

2019 New York Small Group (1-100) Oxford Products: Q1 2019 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Regions 4/8** in the Oxford service area, which includes Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, and Westchester counties.



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Platinum Plans				
EPO \$20/\$40 Non-Gated (Freedom Network)		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,088.97	\$14.57
Ded and Coinsurance:	\$0	Parent/Child(ren)	\$1,851.25	\$24.77
Max out of Pocket:	In: \$2,500/\$5,000	Employee/Spouse*	\$2,177.94	\$29.14
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,103.57	\$41.52
EPO \$5/\$15 Non-Gated (Freedom Network)				
PCP/Spec:	\$5/\$15	Single	\$1,107.23	\$14.57
Ded and Coinsurance:	\$0	Parent/Child(ren)	\$1,882.29	\$24.77
Max out of Pocket:	In: \$2,500/\$5,000	Employee/Spouse*	\$2,214.47	\$29.14
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,155.62	\$41.52
PPO \$20/\$40 Non-Gated (Freedom Network)				
PCP/Spec:	\$20/\$40	Single	\$1,155.01	\$14.57
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 30%	Parent/Child(ren)	\$1,963.51	\$24.77
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$7,500/\$15,000	Employee/Spouse*	\$2,310.01	\$29.14
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,291.77	\$41.52
PPO \$20/\$40 FAIR Non-Gated (Freedom Network)				
PCP/Spec:	\$20/\$40	Single	\$1,328.27	\$14.57
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 20%	Parent/Child(ren)	\$2,258.05	\$24.77
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$7,500/\$15,000	Employee/Spouse*	\$2,656.54	\$29.14
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,785.57	\$41.52
PPO \$5/\$15 Non-Gated (Freedom Network)				
PCP/Spec:	\$5/\$15	Single	\$1,177.38	\$14.57
Ded and Coinsurance:	In: \$0 Out: \$2,000/\$4,000, 30%	Parent/Child(ren)	\$2,001.54	\$24.77
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$5,000/\$10,000	Employee/Spouse*	\$2,354.75	\$29.14
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,355.52	\$41.52
EPO \$15/\$30 Gated (Metro Network)				
PCP/Spec:	\$15/\$30	Single	\$822.03	\$14.57
Ded and Coinsurance:	\$0	Parent/Child(ren)	\$1,397.44	\$24.77
Max out of Pocket:	In: \$2,500/\$5,000	Employee/Spouse*	\$1,644.05	\$29.14
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$2,342.78	\$41.52
EPO \$15/\$35 Gated (Liberty Network)				
PCP/Spec:	\$15/\$35	Single	\$937.57	\$14.57
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child(ren)	\$1,593.86	\$24.77
Max out of Pocket:	In: \$3,000/\$6,000	Employee/Spouse*	\$1,875.13	\$29.14
RX plan:	Non-T1 Ded \$150 then \$5/\$30/\$60	Family	\$2,672.06	\$41.52
EPO \$10/\$30 Non-Gated (Freedom Network)				
PCP/Spec:	\$10/\$30	Single	\$1,033.97	\$14.57
Ded and Coinsurance:	In: \$500/\$1000, 10%	Parent/Child(ren)	\$1,757.75	\$24.77
Max out of Pocket:	In: \$4,000/\$8,000	Employee/Spouse*	\$2,067.94	\$29.14
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$2,946.81	\$41.52

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Gold Plans				
EPO \$50 Non-Gated (Freedom Network)		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$920.02	\$14.57
Ded and Coinsurance:	In: \$750/\$1,500, 10%	Parent/Child(ren)	\$1,564.03	\$24.77
