

2024 New York Small Group (1-100) Oxford Products: Q4 2024 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Region 3** in the Oxford service area, which includes: Dutchess, Orange, Putnam, Sullivan, and Ulster 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	\$1,574.10	\$20.30
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,675.97	\$34.51
Max out of Pocket:	In: \$3,750/\$7,500 Out: \$5,500/\$11,000	Employee/ Spouse*	\$3,148.20	\$40.60
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,486.19	\$57.86
NY P FRDM NG 20/40/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,488.06	\$20.30
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,589.70	\$34.51
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,976.12	\$40.60
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,249.97	\$57.86
NY P FRDM NG 5/15/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,517.75	\$20.30
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,620.18	\$34.51
Max out of Pocket:	In: \$3,750/\$7,500	Employee/ Spouse*	\$3,035.50	\$40.60
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,325.59	\$57.86
NY P FRDM NG 20/40/100 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,541.00	\$20.30
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,619.70	\$34.51
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$8,000/\$16,000	Employee/ Spouse*	\$3,082.00	\$40.60
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$4,391.85	\$57.86
NY P FRDM NG 20/40/100 PPO FAIR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,845.34	\$20.30
Ded and Coinsurance:	In: \$0, 0% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$3,137.08	\$34.51
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$25,000/\$50,000	Employee/ Spouse*	\$3,690.68	\$40.60
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70 Broad Ntwk	Family	\$5,259.22	\$57.86
NY P MTRO GT 15/25/100 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$25	Single	\$1,231.65	\$20.30
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,093.81	\$34.51
Max out of Pocket:	In: \$3,500/\$7,000	Employee/ Spouse*	\$2,463.30	\$40.60
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,510.20	\$57.86
NY P LBTY GT 10/25/250/90 EPO LA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$10/\$25	Single	\$1,295.66	\$20.30
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$2,202.62	\$34.51
Max out of Pocket:	In: \$2,750/\$5,500	Employee/ Spouse*	\$2,591.32	\$40.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,692.63	\$57.86
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	\$1,365.31	\$20.30
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,321.03	\$34.51
Max out of Pocket:	In: \$2,450/\$4,900	Employee/ Spouse*	\$2,730.62	\$40.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,891.13	\$57.86

