Use the table below to review monthly rates for New York small group Oxford 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. 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				
EPO \$20/\$40 Non-Gated	d (Freedom Network)	Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,113.61	\$ 14.90
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$1,893.15	\$ 25.33
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,227.23	\$ 29.80
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,173.80	\$ 42.47
EPO \$5/\$15 Non-Gated	(Freedom Network)			
PCP/Spec:	\$5/\$15	Single	\$1,132.29	\$ 14.90
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$1,924.90	\$ 25.33
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,264.59	\$ 29.80
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,227.03	\$ 42.47
PPO \$20/\$40 Non-Gated	(Freedom Network)			
PCP/Spec:	\$20/\$40	Single	\$1,181.14	\$ 14.90
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,007.94	\$ 25.33
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,362.29	\$ 29.80
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,366.26	\$ 42.47
PPO \$20/\$40 FAIR Non-	-Gated (Freedom Network)			
PCP/Spec:	\$20/\$40	Single	\$1,358.32	\$ 14.90
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$2,309.15	\$ 25.33
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,716.65	\$ 29.80
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,871.22	\$ 42.47
PPO \$5/\$15 Non-Gated	(Freedom Network)			
PCP/Spec:	\$5/\$15	Single	\$1,204.02	\$ 14.90
Ded and Coinsurance:	In: \$0 Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,046.82	\$ 25.33
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$2,408.03	\$ 29.80
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,431.45	\$ 42.47
EPO \$15/\$30 Gated (Me				
PCP/Spec:	\$15/\$30	Single	\$840.63	\$ 14.90
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$1,429.08	\$ 25.33
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$1,681.26	\$ 29.80
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$2,395.79	\$ 42.47
EPO \$15/\$35 Gated (Lib				
PCP/Spec:	\$15/\$35	Single	\$958.78	\$ 14.90
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,629.94	\$ 25.33
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$1,917.57	\$ 29.80
RX plan:	Non-T1 Ded \$150 then \$5/\$30/\$60	Family	\$2,732.54	\$ 42.47
EPO \$10/\$30 Non-Gated				
PCP/Spec:	\$10/\$30	Single	\$1,057.37	\$ 14.90
Ded and Coinsurance:	In: \$500/\$1000, 10%	Parent/Child (ren)	\$1,797.52	\$ 25.33
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$2,114.73	\$ 29.80
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,013.49	\$ 42.47

Use the table below to review monthly rates for New York small group Oxford 1 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. 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.



POPS Son	Gold Plans					
PCPSpace: S00550 S0051500, 10% ParentChild (ren) S1,599.43 S 14.90 Ded and Coinsurance: In: \$750931500, 10% ParentChild (ren) S1,599.43 S 23.80 Max out of Pocket: Non-T1 Ded \$100 then \$100355675 Employee' \$pouse* \$1.8816.8 S 23.80 RX plan: Non-T1 Ded \$100 then \$100355675 Employee' \$pouse* \$1.8816.8 S 23.80 PCPSpace: S15535 Single S905.72 S 14.90 Port State In: \$5.20052000 S15535 Single S905.72 S 14.90 Port State In: \$5.20052000 Non-T1 Ded \$100 then \$15535575 Employee' \$pouse* S1,592.43 S 22.83 RX plan: Non-T1 Ded \$100 then \$15535575 Family \$2.600.55 S 42.41 POP State: S15535 Single S905.72 S 14.90 Port State: S15500 S Single S905.72 S 14.90 Port State: S15500 S Single S905.72 S Single S905.72 S Single Port State: S15500 Single S905.72 S Single Single Single Single Sing		pedom Network)	Tier	Rate (select counties)	Dep	29 Rider
Max out of Pocket: S.1,5505,95,500 Employee' \$1,881 68 \$ 2.9.8f \$7,801 ft. \$1,801 ft. \$1,						14.90