Max out of Pocket:	In: \$4,750/\$9,500	Employee/Spouse*	\$1,840.04	\$29.14
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75	Family	\$2,622.05	\$41.52
EPO \$15/\$35 Non-Gated (Freedom Network)				
PCP/Spec:	\$15/\$35	Single	\$915.99	\$14.57
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child(ren)	\$1,557.19	\$24.77
Max out of Pocket:	In: \$5,250/\$10,500	Employee/Spouse*	\$1,831.99	\$29.14
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$2,610.59	\$41.52
EPO \$25/\$45 \$1,500 Gated (Liberty Network)				
PCP/Spec:	\$25/\$45	Single	\$774.97	\$14.57
Ded and Coinsurance:	In: \$1,500/\$3,000, 20%	Parent/Child(ren)	\$1,317.44	\$24.77
Max out of Pocket:	In: \$6,000/\$12,000	Employee/Spouse*	\$1,549.93	\$29.14
RX plan:	Non-T1 Ded \$150 then \$5/\$45/\$75	Family	\$2,208.65	\$41.52
EPO 25/40 Non-Gated (Freedom Network)				
PCP/Spec:	\$25/\$40	Single	\$894.26	\$14.57
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child(ren)	\$1,520.25	\$24.77
Max out of Pocket:	In: \$5,000/\$10,000	Employee/Spouse*	\$1,788.52	\$29.14
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$2,548.64	\$41.52
EPO 25/40 Gated (Metro Network)				
PCP/Spec:	\$25/\$40	Single	\$689.87	\$14.57
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child(ren)	\$1,172.78	\$24.77
Max out of Pocket:	In: \$5,500/\$11,000	Employee/Spouse*	\$1,379.74	\$29.14
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$1,966.13	\$41.52
EPO 30/60 Gated (Liberty Network)				
PCP/Spec:	\$30/\$60	Single	\$822.12	\$14.57
Ded and Coinsurance:	In: \$1,000/\$2,000, 0%	Parent/Child(ren)	\$1,397.60	\$24.77
Max out of Pocket:	In: \$4,500/\$9,000	Employee/Spouse*	\$1,644.24	\$29.14
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$2,343.04	\$41.52
EPO HSA \$1500 Non-Gated (Freedom Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$870.27	\$14.57
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child(ren)	\$1,479.46	\$24.77
Max out of Pocket:	In: \$4,000/\$8,000	Employee/Spouse*	\$1,740.53	\$29.14
RX plan:	Ded Med/Rx then \$10/\$35/\$75	Family	\$2,480.26	\$41.52
PPO \$25/\$40 Non-Gated (Freedom Network)				
PCP/Spec:	\$25/\$40	Single	\$970.40	\$14.57
Ded and Coinsurance:	In: \$1,000/\$2,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child(ren)	\$1,649.67	\$24.77
Max out of Pocket:	In: \$5,000/\$10,000 Out: \$7,500/\$15,000	Employee/Spouse*	\$1,940.80	\$29.14
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75	Family	\$2,765.64	\$41.52
PPO HSA \$1,500 Non-Gated (Freedom Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$929.87	\$14.57
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child(ren)	\$1,580.79	\$24.77
Max out of Pocket:	In: \$4,000/\$8,000 Out: \$7,500/\$15,000	Employee/Spouse*	\$1,859.74	\$29.14
RX plan:	Ded Med/Rx then \$10/\$35/\$75	Family	\$2,650.14	\$41.52
EPO \$25/\$40 Non-Gated (Metro Network)				
PCP/Spec:	\$25/\$40	Single	\$718.64	\$14.57
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child(ren)	\$1,221.69	\$24.77
Max out of Pocket:	In: \$5,000/\$10,000	Employee/Spouse*	\$1,437.28	\$29.14
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$2,048.13	\$41.52
EPO Healthy NY Gated (Metro Network); Eligibility: 50 or fewer employees				
PCP/Spec:	\$25/\$40 after Deductible	Single	\$594.26	\$14.57
