren) \$2,001.00 \$35.62 \$41.90 \$40.00 \$1,000 \$2,001.00 \$35.62 \$41.90 \$40.00 \$					
Max out of Pocket: In: \$8,000%15,000					
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk Family \$3.354.62 \$59.71					
NY C MTRO NG 25401/250/80 EPO ME 24 Tier Rate (select counties) Dep 28 Rider PCP/Spec \$2,255.40 Single \$1,117.54 \$2,295 Ded and Coinsurance: In: \$1,250/\$2,500, 20% Parent/Child (ren) \$1,899.82 \$35.62 Max out of Pocket: In: \$8,500/\$13,000 Employee/Spouse* \$2,235.00 \$41.90 \$70.00 \$41.90 \$70.00 \$41.90 \$41.					
Ded and Coinsurance: In: \$1,250/\$2,500, 20% Parent/Child (ren) \$1,899,82 \$35,62	NY G MTRO NG 25/40/1	250/80 EPO ME 24		Rate (select counties)	Dep 29 Rider
Max out of Pocket: In: \$6,500/\$13,000 Employee/ Spouse* \$2,235.08 \$41.90	PCP/Spec:	\$25/\$40	Single	\$1,117.54	\$20.95
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select Family S3,184.99 S59.71					
NY G FRDM NG 30(60/2250/70 EPO 24 Tier Rate (select counties) Dep 29 Rider					
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 RY GLBTY NG 25/50/1100 EPD 2D 24 Tier Rate (select counties) PcP/Spec: PCP/Spec: In: \$0,0% Parent/Child (ren) \$2,238.54 \$35.62 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$2,283.54 \$35.62 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$2,233.55 \$41.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk Family \$3,752.85 \$59.71 RY GLBTY NG 160/990 EPD HSA PR 24 Tier Rate (select counties) PcP/Spec: Ded ductible 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 RY GLBTY NG 200/401/\$50/\$008 EPD PD 24 Tier Rate (select counties) PcP/Spec: Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk Family \$3,253.42 \$59.71 RY GLBTY NG 200/401/\$50/\$008 EPD PD 24 Tier Rate (select counties) PcP/Spec: Tier I: \$200/\$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: \$3,750/\$17,500 Employee/ Spouse* \$2,283.10 \$41.90 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk Family \$3,245.62 Ded and Coinsurance: In: \$2,000/\$4,000,0% Parent/Child (ren) \$2,035.33 \$35.62 Ded and Coinsurance: In: \$2,000/\$4,000,0% Parent/Child (ren) \$2,035.33 \$35.62 Ded and Coinsurance: In: \$2,000/\$4,000,0% Parent/Child (ren) \$2,035.33 \$35.62 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk Family \$3,445.90 \$2,09.5 Ded and Coinsurance: In: \$2,00				1.7	
Ded and Coinsurance: In: \$2,250/\$4,500, 30% Parent/Child (ren) \$2,216,33 \$35,62 Max out of Pocket: In: \$2,250/\$16,500 Employee/ Spouse* \$2,489.80 \$41,90 RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk Family \$3,354.79 \$59,71 NY GLBTY NG 25/50/100 EPO ZD 24 Ter					
Max out of Pocket: In: \$8,250/\$16,500 Employee/ Spouse* \$2,480,80 \$41.00					
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk Family \$3,547.97 \$59.71					
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 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 Tier Rate (select counties) RX plan: Parent/Child (ren) \$1,940.64 \$35.62 Max out of Pocket: 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 NY G LBTY NG 20/40/1500/80 EPO PD 24 Tier Rate (select counties)	RX plan:			\$3,547.97	\$59.71
Ded and Coinsurance: In: \$0, 0%					·
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 RX plan: Ded ductible and Coinsurance Dep 29 Rider PCP/Spec: Deductible and Coinsurance In: \$1,600/\$3,200, 10% Parent/Child (ren) \$1,940.64 \$35.62 RX plan: Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk Family \$3,253.42 \$59.71 RX plan: Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk Family \$3,263.42 \$59.71 RY G LBTY NG 20/40/1500/80 EPO PD 24 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Tier \$2,094.01 Tier \$40.980 Parent/Child (ren) \$2,035.33 \$35.62 Max out of Pocket: In: \$1,500/\$3,000, 20% Parent/Child (ren) \$2,035.33 \$35.62 Max out of Pocket: In: \$8,750/\$117,500 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 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk Family \$3,412.16 \$59.71 RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk Family \$3,412.16 \$59.71 