RX Point: Non-T1 Ded \$100 then \$103505/5 Sangle \$ 24.41 PCPSpec: \$15835 Non-Catabod (Freedom Network) Parent/Child (ren) \$1,50043,43 \$ 25.33 Max out of Pocket: \$1,50043,000,10% Parent/Child (ren) \$1,50043,000 \$ \$1,873,44 \$ 28.84 EPO \$2,53545 \$1,500 Catabod (Liberty Network) Parent/Child (ren) \$1,50043,000 \$ \$1,400 Ded and Coinsurance: \$1,50043,000 \$ \$1,400 Parent/Child (ren) \$1,347,26 \$ \$ 26.33 RX plan: \$1,50043,000 \$ \$1,50043,000 Employees Spouse* \$1,885,01 \$ 28.84 RX plan: \$1,50043,000 \$ \$1,50043,000 Employees Spouse* \$1,885,01 \$ 28.84 RX plan: \$1,50043,000 \$ \$1,50043,000 Employees Spouse* \$1,885,01 \$ \$ 28.84 RX plan: \$1,50043,000 \$ \$1,50043,000 Employees Spouse* \$1,885,000 \$ \$ 42.45 PCPSpec: \$2,5004,000 \$ \$1,50043,000 Employees Spouse* \$1,885,000 \$ \$ 42.45 PCPSpec: \$2,5004,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Ded and Coinsurance:	In: \$750/\$1,500, 10%	Parent/Child (ren)	\$1,599.43	\$	25.33
EPO \$15858 Non-Cattad Fraedom Network Single \$398.72 \$ 14.96	Max out of Pocket:		Employee/ Spouse*	\$1,881.68		29.80
PCPPSpec: \$19435 \$19436 \$306.72 \$ 14.90 Ded and Coinsurance:			Family	\$2,681.39	\$	42.47
Ded and Coinsurance: In: \$1,000/\$2,000,10% Parent/Child (ren) \$1,592.43 \$ 25.33 \$ 25.33 \$ 25.34 \$ 29.80 \$ 29						
Max out of Pocket: In: \$5,250/\$10,500 Employee/ Spouse* \$1,873.44 \$ 29.86 \$1,873.44 \$ 29.86 \$1,873.44 \$ 29.86 \$1,873.44 \$ 29.86 \$1,873.44 \$ 29.86 \$1,873.45 \$ 20.86 \$1,873.45 \$ 20.86 \$1,873.45 \$ 20.86 \$1,873.45 \$ 20.86 \$1,873.45 \$ 20.86 \$		¥ 4		·		
RX plan: Non-T1 Ded \$100 then \$15\\$35\\$75				· · · · · · · · · · · · · · · · · · ·		
FPO \$255445 \$1,500 Gates (Liberty Network) Single \$792.50 \$ 14.90			_ ' ' ' _ '			
PCPISpec: \$25545 Single \$792.50 \$ 14.9.6 Ded and Colinsurance: In: \$1,50053,000, 20% Parent/Child (ren) \$1,347.26 \$ 25.3.3 Max out of Pocket: In: \$6,000512,000 Employee/Spouse* \$1,585.01 \$ 29.86 RX y Jen: Non-T1 Ded \$150 then \$65845/\$75 Family \$2,256.3 \$ 42.47 PCP/Spec: S25540 Single \$914.50 \$ 14.96 Ded and Coinsurance: In: \$1,250182,500, 20% Parent/Child (ren) \$1,546.65 \$ 25.33 Max out of Pocket: In: \$5,000310,000 Parent/Child (ren) \$1,546.65 \$ 25.33 Max out of Pocket: In: \$5,000310,000 Parent/Child (ren) \$1,546.65 \$ 25.33 Max out of Pocket: In: \$5,000310,000 Parent/Child (ren) \$1,546.65 \$ 25.33 Max out of Pocket: In: \$5,000310,000 Parent/Child (ren) \$1,546.65 \$ 25.33 Max out of Pocket: In: \$5,000310,000 Parent/Child (ren) \$1,546.65 \$ 25.33 Max out of Pocket: In: \$5,000310,000 Parent/Child (ren) \$1,546.65 \$ 25.33 Max out of Pocket: In: \$5,000310,000 Parent/Child (ren) \$1,546.65 \$ 25.33 Max out of Pocket: In: \$5,000310,000 Parent/Child (ren) \$1,199.33 \$ 25.34 Max out of Pocket: In: \$5,000310,000 Parent/Child (ren) \$1,199.33 \$ 25.34 Max out of Pocket: In: \$5,000310,000 Parent/Child (ren) \$1,199.33 \$ 25.34 Max out of Pocket: In: \$5,00032,000,0% Parent/Child (ren) \$1,199.33 \$ 25.34 Max out of Pocket: In: \$5,00030,000,0% Parent/Child (ren) \$1,149.24 \$ 25.34 Max out of Pocket: In: \$5,00030,000,0% Parent/Child (ren) \$1,499.24 \$ 25.34 Max out of Pocket: In: \$5,00030,000,0% Parent/Child (ren) \$1,499.24 \$ 25.34 Max out of Pocket: In: \$5,00030,000,0% Parent/Child (ren) \$1,699.95 Max out of Pocket: In: \$5,00030,000,0% Parent/Child (ren) \$1,699.95 Max out of Pocket: In: \$5,00030,000,0% Parent/Child (ren) \$1,699.95 Max out of Pocket: In: \$5,00030,000,0% Parent/Child (ren) \$1,699.95 Max out of Pocket: In: \$5,00030,000,00% Parent/Child (ren) \$1,699.95 Max out of Pocket: In: \$5,00030,000,00% Parent/Child (ren) \$1,699.95 Max ou			ramily	\$2,669.65	\$	42.47