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child(ren)	\$1,010.24	\$24.77
Max out of Pocket:	In: \$4,000/\$8,000	Employee/Spouse*	\$1,188.51	\$29.14
RX plan:	\$10/\$35/\$70	Family	\$1,693.63	\$41.52
EPO \$30/\$60 Non-Gated (Freedom Network)				
PCP/Spec:	\$30/\$60	Single	\$847.15	\$14.57
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child(ren)	\$1,440.17	\$24.77
Max out of Pocket:	In: \$7,900/\$15,800	Employee/Spouse*	\$1,694.31	\$29.14
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$2,414.39	\$41.52
EPO \$30/\$60 Non-Gated (Liberty Network)				
PCP/Spec:	\$30/\$60	Single	\$784.02	\$14.57
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child(ren)	\$1,332.83	\$24.77
Max out of Pocket:	In: \$7,900/\$15,800	Employee/Spouse*	\$1,568.04	\$29.14
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$2,234.46	\$41.52
PPO \$30/\$60 Non-Gated (Freedom Network)				
PCP/Spec:	\$30/\$60	Single	\$906.88	\$14.57
Ded and Coinsurance:	In: \$2,000/\$4,000, 30% Out: \$4,000/\$8,000, 50%	Parent/Child(ren)	\$1,541.70	\$24.77
Max out of Pocket:	In: \$7,900/\$15,800 Out: \$10,000/\$20,000	Employee/Spouse*	\$1,813.77	\$29.14
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$2,584.61	\$41.52

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Silver Plans				
EPO \$25/\$50 Gated (Liberty Network)		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$669.56	\$14.57
Ded and Coinsurance:	In: \$3,500/\$7,000, 50%	Parent/Child(ren)	\$1,138.25	\$24.77
Max out of Pocket:	In: \$7,900/\$15,800	Employee/Spouse*	\$1,339.11	\$29.14
RX plan:	Non-T1 Ded \$100 then \$15/\$65/\$85	Family	\$1,908.23	\$41.52
EPO \$30/\$75 Non-Gated (Liberty Network)				
PCP/Spec:	\$30/\$75	Single	\$687.04	\$14.57
Ded and Coinsurance:	In: \$3,000/\$6,000, 40%	Parent/Child(ren)	\$1,167.96	\$24.77
Max out of Pocket:	In: \$7,900/\$15,800	Employee/Spouse*	\$1,374.07	\$29.14
RX plan:	Non-T1 Ded \$100 then \$15/\$65/50%, max \$800	Family	\$1,958.06	\$41.52
EPO \$40/\$70 Non-Gated (Freedom Network)				
PCP/Spec:	\$40/\$70	Single	\$770.95	\$14.57
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child(ren)	\$1,310.62	\$24.77
Max out of Pocket:	In: \$7,900/\$15,800	Employee/Spouse*	\$1,541.90	\$29.14
RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,197.21	\$41.52
EPO \$40/\$70 Non-Gated (Liberty Network)				
PCP/Spec:	\$40/\$70	Single	\$713.50	\$14.57
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child(ren)	\$1,212.95	\$24.77
Max out of Pocket:	In: \$7,900/\$15,800	Employee/Spouse*	\$1,426.99	\$29.14
RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,033.46	\$41.52
EPO HSA \$2,000 \$25/\$50 Non-Gated (Freedom Network)				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$766.23	\$14.57
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child(ren)	\$1,302.60	\$24.77
Max out of Pocket:	In: \$5,500/\$11,000	Employee/Spouse*	\$1,532.47	\$29.14
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,183.77	\$41.52
EPO HSA \$2,000 \$25/\$50 Non-Gated (Liberty Network)				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$709.13	\$14.57
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child(ren)	\$1,205.52	\$24.77
Max out of Pocket:	In: \$5,500/\$11,000	Employee/Spouse*	\$1,418.26	\$29.14