RX plan: Ded ductible 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: \$2,000/\$4,000, 0% Parent/Child (ren) \$2,057.26 \$35.62 Max out of Pocket: In: \$2,000/\$4,000, 0% Parent/Child (ren) \$2,057.26 \$35.62 Max out of Pocket: In: \$2,000/\$4,000, 0% Parent/Child (ren) \$2,057.26 \$35.62 Max out of Pocket: In: \$2,000/\$4,000, 0% Parent/Child (ren) \$2,057.26 \$35.62 Max out of Pocket: In: \$2,000/\$4,000, 0% Parent/Child (ren) \$2,057.26 \$35.62 Max out of Pocket: In: \$2,000/\$4,000, 0% Parent/Child (ren) \$2,274.85 \$35.62 Max out of Pocket: In: \$7,000/\$14,000 Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$2,793.94 \$41.90 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$2,793.94 \$41.90 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse					
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk Family S3,752.85 \$59.71					
Tier Rate (select counties) Dep 29 Rider					
PCP/Spec: Deductible 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 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Tier I: \$20/\$40 Tier II: \$40/\$80 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 20000/100 EPO HSA PR 24 Tier Rate (select counties) Rate (select counties) RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk Family \$3,412.16 \$59.71 RX plan: Deductible and Coinsurance Dep 29 Rider PCP/Spec: Deductible and Coinsurance Dep 29 Rider PCP/Spec: Deductible and Coinsurance In: \$2,000/\$4,000, 0% Parent/Child (ren) \$2,057.26 \$35.62 Max out of Pocket: In: \$2,000/\$4,000, 0% Parent/Child (ren) \$2,057.26 \$35.62 Max out of Pocket: In: \$2,000/\$4,000, 0% Parent/Child (ren) \$2,057.26 \$35.62 Max out of Pocket: In: \$2,000/\$4,000, 0% Parent/Child (ren) \$2,057.26 \$35.62 Max out of Pocket: In: \$2,000/\$4,000, 0% Parent/Child (ren) \$2,057.26 \$35.62 Max out of Pocket: In: \$7,000/\$4,000 PO ZD 24 Tier Rate (select counties) Dep 29 Rider PCP/Spec: PCP-Adult: \$25.8 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 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$2,793.94 \$41.90 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$2,793.94 \$41.90 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$2,793.94 \$41.90 Max out of Pocket: In: \$7,000/\$14,000 Emp					
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	Ded and Coinsurance:				
NY G LBTY NG 20/40/1500/80 EPO PD 24 Tier Rate (select counties) Dep 29 Rider		In: \$5,750/\$11,500		\$2,283.10	
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 Tier Rate (select counties) Dep 29 Rider 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 Tier Rate (select counties) Dep 29 Rider PCP/Spec: PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 Single \$1,386.97 \$20.95 Ded and Coinsurance: In: \$7,000/\$14,000 Parent/Child (ren) \$					
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 Tier Rate (select counties) Dep 29 Rider 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 Tier Rate (select counties) Dep 29 Rider 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* \$2,79	NY GIRTY NG 20/40/15	00/80 EPO PD 24			
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 Tier Rate (select counties) Dep 29 Rider 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: \$7,505/\$14,100 Employee/ Spouse* \$2,420.30 \$41.90 NY G FRDM NG 25/50/100 EPO ZD 24 Tier Rate (select counties) Dep 29 Rider PCP/Spec: PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 Single \$1,396.97 \$20.95 Ded and Coinsurance: In: \$0,0% Parent/Child (ren) \$2,274.85 \$35.62		T. 1 000/040 T. 11 040/000		\$1,197.25	
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 Tier Rate (select counties) Dep 29 Rider PCP/Spec: Ded ductible and Coinsurance Single \$1,210.15 \$20.95 Ded and Coinsurance: In: \$2,000/\$4,000, 0% Parent/Child (ren) \$2,057.26 \$33.62 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 Tier Rate (select counties) Dep 28 Rider 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	PCP/Spec:			\$2 D2E 22	635.63