Ded and Coinsurance: In: \$1.500/\$3.000, 20% Parent/Child (fen) \$1.347.26 \$ 25.33 Max out of Pocket: In: \$6.000/\$12.000 Employee/ Spouse* \$1.595.01 \$ 2.286 RX plan: Non-T1 Ded \$150 then \$5/\$45/\$75 Family \$2,258.63 \$ 42.47 PCP/Spec: \$226/\$40 Single \$91.45.0 \$ 14.96 Ded and Coinsurance: \$1.550/\$2.500 20% Parent/Child (ren) \$1.554.65 \$ 25.33 Max out of Pocket: In: \$5.000/\$10.000 Employee/ Spouse* \$1.829.00 \$ 2.286 RX plan: Non-T1 Ded \$100 then \$15/\$35/\$75 Family \$2.066.33 \$ 42.47 PCP/Spec: \$2.000 \$1.554.65 \$ 25.33 Max out of Pocket: In: \$5.000/\$10.000 Employee/ Spouse* \$1.829.00 \$ 2.886 RX plan: Non-T1 Ded \$100 then \$15/\$35/\$75 Family \$2.066.33 \$ 42.47 PCP/Spec: \$2.000 \$1.554.000 \$ 2.000 PCP/Spec: \$2.000 \$1.500 \$ 2.000 \$ 2.000 PCP/Spec: \$2.000 \$ 2.000 \$ 2.000 PCP/Spec: \$2.000 \$ 2.000 \$ 2.000 Parent/Child (ren) \$1.199.33 \$ 2.286 Max out of Pocket: In: \$5.500/\$11.000 Employee/ Spouse* \$1.410.88 \$ 2.286 PCP/Spec: \$3.0000 \$ 2.000 \$ 2.000 \$ 2.000 Parent/Child (ren) \$1.199.33 \$ 2.286 PCP/Spec: \$3.0000 \$ 2.000 \$ 2.000 \$ 2.000 PCP/Spec: \$3.0000 \$ 2.000 \$ 2.000 \$ 2.000 PCP/Spec: \$3.0000 \$ 2.000 \$ 2.000 \$ 2.000 \$ 2.000 PCP/Spec: \$3.0000 \$ 2.0			Single	\$702.50	\$	14.90
Max out of Pocket: In: \$6,000/\$12,000		*				
RX plan: Non-T1 Ded \$150 then \$5/\$45/\$75 Family \$2,258.63 \$42.47						29.80
PO 25/40 Non-Gated (Freedom Network)			. , .			42.47
Ded and Coinsurance: In: \$1,250/\$2,500, 20% Parent/Child (ren) \$1,584.65 \$2.53.			,	, ,	·	
Max out of Pocket: In: \$5.000/\$10.000 \$ 29.80 \$		'	Single	\$914.50	\$	14.90
RX plan: Non-T1 Ded \$100 then \$15/\$35/\$75	Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,554.65	\$	25.33
POP 25/40 Single \$705.49 \$ 14.90	Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$1,829.00		29.80
PCP/Spec: \$25/\$40 Single \$705.49 \$ 14.90			Family	\$2,606.33	\$	42.47
Ded and Coinsurance: In: \$1,250/\$2,500, 20%						
Max out of Pocket: In: \$5.500/\$11,000		·		·		14.90
RX plan: Non-T1 Ded \$100 then \$10/\$65/\$90 Family \$2,010.64 \$42.47			\ /			
PCP/Spec: \$30/60 Gated (Liberty Network) Single			. , .			
PCP/Spec: \$30/\$60 Single \$840.72 \$ 14.90	•		Family	\$2,010.64	\$	42.47
Ded and Coinsurance: In: \$1,000/\$2,000,0%			Cinalo	¢040.70	¢	14.00
Max out of Pocket: In: \$4,500/\$9,000 Employee/ Spouse* \$1,681.45 \$29.86 RX plan: Non-T1 Ded \$100 then \$15/\$35/\$75 Family \$2,396.07 \$42.47 \$2,396.07 \$42.47 \$20.447 \$2.396.07 \$42.47 \$2.396.07 \$42.47 \$2.396.07 \$42.47 \$2.396.07 \$42.47 \$2.396.07 \$42.47 \$2.396.07 \$42.47 \$2.396.07 \$42.47 \$2.396.07 \$42.47 \$2.396.07 \$42.47 \$2.396.07 \$42.47 \$2.396.07 \$42.47 \$42.		·		*		
RX plan: Non-T1 Ded \$100 then \$15/\$35/\$75 Family \$2,396.07 \$42.47						
EPO HSA \$1500 Non-Gated (Freedom Network)						42.47
PCP/Spec: Deductible and Coinsurance Single \$889.96 \$ 14.90			,	, , , , , , , , , , , , , , , , , , , ,	•	
Ded and Coinsurance: In: \$1,500/\$3,000, 10%			Single	\$889.96	\$	14.90
RX plan: Ded Med/Rx then \$10/\$35/\$75 Family \$2,536.39 \$42.47			Parent/Child (ren)	\$1,512.93		25.33
PPO \$25/\$40 Non-Gated (Freedom Network)	Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,779.93	\$	29.80
PCP/Spec: \$25/\$40 Single \$992.36 \$ 14.90	RX plan:	Ded Med/Rx then \$10/\$35/\$75	Family	\$2,536.39	\$	42.47
Ded and Coinsurance: In: \$1,000/\$2,000, 20% Out: \$3,000/\$6,000, 40% Parent/Child (ren) \$1,687.01 \$25.33 Max out of Pocket: In: \$5,000/\$10,000 Out: \$7,500/\$15,000 Employee/ Spouse* \$1,984.72 \$29.80 RX plan: Non-T1 Ded \$100 then \$10/\$35/\$75 Family \$2,828.22 \$42.47 PPO HSA \$1,500 Non-Gated (Freedom Network) PCP/Spec: Deductible and Coinsurance Single \$950.92 \$14.90 Ded and Coinsurance: In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40% Parent/Child (ren) \$1,616.57 \$25.33 Max out of Pocket: In: \$4,000/\$8,000 Out: \$7,500/\$15,000 Employee/ Spouse* \$1,901.84 \$29.80 RX plan: Ded Med/Rx then \$10/\$35/\$75 Family \$2,710.12 \$42.47 EPO \$25/\$40 Non-Gated (Metro Network) PCP/Spec: \$25/\$40 Single \$734.91 \$1.490 Ded and Coinsurance: In: \$1,250/\$2,500, 20% Parent/Child (ren) \$1,249.34 \$2.53 Max out of Pocket: In: \$5,000/\$1,000 Employee/ Spouse* \$1,469.81 \$2.986 RX plan: <td>PPO \$25/\$40 Non-Gated</td> <td>(Freedom Network)</td> <td></td> <td></td> <td></td> <td></td>	PPO \$25/\$40 Non-Gated	(Freedom Network)				