2024 New York Small Group (1-100) Oxford Products: Q4 2024 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for Region 3 in the Oxford service area, which includes: Dutchess, Orange, Putnam, Sullivan, and Ulster 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	\$1,156.35	\$20.30
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,965.80	\$34.51
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,312.70	\$40.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,295.60	\$57.86
NY G FRDM NG 15/35/1750/90 EPO 24				
PCP/Spec:	\$15/\$35	Single	\$1,269.78	\$20.30
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$2,168.63	\$34.51
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,539.56	\$40.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,618.87	\$57.86
NY G FRDM NG 25/40/1750/80 EPO 24				
PCP/Spec:	\$25/\$40	Single	\$1,260.18	\$20.30
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$2,142.31	\$34.51
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,520.36	\$40.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,591.51	\$57.86
NY G FRDM NG 25/40/1500/80 PPO 24				
PCP/Spec:	\$25/\$40	Single	\$1,312.00	\$20.30
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,230.40	\$34.51
Max out of Pocket:	In: \$7,250/\$14,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,624.00	\$40.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,739.20	\$57.86
NY G FRDM NG 50/50/1000/90 EPO 24				
PCP/Spec:	\$50/\$50	Single	\$1,274.02	\$20.30
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$2,165.83	\$34.51
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$2,548.04	\$40.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,630.96	\$57.86
NY G FRDM NG 1600/90 PPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,216.10	\$20.30
Ded and Coinsurance:	In: \$1,600/\$3,200, 10% Out: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$2,067.37	\$34.51
Max out of Pocket:	In: \$5,750/\$11,500 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,432.20	\$40.60
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,465.89	\$57.86
NY G FRDM NG 1600/90 EPO HSA 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,170.94	\$20.30
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$1,990.60	\$34.51
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,341.88	\$40.60
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,337.18	\$57.86
NY G MTRO GT 25/40/1250/80 EPO 24				
PCP/Spec:	\$25/\$40	Single	\$1,045.38	\$20.30
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,777.15	\$34.51
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,090.76	\$40.60
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$2,979.33	\$57.86
NY G MTRO GT 25/40/600/80 EPO HNY 24				
PCP/Spec:	\$25/\$40 after Deductible	Single	\$894.26	\$20.30
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,520.24	\$34.51
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$1,788.52	\$40.60
RX plan:	\$10/\$35/\$70 Std Select	Family	\$2,548.64	\$57.86
NY G LBTY NG 30/60/1800/70 EPO 24				
PCP/Spec:	\$30/\$60	Single	\$1,140.65	\$20.30
Ded and Coinsurance:	In: \$1,800/\$3,600, 30%	Parent/Child (ren)	\$1,939.11	\$34.51
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$2,281.30	\$40.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,250.85	\$57.86
NY G MTRO NG 25/40/1250/80 EPO ME 24				
PCP/Spec:	\$25/\$40	Single	\$1,082.98	\$20.30
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,841.07	\$34.51
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$2,165.96	\$40.60
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Std Select	Family	\$3,086.49	\$57.86
NY G FRDM NG 30/60/2250/70 EPO 24				
PCP/Spec:	\$30/\$60	Single	\$1,206.40	\$20.30
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$2,050.88	\$34.51
Max out of Pocket:	In: \$8,250/\$16,500	Employee/ Spouse*	\$2,412.80	\$40.60
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80 Broad Ntwk	Family	\$3,438.24	\$57.86
NY G LBTY NG 25/50/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,276.07	\$20.30
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,169.32	\$34.51
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,552.14	\$40.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,636.80	\$57.86
NY G LBTY NG 1600/90 EPO HSA PR 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,106.25	\$20.30
Ded and Coinsurance:	In: \$1,600/\$3,200, 10%	Parent/Child (ren)	\$1,880.63	\$34.51
Max out of Pocket:	In: \$5,750/\$11,500	Employee/ Spouse*	\$2,212.50	\$40.60
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$3,152.81	\$57.86
NY G LBTY NG 20/40/1500/80 EPO PD 24				
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,160.23	\$20.30
Ded and Coinsurance:	In: \$1,500/\$3,000, 20%	Parent/Child (ren)	\$1,972.39	\$34.51
Max out of Pocket:	In: \$8,750/\$17,500	Employee/ Spouse*	\$2,320.46	\$40.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,306.66	\$57.86
NY G FRDM NG 2000/100 EPO HSA PR 24				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,172.73	\$20.30
Ded and Coinsurance:	In: \$2,000/\$4,000, 0%	Parent/Child (ren)	\$1,993.64	\$34.51
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$2,345.46	\$40.60
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,342.28	\$57.86
NY G FRDM NG 25/50/100 EPO ZD 24				
PCP/Spec:	PCP:Adult: \$25 & Kid: \$5 /Spec:\$50	Single	\$1,353.77	\$20.30
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,301.41	\$34.51
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,707.54	\$40.60
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95 Broad Ntwk	Family	\$3,858.24	\$57.86