NY G FRDM NG 2000/100 EPO HSA PR 24 Tier Rate (select counties) Dep 29 Rider 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 \$355.62 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 Tier Rate (select counties) Dep 29 Rider PCP/Spec: PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 Single \$1,396.97 \$20.95 Ded and Coinsurance: In: \$0,00% Parent/Child (ren) \$2,374.85 \$35.62 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$2,793.94 \$41.90	PCP/Spec: Ded and Coinsurance:	In: \$1,500/\$3,000, 20%	Parent/Child (ren)		
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 Tier Rate (select counties) Dep 29 Rider PCP/Spec: PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 Single \$1,396.97 \$20.95 Ded and Coinsurance: In: \$0,00% Parent/Child (ren) \$2,374.85 \$35.62 Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$2,793.94 \$41.90	PCP/Spec: Ded and Coinsurance: Max out of Pocket:	In: \$1,500/\$3,000, 20% In: \$8,750/\$17,500	Parent/Child (ren) Employee/ Spouse*	\$2,394.50	\$41.90
Ded and Coinsurance: In: \$2,000/\$4,000, 0% Parent/Child (ren) \$2,057.26 \$35.62	PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	In: \$1,500/\$3,000, 20% In: \$8,750/\$17,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Parent/Child (ren) Employee/ Spouse* Family	\$2,394.50 \$3,412.16	\$41.90 \$59.71
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 Tier Rate (select counties) Dep 29 Rider 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	PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/10	In: \$1,500/\$3,000, 20% In: \$8,750/\$17,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 0 EPO HSA PR 24	Parent/Child (ren) Employee/ Spouse* Family Tier	\$2,394.50 \$3,412.16 Rate (select counties)	\$41.90 \$59.71 Dep 29 Rider
NY G FRDM NG 25/50/100 EPO ZD 24 Tier Rate (select counties) Dep 29 Rider PCP/Spec: PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 Single \$1,396.97 \$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	PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/10 PCP/Spec:	In: \$1,500/\$3,000, 20% In: \$8,750/\$17,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 0 EPO HSA PR 24 Deductible and Coinsurance	Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$2,394.50 \$3,412.16 Rate (select counties) \$1,210.15	\$41.90 \$59.71 Dep 29 Rider \$20.95
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	PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	In: \$1,500/\$3,000, 20% In: \$8,750/\$17,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 0 EPO HSA PR 24 Deductible and Coinsurance In: \$2,000/\$4,000, 0% In: \$7,050/\$14,100	Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$2,394.50 \$3,412.16 Rate (select counties) \$1,210.15 \$2,057.26 \$2,420.30	\$41.90 \$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90
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	PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	In: \$1,500/\$3,000, 20% In: \$8,750/\$17,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 0 EPO HSA PR 24 Deductible and Coinsurance In: \$2,000/\$4,000, 0% In: \$7,505/\$14,100 Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family	\$2,394.50 \$3,412.16 Rate (select counties) \$1,210.15 \$2,057.26 \$2,420.30 \$3,448.93	\$41.90 \$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71
Max out of Pocket: In: \$7,000/\$14,000 Employee/ Spouse* \$2,793.94 \$41.90	PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 25/50/1	In: \$1,500/\$3,000, 20% In: \$8,750/\$17,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 0 EPO HSA PR 24 Deductible and Coinsurance In: \$2,000/\$4,000, 0% In: \$7,050/\$14,100 Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier	\$2,394.50 \$3,412.16 Rate (select counties) \$1,210.15 \$2,057.26 \$2,420.30 \$3,448.93 Rate (select counties)	\$41.90 \$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71 Dep 29 Rider
	PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 25/50/11 PCP/Spec:	In: \$1,500/\$3,000, 20% In: \$8,750/\$17,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 0 EPO HSA PR 24 Deductible and Coinsurance In: \$2,000/\$4,000, 0% In: \$7,050/\$14,100 Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk 10 EPO ZD 24 PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single	\$2,394.50 \$3,412.16 Rate (select counties) \$1,210.15 \$2,057.26 \$2,420.30 \$3,448.93 Rate (select counties) \$1,396.97	\$41.90 \$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71 Dep 29 Rider \$20.95
	PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 2000/10 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: NY G FRDM NG 25/50/1 PCP/Spec: Ded and Coinsurance:	In: \$1,500/\$3,000, 20% In: \$8,750/\$17,500 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk 0 EPO HSA PR 24 Deductible and Coinsurance In: \$2,000/\$4,000, 0% In: \$7,050/\$14,100 Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk 0 EPO ZO 24 PCP-Adult: \$25 & Kid: \$5 /Spec:\$50 In: \$0,00%	Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren) Employee/ Spouse* Family Tier Single Parent/Child (ren)	\$2,394.50 \$3,412.16 Rate (select counties) \$1,210.15 \$2,057.26 \$2,420.30 \$3,448.93 Rate (select counties) \$1,396.97 \$2,374.85	\$41.90 \$59.71 Dep 29 Rider \$20.95 \$35.62 \$41.90 \$59.71 Dep 29 Rider \$20.95 \$35.62

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 1 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.



Silver Plans NY S LBTY NG 40/80/32	ENISO EDO 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)	\$1,754.49	\$35.62
Max out of Pocket: RX plan:	In: \$9,450/\$18,900 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse* Family	\$2,064.10 \$2,941.34	\$41.90 \$59.71
NY S FRDM NG 40/80/32		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$1,091.88	\$20.95
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,856.20	\$35.62
Max out of Pocket: RX plan:	In: \$9,450/\$18,900 Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse* Family	\$2,183.76 \$3,111.86	\$41.90 \$59.71
NY S LBTY NG 30/75/400		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$75	Single	\$1,017.56	\$20.95
Ded and Coinsurance: Max out of Pocket:	In: \$4,000/\$8,000, 50% In: \$9,450/\$18,900	Parent/Child (ren) Employee/ Spouse*	\$1,729.85 \$2,035.12	\$35.62 \$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 30/80/37		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$902.09	\$20.95
Ded and Coinsurance: Max out of Pocket:	In: \$3,750/\$7,500, 40% In: \$9,450/\$18,900	Parent/Child (ren) Employee/ Spouse*	\$1,533.55 \$1,804.18	\$35.62 \$41.90
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,570.96	\$59.71
NY S FRDM NG 30/60/22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$30/\$60 after Deductible In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Single Parent/Child (ren)	\$1,100.92 \$1,871.56	\$20.95 \$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 30/60/450		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	\$30/\$60 In: \$4,500/\$9,000, 50%	Single Parent/Child (ren)	\$996.01 \$1.693.22	\$20.95 \$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 40/80/32 PCP/Spec:	\$50/60 PPO 24 \$40/\$80	Tier Single	Rate (select counties) \$1,133.84	Dep 29 Rider \$20.95
Ded and Coinsurance:	In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,133.84 \$1,927.53	\$20.95 \$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 30/60/30 PCP/Spec:	\$30/\$60 after Deductible	Tier Single	Rate (select counties) \$1,060.86	Dep 29 Rider \$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: NY S FRDM NG 2500/60	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family Tier	\$3,023.45	\$59.71 Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	Rate (select counties) \$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: NY S MTRO NG 30/80/37	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family Tier	\$2,927.81 Rate (select counties)	\$59.71 Dep 29 Rider
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: RX plan:	In: \$9,450/\$18,900 Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Employee/ Spouse* Family	\$1,869.08 \$2,663.44	\$41.90 \$59.71
NY S LBTY NG 30/60/300		Tier	Rate (select counties)	Dep 29 Rider