Max out of Pocket: In: \$5,000/\$10,000 Out: \$7,500/\$15,000 Employee/ Spouse* \$1,984.72 \$29.80 RX plan: Non-T1 Ded \$100 then \$10/\$35/\$75 Family \$2,828.22 \$42.47 PPO HSA \$1,500 Non-Gated (Freedom Network) PCP/Spec: Deductible and Coinsurance Single \$950.92 \$14.90 Ded and Coinsurance: In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40% Parent/Child (ren) \$1,616.57 \$25.33 Max out of Pocket: In: \$4,000/\$8,000 Out: \$7,500/\$15,000 Employee/ Spouse* \$1,901.84 \$29.80 RX plan: Ded Med/Rx then \$10/\$35/\$75 Family \$2,710.12 \$42.47 EPO \$25/\$40 Non-Gated (Metro Network) PCP/Spec: \$25/\$40 Single \$734.91 \$14.90 Ded and Coinsurance: In: \$1,250/\$2,500,20% Parent/Child (ren) \$1,249.34 \$25.33 Max out of Pocket: In: \$5,000/\$10,000 Employee/ Spouse* \$1,469.81 \$29.80 RX plan: Non-T1 Ded \$100 then \$10/\$65/\$90 Family \$2,94.48 \$24.47		·		· '		14.90
RX plan: Non-T1 Ded \$100 then \$10/\$35/\$75 Family \$2,828.22 \$ 42.47						25.33
PPO HSA \$1,500 Non-Gated (Freedom Network) PCP/Spec: Deductible and Coinsurance Single \$950.92 \$ 14.90 Ded and Coinsurance: In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40% Parent/Child (ren) \$1,616.57 \$ 25.33 Max out of Pocket: In: \$4,000/\$8,000 Out: \$7,500/\$15,000 Employee/ Spouse* \$1,901.84 \$ 29.80 RX plan: Ded Med/Rx then \$10/\$35/\$75 Family \$2,710.12 \$ 42.47 EPO \$25/\$40 Non-Gated (Metro Network) PCP/Spec: \$25/\$40 \$ 14.90 PCP/Spec: \$25/\$40 Single \$734.91 \$ 14.90 Ded and Coinsurance: In: \$1,250/\$2,500,20% Parent/Child (ren) \$1,249.34 \$ 25.33 Max out of Pocket: In: \$5,000/\$10,000 Employee/ Spouse* \$1,469.81 \$ 29.80 RX plan: Non-T1 Ded \$100 then \$10/\$65/\$90 Family \$2,094.48 \$ 42.47						
PCP/Spec: Deductible and Coinsurance Single \$950.92 \$ 14.90 Ded and Coinsurance: In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40% Parent/Child (ren) \$1,616.57 \$ 25.33 Max out of Pocket: In: \$4,000/\$8,000 Out: \$7,500/\$15,000 Employee/ Spouse* \$1,901.84 \$ 29.80 RX plan: Ded Med/Rx then \$10/\$35/\$75 Family \$2,710.12 \$ 42.47 EPO \$25/\$40 Non-Gated (Metro Network) PCP/Spec: \$25/\$40 \$1,249.34 \$ 14.90 Pcd and Coinsurance: In: \$1,250/\$2,500,20% Parent/Child (ren) \$1,249.34 \$ 25.33 Max out of Pocket: In: \$5,000/\$10,000 Employee/ Spouse* \$1,469.81 \$ 29.80 RX plan: Non-T1 Ded \$100 then \$10/\$65/\$90 Family \$2,094.48 \$ 42.47			Family	\$2,828.22	\$	42.47
Ded and Coinsurance: In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40% Parent/Child (ren) \$1,616.57 \$25.33 Max out of Pocket: In: \$4,000/\$8,000 Out: \$7,500/\$15,000 Employee/ Spouse* \$1,901.84 \$29.80 RX plan: Ded Med/Rx then \$10/\$35/\$75 Family \$2,710.12 \$42.47 EPO \$25/\$40 Non-Gated (Metro Network) PCP/Spec: \$25/\$40 \$31,901.84 \$14.90 Ded and Coinsurance: In: \$1,250/\$2,500,20% Parent/Child (ren) \$1,249.34 \$25.33 Max out of Pocket: In: \$5,000/\$10,000 Employee/ Spouse* \$1,469.81 \$29.80 RX plan: Non-T1 Ded \$100 then \$10/\$65/\$90 Family \$2,994.48 \$42.47			Cinale	Фого оо	c	11.00
Max out of Pocket: In: \$4,000/\$8,000 Out: \$7,500/\$15,000 Employee/ Spouse* \$1,901.84 \$29.80 RX plan: Ded Med/Rx then \$10/\$35/\$75 Family \$2,710.12 \$42.47 EPO \$25/\$40 Non-Gated (Metro Network) PCP/Spec: \$25/\$40 Single \$734.91 \$14.90 Ded and Coinsurance: In: \$1,250/\$2,500,20% Parent/Child (ren) \$1,249.34 \$25.33 Max out of Pocket: In: \$5,000/\$10,000 Employee/ Spouse* \$1,469.81 \$29.80 RX plan: Non-T1 Ded \$100 then \$10/\$65/\$90 Family \$2,094.48 \$42.47						
RX plan: Ded Med/Rx then \$10/\$35/\$75 Family \$2,710.12 \$42.47 EPO \$25/\$40 Non-Gated (Metro Network) Single \$734.91 \$14.90 PCP/Spec: \$25/\$40 Single \$734.91 \$1,249.34 \$25.33 Ded and Coinsurance: In: \$1,250/\$2,500, 20% Parent/Child (ren) \$1,249.34 \$25.33 Max out of Pocket: In: \$5,000/\$10,000 Employee/ Spouse* \$1,469.81 \$29.80 RX plan: Non-T1 Ded \$100 then \$10/\$65/\$90 Family \$2,094.48 \$42.47			, ,			