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,021.02	\$41.52
EPO HSA \$2,000 Non-Gated (Freedom Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$738.14	\$14.57
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child(ren)	\$1,254.83	\$24.77
Max out of Pocket:	In: \$6,550/\$13,100	Employee/Spouse*	\$1,476.28	\$29.14
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,103.70	\$41.52
Prim Adv EPO \$2,000 \$10/\$60 Non-Gated (Liberty Network)				
PCP/Spec:	\$10/\$60 - Spec. after Deductible	Single	\$696.22	\$14.57
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child(ren)	\$1,183.58	\$24.77
Max out of Pocket:	In: \$7,900/\$15,800	Employee/Spouse*	\$1,392.45	\$29.14
RX plan:	Non-T1 Ded Med/Rx then \$5/\$65/\$90	Family	\$1,984.24	\$41.52
PPO \$40/\$70 Non-Gated (Freedom Network)				
PCP/Spec:	\$40/\$70	Single	\$828.10	\$14.57
Ded and Coinsurance:	In: \$2,500/\$5,000, 30% Out: \$4,000/\$8,000, 50%	Parent/Child(ren)	\$1,407.78	\$24.77
Max out of Pocket:	In: \$7,900/\$15,800 Out: \$10,000/\$20,000	Employee/Spouse*	\$1,656.21	\$29.14
RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,360.10	\$41.52
PPO HSA \$2,000 \$30/\$60 Non-Gated (Freedom Network)				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$820.71	\$14.57
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child(ren)	\$1,395.22	\$24.77
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$10,000/\$20,000	Employee/Spouse*	\$1,641.43	\$29.14
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,339.03	\$41.52
EPO \$30/\$80 Gated (Metro Network)				
PCP/Spec:	\$30/\$80	Single	\$585.60	\$14.57
Ded and Coinsurance:	In: \$3,000/\$6,000, 30%	Parent/Child(ren)	\$995.53	\$24.77
Max out of Pocket:	In: \$7,900/\$15,800	Employee/Spouse*	\$1,171.20	\$29.14
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$1,668.96	\$41.52
EPO HSA \$1,500 \$35/\$50 Gated (Metro Network)				
PCP/Spec:	\$35/\$50 after Deductible	Single	\$584.26	\$14.57
Ded and Coinsurance:	In: \$1,500/\$3,000, 30%	Parent/Child(ren)	\$993.24	\$24.77
Max out of Pocket:	In: \$6,550/\$13,100	Employee/Spouse*	\$1,168.52	\$29.14
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,665.15	\$41.52
EPO \$3,000 \$30/\$80 Non-Gated (Metro Network)				
PCP/Spec:	\$30/\$80	Single	\$606.00	\$14.57
Ded and Coinsurance:	In: \$3,000/\$6,000, 30%	Parent/Child(ren)	\$1,030.20	\$24.77
Max out of Pocket:	In: \$7,900/\$15,800	Employee/Spouse*	\$1,212.01	\$29.14
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$1,727.11	\$41.52
Prim Adv EPO \$3,000 \$15/\$70 Gated (Metro Network)				
PCP/Spec:	\$15/\$70 - Spec. after Deductible	Single	\$558.01	\$14.57
Ded and Coinsurance:	In: \$3,000/\$6,000, 30%	Parent/Child(ren)	\$948.62	\$24.77
Max out of Pocket:	In: \$7,900/\$15,800	Employee/Spouse*	\$1,116.02	\$29.14
RX plan:	Non-T1 Ded Med/Rx then \$5/\$65/\$90	Family	\$1,590.33	\$41.52
EPO \$30/\$70 \$4,000 Gated (Liberty Network)				
PCP/Spec:	\$30/\$70	Single	\$648.62	\$14.57
Ded and Coinsurance:	In: \$4,000/\$8,000, 40%	Parent/Child(ren)	\$1,102.66	\$24.77
Max out of Pocket:	In: \$7,350/\$14,700	Employee/Spouse*	\$1,297.24	\$29.14
RX plan:	Non-T1 Ded \$150 then \$15/\$50/\$90	Family	\$1,848.57	\$41.52
Prim Adv EPO \$4,000 Gated (Liberty Network)				
