

2021 New York Small Group (1-100) Oxford Products: Q1 2021 Rates

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



Platinum Plans		Tier	Rate (select counties)	Dep 29 Rider
NY P FRDM NG 5/15/100 PPO 21				
PCP/Spec:	\$5/\$15	Single	\$1,327.47	\$16.73
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 70%	Parent/Child (ren)	\$2,256.70	\$28.44
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$2,654.94	\$33.46
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,783.29	\$47.68
NY P FRDM NG 20/40/100 EPO 21				
PCP/Spec:	\$20/\$40	Single	\$1,251.33	\$16.73
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,127.26	\$28.44
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,502.66	\$33.46
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,566.29	\$47.68
NY P FRDM NG 5/15/100 EPO 21				
PCP/Spec:	\$5/\$15	Single	\$1,278.18	\$16.73
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,172.91	\$28.44
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,556.36	\$33.46
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,642.81	\$47.68
NY P FRDM NG 20/40/100 PPO 21				
PCP/Spec:	\$20/\$40	Single	\$1,297.79	\$16.73
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 70%	Parent/Child (ren)	\$2,206.24	\$28.44
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,595.57	\$33.46
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,698.69	\$47.68
NY P FRDM NG 20/40/100 PPO FAIR 21				
PCP/Spec:	\$20/\$40	Single	\$1,552.22	\$16.73
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 80%	Parent/Child (ren)	\$2,638.77	\$28.44
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$3,104.44	\$33.46
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,423.83	\$47.68
NY P MTRO GT 15/30/100 EPO 21				
PCP/Spec:	\$15/\$30	Single	\$982.85	\$16.73
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,670.84	\$28.44
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$1,965.70	\$33.46
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,801.12	\$47.68
NY P LBTY GT 15/35/250/90 EPO LA 21				
PCP/Spec:	\$15/\$35	Single	\$1,077.28	\$16.73
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,831.38	\$28.44
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,154.56	\$33.46
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,070.24	\$47.68
NY P LBTY NG 25/70/500/100 EPO 21				
PCP/Spec:	\$5/\$35	Single	\$1,123.57	\$16.73
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$1,910.06	\$28.44
Max out of Pocket:	In: \$2,800/\$5,600	Employee/ Spouse*	\$2,247.13	\$33.46
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,202.17	\$47.68

Scroll Down For Gold/Silver/Bronze Plan

2021 New York Small Group (1-100) Oxford Products: Q1 2021 Rates

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



Gold Plans				
NY G LBTY GT 30/60/1250/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$970.12	\$16.73
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,649.21	\$28.44
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$1,940.24	\$33.46
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,764.84	\$47.68
NY G FRDM NG 15/35/1750/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,045.81	\$16.73
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$1,777.89	\$28.44
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,091.63	\$33.46
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$2,980.57	\$47.68
NY G FRDM NG 25/40/1750/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,036.70	\$16.73
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,762.39	\$28.44
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,073.40	\$33.46
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$2,954.59	\$47.68
NY G FRDM NG 25/40/1500/80 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,085.18	\$16.73
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,844.81	\$28.44
Max out of Pocket:	In: \$6,300/\$12,600 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,170.36	\$33.46
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,092.77	\$47.68
NY G FRDM NG 50/50/1000/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,058.94	\$16.73
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,800.21	\$28.44
Max out of Pocket:	In: \$5,700/\$11,400	Employee/ Spouse*	\$2,117.89	\$33.46
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,017.99	\$47.68
NY G FRDM NG 1500/90 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,030.60	\$16.73
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,752.02	\$28.44
Max out of Pocket:	In: \$5,000/\$10,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,061.20	\$33.46
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,937.22	\$47.68
NY G FRDM NG 1500/90 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$987.93	\$16.73
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,679.48	\$28.44
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$1,975.85	\$33.46
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,815.60	\$47.68
NY G MTRO GT 25/40/1250/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$826.19	\$16.73
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,404.52	\$28.44
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,652.38	\$33.46
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,354.63	\$47.68
NY G MTRO GT 25/40/600/80 EPO HNY 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40 after Deductible	Single	\$712.48	\$16.73
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,211.21	\$28.44
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,424.96	\$33.46
RX plan:	\$10/\$35/\$70	Family	\$2,030.56	\$47.68
NY G LBTY NG 30/60/2000/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$916.20	\$16.73
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,557.54	\$28.44
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,832.39	\$33.46
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,611.16	\$47.68
NY G MTRO NG 25/40/1250/80 EPO ME 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$847.73	\$16.73
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,441.14	\$28.44
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,695.46	\$33.46
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,416.02	\$47.68
NY G FRDM NG 30/60/2250/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$965.24	\$16.73
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,640.91	\$28.44
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,930.47	\$33.46
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$2,750.93	\$47.68
NY G LBTY NG 25/50/100 EPO ZD 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,053.18	\$16.73
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,790.41	\$28.44
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,106.36	\$33.46
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,001.56	\$47.68
NY G LBTY NG 1500/90 EPO HSAM 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$933.28	\$16.73
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,586.58	\$28.44
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$1,866.56	\$33.46
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,659.85	\$47.68
NY G LBTY NG 40/80/2000/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$900.97	\$16.73
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,531.64	\$28.44
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,801.93	\$33.46
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,567.75	\$47.68