EPO \$25/\$40 Non-Gated (Metro Network) PCP/Spec: \$25/\$40 Single \$734.91 \$ 14.90 Ded and Coinsurance: In: \$1,250/\$2,500, 20% Parent/Child (ren) \$1,249.34 \$ 25.33 Max out of Pocket: In: \$5,000/\$10,000 Employee/ Spouse* \$1,469.81 \$ 29.80 RX plan: Non-T1 Ded \$100 then \$10/\$65/\$90 Family \$2,094.48 \$ 42.47						
PCP/Spec: \$25/\$40 Single \$734.91 \$ 14.90 Ded and Coinsurance: In: \$1,250/\$2,500, 20% Parent/Child (ren) \$1,249.34 \$ 25.33 Max out of Pocket: In: \$5,000/\$10,000 Employee/ Spouse* \$1,469.81 \$ 29.80 RX plan: Non-T1 Ded \$100 then \$10/\$65/\$90 Family \$2,094.48 \$ 42.47			r arriny	ΨΖ,1 10.12	Ψ	72.71
Ded and Coinsurance: In: \$1,250/\$2,500, 20% Parent/Child (ren) \$1,249.34 \$ 25.33 Max out of Pocket: In: \$5,000/\$10,000 Employee/ Spouse* \$1,469.81 \$ 29.80 RX plan: Non-T1 Ded \$100 then \$10/\$65/\$90 Family \$2,094.48 \$ 42.47			Single	\$734.91	\$	14.90
Max out of Pocket: In: \$5,000/\$10,000 Employee/ Spouse* \$1,469.81 \$ 29.80 RX plan: Non-T1 Ded \$100 then \$10/\$65/\$90 Family \$2,094.48 \$ 42.47		· ·	•			25.33
				· · · · · · · · · · · · · · · · · · ·		29.80
EPO Healthy NY Gated (Metro Network); Eliqibility: 50 or fewer employees	RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$2,094.48	\$	42.47
	EPO Healthy NY Gated (I	Metro Network); Eligibility: 50 or fewer employees				
				· '		14.90
			\ /			25.33
				. ,		29.80
			Family	\$1,731.96	\$	42.47
EPO \$30/\$60 Non-Gated (Freedom Network)			lo: 1	#	Φ.	11.00
		· ·				14.90
						25.33
				· · · · · · · · · · · · · · · · · · ·		29.80 42.47
RX plan: Non-T1 Ded \$100 then \$15/\$45/\$75 Family \$2,469.01 \$ 42.47 EPO \$30/\$60 Non-Gated (Liberty Network)			ı aııııy	φ ∠,409. U1	φ	42.41
			Single	\$801 77	\$	14.90
· · · · · · · · · · · · · · · · · · ·	<u> </u>	· ·				25.33
				· · · · · · · · · · · · · · · · · · ·		29.80
			_ ' ' ' _ '			42.47
PPO \$30/\$60 Non-Gated (Freedom Network)						
		,	Single	\$927.40	\$	14.90
		In: \$2,000/\$4,000, 30% Out: \$4,000/\$8,000, 50%		\$1,576.58		25.33
						29.80
RX plan: Non-T1 Ded \$100 then \$15/\$45/\$75 Family \$2,643.09 \$ 42.47	RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$2,643.09	\$	42.47

Use the table below to review monthly rates for New York small group Oxford 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. 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					
EPO \$25/\$50 Gated (Lib		Tier	Rate (select counties)		Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$684.71	\$	14.90
Ded and Coinsurance: Max out of Pocket:	In: \$3,500/\$7,000, 50% In: \$7,900/\$15,800	Parent/Child (ren) Employee/ Spouse*	\$1,164.00 \$1,369.41	\$	25.33 29.80
RX plan:	Non-T1 Ded \$100 then \$15/\$65/\$85	Family	\$1,951.41	\$	42.47
EPO \$30/\$75 Non-Gated			\$ 1,00 1111	Ť	
PCP/Spec:	\$30/\$75	Single	\$702.58	\$	14.90
Ded and Coinsurance:	In: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,194.38	\$	25.33
Max out of Pocket: RX plan:	In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$15/\$65/50%, max \$800	Employee/ Spouse* Family	\$1,405.16 \$2,002.35	\$	29.80 42.47
EPO \$40/\$70 Non-Gated		I arrilly	ψ2,002.33	Ψ	42.41
PCP/Spec:	\$40/\$70	Single	\$788.40	\$	14.90
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child (ren)	\$1,340.27	\$	25.33
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,576.79	\$	29.80
RX plan: EPO \$40/\$70 Non-Gated	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,246.93	\$	42.47
PCP/Spec:	\$40/\$70	Single	\$729.64	\$	14.90
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child (ren)	\$1,240.39	\$	25.33
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,459.27	\$	29.80
RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,079.47	\$	42.47
PCP/Spec:	0 Non-Gated (Freedom Network) \$25/\$50 after Deductible	Single	\$783.57	\$	14.90