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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	\$1,000.14	\$20.30
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,700.24	\$34.51
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,000.28	\$40.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,850.40	\$57.86
NY S FRDM NG 40/80/3250/60 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$1,058.11	\$20.30
Ded and Coinsurance:	In: \$3,250/\$6,500, 40%	Parent/Child (ren)	\$1,798.79	\$34.51
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,116.22	\$40.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,015.61	\$57.86
NY S LBTY NG 30/75/4000/50 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$75	Single	\$986.09	\$20.30
Ded and Coinsurance:	In: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,676.35	\$34.51
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,972.18	\$40.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max \$800 Broad Ntwk	Family	\$2,810.36	\$57.86
NY S MTRO GT 30/80/3750/60 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$874.20	\$20.30
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,486.14	\$34.51
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,748.40	\$40.60
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,491.47	\$57.86
NY S FRDM NG 30/60/2250/70 PPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,066.87	\$20.30
Ded and Coinsurance:	In: \$2,250/\$4,500, 30% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,813.68	\$34.51
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$15,500/\$31,000	Employee/ Spouse*	\$2,133.74	\$40.60
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$3,040.58	\$57.86
NY S LBTY GT 30/60/4500/50 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$965.21	\$20.30
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,640.86	\$34.51
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,930.42	\$40.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,750.85	\$57.86
NY S FRDM NG 40/80/3250/60 PPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$80	Single	\$1,098.77	\$20.30
Ded and Coinsurance:	In: \$3,250/\$6,500, 40% Out: \$6,000/\$12,000, 50%	Parent/Child (ren)	\$1,867.91	\$34.51
Max out of Pocket:	In: \$9,450/\$18,900 Out: \$15,500/\$31,000	Employee/ Spouse*	\$2,197.54	\$40.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$3,131.49	\$57.86
NY S FRDM NG 30/60/3000/80 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$1,028.06	\$20.30
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,747.70	\$34.51
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$2,056.12	\$40.60
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,929.97	\$57.86
NY S FRDM NG 2500/60 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$995.53	\$20.30
Ded and Coinsurance:	In: \$2,500/\$5,000, 40%	Parent/Child (ren)	\$1,692.40	\$34.51
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,991.06	\$40.60
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,837.26	\$57.86
NY S MTRO NG 30/80/3750/60 EPO ME 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$80	Single	\$905.64	\$20.30
Ded and Coinsurance:	In: \$3,750/\$7,500, 40%	Parent/Child (ren)	\$1,539.59	\$34.51
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,811.28	\$40.60
RX plan:	Non-T1 Ded \$200 then \$10/\$65/\$95 Std Select	Family	\$2,581.07	\$57.86
NY S LBTY NG 30/60/3000/80 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$970.96	\$20.30
Ded and Coinsurance:	In: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,650.63	\$34.51
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$1,941.92	\$40.60
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,767.24	\$57.86
NY S MTRO GT 35/50/4000/70 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$35/\$50 after Deductible	Single	\$821.68	\$20.30
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Parent/Child (ren)	\$1,396.86	\$34.51
Max out of Pocket:	In: \$7,200/\$14,400	Employee/ Spouse*	\$1,643.36	\$40.60
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800 Std Select	Family	\$2,341.79	\$57.86
NY S MTRO NG 50/100/100 EPO ZD 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,026.69	\$20.30
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,745.37	\$34.51
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,053.38	\$40.60
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Std Select	Family	\$2,926.07	\$57.86
NY S LBTY NG 4000/80 EPO HSA PR 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$919.16	\$20.30
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,562.57	\$34.51
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,838.32	\$40.60
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,619.61	\$57.86
NY S LBTY NG 50/100/100 EPO ZD 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,130.07	\$20.30
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,921.12	\$34.51
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,260.14	\$40.60
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Family	\$3,220.70	\$57.86
NY S LBTY NG 25/45/5000/50 EPO 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$995.04	\$20.30
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,691.57	\$34.51
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$1,990.08	\$40.60
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90 Broad Ntwk	Family	\$2,835.86	\$57.86
NY S FRDM NG 50/100/100 EPO ZD 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	PCP:Adult: \$50 & Kid: \$5 /Spec:\$100	Single	\$1,194.97	\$20.30
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,031.45	\$34.51
Max out of Pocket:	In: \$9,450/\$18,900	Employee/ Spouse*	\$2,389.94	\$40.60
RX plan:	Non-T1 Ded \$200 then \$15/\$65/\$95 Broad Ntwk	Family	\$3,405.66	\$57.86

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Bronze Plans				
NY B FRDM NG 5000/50 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$927.58	\$20.30
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,576.89	\$34.51
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,855.16	\$40.60
RX plan:	Ded Med/Rx then \$10/\$40/\$80 Broad Ntwk	Family	\$2,643.60	\$57.86
NY B LBTY NG 7250/100 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$886.01	\$20.30
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,506.22	\$34.51
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,772.02	\$40.60
RX plan:	Ded Med/Rx then 0%/0%/0% Broad Ntwk	Family	\$2,525.13	\$57.86
NY B MTRO GT 7250/100 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$777.82	\$20.30
Ded and Coinsurance:	In: \$7,250/\$14,500, 0%	Parent/Child (ren)	\$1,322.29	\$34.51
Max out of Pocket:	In: \$7,250/\$14,500	Employee/ Spouse*	\$1,555.64	\$40.60
RX plan:	Ded Med/Rx then 0%/0%/0% Std Select	Family	\$2,216.79	\$57.86
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	\$871.79	\$20.30
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,482.04	\$34.51
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,743.58	\$40.60
RX plan:	Ded Med/Rx then 30%/30%/30% Broad Ntwk	Family	\$2,484.60	\$57.86
NY B LBTY NG 30/60/6750/80 PPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$898.24	\$20.30
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$12,500/\$25,000, 20%	Parent/Child (ren)	\$1,527.01	\$34.51
Max out of Pocket:	In: \$8,000/\$16,000 Out: \$31,250/\$62,500	Employee/ Spouse*	\$1,796.48	\$40.60
RX plan:	Ded Med/Rx then \$10/\$50/\$90 Broad Ntwk	Family	\$2,559.98	\$57.86
NY B MTRO GT 40/75/6500/50 EPO HSA 24		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$759.49	\$20.30
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,291.13	\$34.51
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,518.98	\$40.60
RX plan:	Ded Med/Rx then \$10/\$65/\$95 Std Select	Family	\$2,164.55	\$57.86

* 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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