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: RX plan:	In: \$7,150/\$14,300 Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Employee/ Spouse* Family	\$2,003.88 \$2.855.53	\$41.90 \$59.71
NY S MTRO GT 35/50/40		Tier	Rate (select counties)	Dep 29 Rider
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: RX plan:	In: \$7,200/\$14,400 Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Employee/ Spouse* Family	\$1,695.80 \$2,416.52	\$41.90 \$59.71
NY S MTRO NG 50/100/1		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,059.46	\$20.95
Ded and Coinsurance: Max out of Pocket:	In: \$0, 0% In: \$9,450/\$18,900	Parent/Child (ren) Employee/ Spouse*	\$1,801.08 \$2,118.92	\$35.62 \$41.90
RX plan:	In: \$9,450/\$18,900 Non-T1 Ded \$200 then \$15/\$65/\$95 Std Select	Family Spouse	\$2,118.92 \$3,019.46	\$41.90 \$59.71
NY S LBTY NG 4000/80 I	EPO HSA PR 24	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$948.49	\$20.95
Ded and Coinsurance: Max out of Pocket:	In: \$4,000/\$8,000, 20% In: \$8,000/\$16,000	Parent/Child (ren) Employee/ Spouse*	\$1,612.43 \$1,896.98	\$35.62 \$41.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,703.20	\$59.71
NY S LBTY NG 50/100/10		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100 In: \$0, 0%	Single Parent/Child (ren)	\$1,166.13 \$1,982.42	\$20.95 \$35.62
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,982.42 \$2,332.26	\$35.62 \$41.90
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Family	\$3,323.47	\$59.71
NY S LBTY NG 25/45/500		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	Tier I: \$25/\$45 Tier II: \$45/\$75 In: \$5,000/\$10,000, 50%	Single Parent/Child (ren)	\$1,026.78 \$1,745.53	\$20.95 \$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 50/100/1		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec: Ded and Coinsurance:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100 In: \$0, 0%	Single Parent/Child (ren)	\$1,233.10 \$2,096.27	\$20.95 \$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

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 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



Bronze Plans				
NY B FRDM NG 5000/50	EPO HSA 24	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$957.18	\$20.95
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,627.21	\$35.62
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,914.36	\$41.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,727.96	\$59.71
NY B LBTY NG 7250/100		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$914.28	\$20.95
Ded and Coinsurance:	ln: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,554.28	\$35.62
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,828.56	\$41.90
RX plan:	Ded Med/Rx then 0%/0%/0% Broad Ntwk	Family	\$2,605.70	\$59.71
NY B MTRO GT 7250/10	0 EPO HSA 24	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$802.65	\$20.95
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,364.51	\$35.62
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,605.30	\$41.90
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,287.55	\$59.71
NY B LBTY NG 25/75/5750/70 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$899.60	\$20.95
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,529.32	\$35.62
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,799.20	\$41.90
RX plan:	Ded Med/Rx then 30%/30%/30% Broad Ntwk	Family	\$2,563.86	\$59.71
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	\$926.91	\$20.95
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,575.75	\$35.62
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,853.82	\$41.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,641.69	\$59.71
NY B MTRO GT 40/75/6	500/50 EPO HSA 24	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$783.72	\$20.95
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,332.32	\$35.62
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,567.44	\$41.90
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	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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