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,332.07	\$	25.33
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,567.15	\$	29.80
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,233.18	\$	42.47
	0 Non-Gated (Liberty Network)	Oire ede	0705.45	Ć.	
PCP/Spec: Ded and Coinsurance:	\$25/\$50 after Deductible In: \$2,000/\$4,000, 20%	Single Parent/Child (ren)	\$725.19 \$1,232.82	\$	14.90 25.33
Max out of Pocket:	In: \$5,500/\$4,000, 20%	Employee/ Spouse*	\$1,232.82	\$	29.80
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,066.78	\$	42.47
EPO HSA \$2,000 Non-G		,			
PCP/Spec:	Deductible and Coinsurance	Single	\$754.85	\$	14.90
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,283.24	\$	25.33
Max out of Pocket: RX plan:	In: \$6,550/\$13,100 Ded Med/Rx then \$15/\$35/\$75	Employee/ Spouse* Family	\$1,509.70 \$2,151.32	\$	29.80 42.47
•	0/\$60 Non-Gated (Liberty Network)	r arriny	ψ2,101.02	Ψ	42.41
PCP/Spec:	\$10/\$60 - Spec. after Deductible	Single	\$711.97	\$	14.90
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,210.36	\$	25.33
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,423.95	\$	29.80
RX plan: PPO \$40/\$70 Non-Gated	Non-T1 Ded Med/Rx then \$5/\$65/\$90	Family	\$2,029.12	\$	42.47
PCP/Spec:	\$40/\$70	Single	\$846.84	\$	14.90
Ded and Coinsurance:	In: \$2,500/\$5,000, 30% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,439.63	\$	25.33
Max out of Pocket:	In: \$7,900/\$15,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,693.68	\$	29.80
RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,413.49	\$	42.47
PPO HSA \$2,000 \$30/\$6 PCP/Spec:	0 Non-Gated (Freedom Network) \$30/\$60 after Deductible	Single	\$839.28	\$	14.90
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Single Parent/Child (ren)	\$1,426.77	D.	
Max out of Pocket:					25.33
	In: \$5,500/\$11,000 Out: \$10,000/\$20,000	Employee/ Spouse*		\$	25.33 29.80
RX plan:	In: \$5,500/\$11,000 Out: \$10,000/\$20,000 Ded Med/Rx then \$15/\$35/\$75	Employee/ Spouse* Family	\$1,678.56 \$2,391.95		25.33 29.80 42.47
EPO \$30/\$80 Gated (Me	Ded Med/Rx then \$15/\$35/\$75 tro Network)	Family	\$1,678.56 \$2,391.95	\$ \$	29.80 42.47
EPO \$30/\$80 Gated (Me PCP/Spec:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80	Family Single	\$1,678.56 \$2,391.95 \$598.86	\$ \$ \$	29.80 42.47 14.90
EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30%	Family Single Parent/Child (ren)	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07	\$ \$ \$	29.80 42.47 14.90 25.33
EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800	Family Single	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72	\$ \$ \$ \$	29.80 42.47 14.90
EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90	Single Parent/Child (ren) Employee/ Spouse*	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07	\$ \$ \$	29.80 42.47 14.90 25.33 29.80
EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible	Family Single Parent/Child (ren) Employee/ Spouse* Family Single	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75	\$ \$ \$ \$ \$	29.80 42.47 14.90 25.33 29.80 42.47
EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30%	Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren)	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$597.48 \$1,015.72	\$ \$ \$ \$ \$	29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33
EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100	Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse*	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$597.48 \$1,015.72 \$1,194.96	\$ \$ \$ \$ \$ \$	29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80
EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 O Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800	Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren)	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$597.48 \$1,015.72	\$ \$ \$ \$ \$	29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33
EPO \$30/\$80 Gated (Me PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 O Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800	Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse*	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$597.48 \$1,015.72 \$1,194.96	\$ \$ \$ \$ \$ \$	29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80
EPO \$30/\$80 Gated (MePCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Ded and Coinsurance:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30%	Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren)	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$597.48 \$1,015.72 \$1,194.96 \$1,702.82 \$619.72 \$1,053.52	\$ \$ \$ \$ \$ \$ \$ \$	29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33
EPO \$30/\$80 Gated (MePCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800	Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse*	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$597.48 \$1,015.72 \$1,194.96 \$1,702.82 \$619.72 \$1,053.52 \$1,239.44	\$ \$ \$ \$ \$ \$ \$ \$ \$	29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80
EPO \$30/\$80 Gated (MePCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 O Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90	Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren)	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$597.48 \$1,015.72 \$1,194.96 \$1,702.82 \$619.72 \$1,053.52	\$ \$ \$ \$ \$ \$ \$ \$	29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33