PCP/Spec:	\$20/\$75 - Spec. after Deductible	Single	\$625.55	\$14.57
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Parent/Child(ren)	\$1,063.43	\$24.77
Max out of Pocket:	In: \$7,900/\$15,800	Employee/Spouse*	\$1,251.10	\$29.14
RX plan:	Non-T1 Ded Med/Rx then \$10/\$65/\$90	Family	\$1,782.81	\$41.52

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Bronze Plans				
EPO HSA \$5,500 Non-Gated (Freedom Network)		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$635.70	\$14.57
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Parent/Child(ren)	\$1,080.69	\$24.77
Max out of Pocket:	In: \$6,700/\$13,400	Employee/Spouse*	\$1,271.39	\$29.14
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$1,811.73	\$41.52
EPO HSA \$5,500 Non-Gated (Liberty Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$588.32	\$14.57
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Parent/Child(ren)	\$1,000.15	\$24.77
Max out of Pocket:	In: \$6,700/\$13,400	Employee/Spouse*	\$1,176.64	\$29.14
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$1,676.71	\$41.52
PPO HSA \$6,000 \$30/\$60 Non-Gated (Liberty Network)				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$631.78	\$14.57
Ded and Coinsurance:	In: \$6,000/\$12,000, 20% Out: \$10,000/\$20,000, 20%	Parent/Child(ren)	\$1,074.02	\$24.77
Max out of Pocket:	In: \$6,550/\$13,100 Out: \$25,000/\$50,000	Employee/Spouse*	\$1,263.56	\$29.14
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$1,800.57	\$41.52
EPO HSA \$5,750 \$40/\$75 Gated (Metro Network)				
PCP/Spec:	\$40/\$75 after Deductible	Single	\$482.21	\$14.57
Ded and Coinsurance:	In: \$5,750/\$11,500, 50%	Parent/Child(ren)	\$819.75	\$24.77
Max out of Pocket:	In: \$6,700/\$13,400	Employee/Spouse*	\$964.42	\$29.14
RX plan:	Ded Med/Rx then \$10/\$65/\$90	Family	\$1,374.29	\$41.52
EPO HSA \$6,550 100% Non-Gated (Liberty Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$584.75	\$14.57
Ded and Coinsurance:	In: \$6,550/\$13,100, 0%	Parent/Child(ren)	\$994.07	\$24.77
Max out of Pocket:	In: \$6,550/\$13,100	Employee/Spouse*	\$1,169.49	\$29.14
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,666.53	\$41.52
EPO HSA \$6,550 100% Gated (Metro Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$481.82	\$14.57
Ded and Coinsurance:	In: \$6,550/\$13,100, 0%	Parent/Child(ren)	\$819.09	\$24.77
Max out of Pocket:	In: \$6,700/\$13,400	Employee/Spouse*	\$963.64	\$29.14
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,373.18	\$41.52
EPO HSA \$3,300 \$25/\$75 Non-Gated (Liberty Network)				
PCP/Spec:	\$25/\$75 after Deductible	Single	\$611.57	\$14.57
Ded and Coinsurance:	In: \$3,300/\$6,600, 30%	Parent/Child(ren)	\$1,039.67	\$24.77
Max out of Pocket:	In: \$6,700/\$13,400	Employee/Spouse*	\$1,223.13	\$29.14
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$1,742.97	\$41.52
EPO HSA \$5,500 Gated (Metro Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$486.64	\$14.57
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Parent/Child(ren)	\$827.29	\$24.77
Max out of Pocket:	In: \$6,700/\$13,400	Employee/Spouse*	\$973.28	\$29.14
RX plan:	Ded Med/Rx then \$10/\$65/\$90	Family	\$1,386.92	\$41.52

* 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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