EPO \$30/\$80 Gated (MePCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$10/\$80 NoPCP/Spec: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network)	Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$597.48 \$1,015.72 \$1,194.96 \$1,702.82 \$619.72 \$1,053.52 \$1,239.44 \$1,766.19	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47
EPO \$30/\$80 Gated (MePCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 O Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90	Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren) Employee/ Spouse*	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$597.48 \$1,015.72 \$1,194.96 \$1,702.82 \$619.72 \$1,053.52 \$1,239.44	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80
EPO \$30/\$80 Gated (MePCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: Mx plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800	Family Single Parent/Child (ren) Employee/ Spouse*	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$597.48 \$1,015.72 \$1,194.96 \$1,702.82 \$619.72 \$1,053.52 \$1,239.44 \$1,766.19 \$570.64 \$970.09 \$1,141.28	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47
EPO \$30/\$80 Gated (MePCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: PCP/Spec: Max out of Pocket: RX plan: PCP/Spec: Max out of Pocket: RX plan:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 Jin: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 In: \$7,900/\$15,800 Non-T1 Ded Med/Rx then \$5/\$65/\$90	Family Single Parent/Child (ren) Employee/ Spouse* Family Single Parent/Child (ren)	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$597.48 \$1,015.72 \$1,194.96 \$1,702.82 \$619.72 \$1,053.52 \$1,239.44 \$1,766.19	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47
EPO \$30/\$80 Gated (MePCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: PCP/Spec: Ded S30/\$70 \$4,000 Ga	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$710 Gated (Metro Network) \$15/\$710 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded Med/Rx then \$5/\$65/\$90 ted (Liberty Network)	Family Single Parent/Child (ren) Employee/ Spouse* Family	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$597.48 \$1,015.72 \$1,194.96 \$1,702.82 \$619.72 \$1,053.52 \$1,239.44 \$1,766.19 \$570.64 \$970.09 \$1,141.28 \$1,626.32	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47
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EPO \$30/\$80 Gated (MePCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 GaPCP/Spec: Ded and Coinsurance:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded Med/Rx then \$5/\$65/\$90 Solution of the stock of the st	Family Single Parent/Child (ren) Employee/ Spouse*	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$597.48 \$1,015.72 \$1,194.96 \$1,702.82 \$619.72 \$1,053.52 \$1,239.44 \$1,766.19 \$570.64 \$970.09 \$1,141.28 \$1,626.32 \$663.30 \$1,127.61		29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47
EPO \$30/\$80 Gated (MePCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 GaPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 GaPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 GaPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: RX plan: EPO \$30/\$70 \$4,000 GaPCP/Spec: Ded And Coinsurance: Max out of Pocket: RX plan:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded Med/Rx then \$5/\$65/\$90 ted (Liberty Network) \$30/\$70 In: \$4,000/\$8,000, 40% In: \$7,350/\$15,700 Non-T1 Ded \$150 then \$15/\$50/\$90	Family Single Parent/Child (ren) Employee/ Spouse* Family Single	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$1597.48 \$1,015.72 \$1,194.96 \$1,702.82 \$619.72 \$1,053.52 \$1,239.44 \$1,766.19 \$570.64 \$970.09 \$1,141.28 \$1,626.32		29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47
EPO \$30/\$80 Gated (MePCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 GaPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 GaPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$4,000 GaPCP/Spec:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded Med/Rx then \$5/\$65/\$90 ted (Liberty Network) \$30/\$70 In: \$4,000/\$8,000, 40% In: \$7,350/\$15,700 Non-T1 Ded \$150 then \$15/\$50/\$90	Family Single Parent/Child (ren) Employee/ Spouse* Family	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$597.48 \$1,015.72 \$1,194.96 \$1,702.82 \$619.72 \$1,053.52 \$1,239.44 \$1,766.19 \$570.64 \$970.09 \$1,141.28 \$1,626.32 \$663.30 \$1,126.59 \$1,890.40		29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47
EPO \$30/\$80 Gated (MePCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 GaPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 GaPCP/Spec:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded Med/Rx then \$5/\$65/\$90 ded (Liberty Network) \$30/\$70 In: \$4,000/\$8,000, 40% In: \$7,350/\$15,700 Non-T1 Ded \$150 then \$15/\$50/\$90 ated (Liberty Network) \$20/\$75 - Spec. after Deductible	Family Single Parent/Child (ren) Employee/ Spouse* Family	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$1,015.72 \$1,104.96 \$1,702.82 \$619.72 \$1,053.52 \$1,239.44 \$1,766.49 \$570.64 \$970.09 \$1,142.82 \$1,626.32 \$663.30 \$1,127.61 \$1,326.59 \$1,890.40		29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47
EPO \$30/\$80 Gated (MePCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 GaPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 GaPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$4,000 GaPCP/Spec: Ded and Coinsurance:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded Med/Rx then \$5/\$65/\$90 ted (Liberty Network) \$30/\$70 In: \$4,000/\$8,000, 40% In: \$7,350/\$15,700 Non-T1 Ded \$150 then \$15/\$50/\$90 ted (Liberty Network) \$20/\$75 - Spec. after Deductible In: \$4,000/\$8,000, 30%	Family Single Parent/Child (ren) Employee/ Spouse* Family	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$1597.48 \$1,015.72 \$1,194.96 \$1,702.82 \$619.72 \$1,033.52 \$1,239.44 \$1,766.19 \$570.64 \$970.09 \$1,141.28 \$1,626.32 \$663.30 \$1,127.61 \$1,326.59 \$1,890.40 \$639.70 \$1,087.49		29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47
EPO \$30/\$80 Gated (MePCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO HSA \$1,500 \$35/\$5 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$3,000 \$30/\$80 NoPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: Prim Adv EPO \$3,000 \$1 PCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 GaPCP/Spec: Ded and Coinsurance: Max out of Pocket: RX plan: EPO \$30/\$70 \$4,000 GaPCP/Spec:	Ded Med/Rx then \$15/\$35/\$75 tro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 0 Gated (Metro Network) \$35/\$50 after Deductible In: \$1,500/\$3,000, 30% In: \$6,550/\$13,100 Ded Med/Rx then \$10/\$65/50%, max \$800 n-Gated (Metro Network) \$30/\$80 In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded \$100 then \$10/\$65/\$90 5/\$70 Gated (Metro Network) \$15/\$70 - Spec. after Deductible In: \$3,000/\$6,000, 30% In: \$3,000/\$6,000, 30% In: \$7,900/\$15,800 Non-T1 Ded Med/Rx then \$5/\$65/\$90 ded (Liberty Network) \$30/\$70 In: \$4,000/\$8,000, 40% In: \$7,350/\$15,700 Non-T1 Ded \$150 then \$15/\$50/\$90 ated (Liberty Network) \$20/\$75 - Spec. after Deductible	Family Single Parent/Child (ren) Employee/ Spouse* Family	\$1,678.56 \$2,391.95 \$598.86 \$1,018.07 \$1,197.72 \$1,706.75 \$1,015.72 \$1,104.96 \$1,702.82 \$619.72 \$1,053.52 \$1,239.44 \$1,766.49 \$570.64 \$970.09 \$1,142.82 \$1,626.32 \$663.30 \$1,127.61 \$1,326.59 \$1,890.40		29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47 14.90 25.33 29.80 42.47

Use the table below to review monthly rates for New York small group Oxford 1 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. 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.



Bronze Plans					
EPO HSA \$5,500 Non-G	Sated (Freedom Network)	Tier	Rate (select counties	s) [Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$650.09	\$	14.90
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Parent/Child (ren)	\$1,105.15	\$	25.33
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$1,300.17	\$	29.80
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$1,852.74	\$	42.47
EPO HSA \$5,500 Non-G	Gated (Liberty Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$601.64	\$	14.90
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Parent/Child (ren)	\$1,022.78	\$	25.33
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$1,203.27	\$	29.80
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$1,714.66	\$	42.47
PPO HSA \$6,000 \$30/\$6	60 Non-Gated (Liberty Network)				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$646.07	\$	14.90
Ded and Coinsurance:	In: \$6,000/\$12,000, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,098.32	\$	25.33
Max out of Pocket:	In: \$6,550/\$13,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,292.15	\$	29.80
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$1,841.31	\$	42.47
EPO HSA \$5,750 \$40/\$	75 Gated (Metro Network)				
PCP/Spec:	\$40/\$75 after Deductible	Single	\$493.13	\$	14.90
Ded and Coinsurance:	In: \$5,750/\$11,500, 50%	Parent/Child (ren)	\$838.32	\$	25.33
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$986.25	\$	29.80
RX plan:	Ded Med/Rx then \$10/\$65/\$90	Family	\$1,405.41	\$	42.47
EPO HSA \$6,550 100%	Non-Gated (Liberty Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$597.99	\$	14.90
Ded and Coinsurance:	In: \$6,550/\$13,100, 0%	Parent/Child (ren)	\$1,016.57	\$	25.33
Max out of Pocket:	In: \$6,550/\$13,100	Employee/ Spouse*	\$1,195.97	\$	29.80
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,704.26	\$	42.47
EPO HSA \$6,550 100%					
PCP/Spec:	Deductible and Coinsurance	Single	\$492.73	\$	14.90
Ded and Coinsurance:	In: \$6,550/\$13,100, 0%	Parent/Child (ren)	\$837.63	\$	25.33
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$985.45	\$	29.80
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,404.27	\$	42.47
	75 Non-Gated (Liberty Network)				
PCP/Spec:	\$25/\$75 after Deductible	Single	\$625.41	\$	14.90
Ded and Coinsurance:	In: \$3,300/\$6,600, 30%	Parent/Child (ren)	\$1,063.19	\$	25.33
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$1,250.81	\$	29.80
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$1,782.41	\$	42.47
EPO HSA \$5,500 Gated					
PCP/Spec:	Deductible and Coinsurance	Single	\$497.65	\$	14.90
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Parent/Child (ren)	\$846.01	\$	25.33
Max out of Pocket:	In: \$6,700/\$13,400	Employee/ Spouse*	\$995.31	\$	29.80
RX plan:	Ded Med/Rx then \$10/\$65/\$90	Family	\$1,418.31	\$	42.47

^{*} 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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