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Silver Plans		Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/70/3000/65 EPO 21				
PCP/Spec:	\$40/\$70	Single	\$810.28	\$16.73
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,377.47	\$28.44
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,620.56	\$33.46
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,309.30	\$47.68
NY S FRDM NG 40/70/3000/65 EPO 21				
PCP/Spec:	\$40/\$70	Single	\$861.70	\$16.73
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,464.89	\$28.44
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,723.40	\$33.46
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,455.85	\$47.68
NY S LBTY NG 30/75/3500/60 EPO 21				
PCP/Spec:	\$30/\$75	Single	\$791.14	\$16.73
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,344.94	\$28.44
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,582.28	\$33.46
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,254.75	\$47.68
NY S MTRO GT 30/80/3500/70 EPO 21				
PCP/Spec:	\$30/\$80	Single	\$677.48	\$16.73
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,151.72	\$28.44
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,354.97	\$33.46
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$1,930.84	\$47.68
NY S FRDM NG 30/60/2000/80 PPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$908.21	\$16.73
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,543.96	\$28.44
Max out of Pocket:	In: \$6,400/\$12,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,816.42	\$33.46
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,588.40	\$47.68
NY S LBTY GT 25/50/4500/50 EPO 21				
PCP/Spec:	\$25/\$50	Single	\$785.98	\$16.73
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,336.16	\$28.44
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,571.96	\$33.46
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,240.04	\$47.68
NY S FRDM NG 40/70/3000/65 PPO 21				
PCP/Spec:	\$40/\$70	Single	\$902.58	\$16.73
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,534.39	\$28.44
Max out of Pocket:	In: \$8,550/\$17,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,805.16	\$33.46
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,572.34	\$47.68
NY S FRDM NG 25/50/2250/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$870.55	\$16.73
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,479.94	\$28.44
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,741.10	\$33.46
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,481.07	\$47.68
NY S FRDM NG 2000/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$849.62	\$16.73
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,444.35	\$28.44
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,699.24	\$33.46
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,421.42	\$47.68
NY S MTRO NG 30/80/3500/70 EPO ME 21				
PCP/Spec:	\$30/\$80	Single	\$695.15	\$16.73
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,181.76	\$28.44
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,390.31	\$33.46
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$1,981.19	\$47.68
NY S LBTY NG 25/50/2500/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$808.04	\$16.73
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,373.67	\$28.44
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,616.08	\$33.46
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,302.91	\$47.68
NY S MTRO GT 35/50/3500/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$639.62	\$16.73
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,087.35	\$28.44
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,279.24	\$33.46
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,822.92	\$47.68
NY S MTRO NG 50/100/100 EPO ZD 21				
PCP/Spec:	\$50/\$100	Single	\$793.05	\$16.73
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,348.18	\$28.44
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,586.09	\$33.46
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,260.19	\$47.68
NY S LBTY NG 4000/80 EPO HSAM 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$752.04	\$16.73
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,278.47	\$28.44
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$1,504.08	\$33.46
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,143.32	\$47.68
NY S LBTY NG 50/100/100 EPO 21				
PCP/Spec:	\$50/\$100	Single	\$918.77	\$16.73
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,561.91	\$28.44
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,837.55	\$33.46
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,618.50	\$47.68
NY S LBTY NG 45/75/5000/50 EPO 21				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$766.52	\$16.73
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,303.09	\$28.44
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,533.04	\$33.46
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,184.59	\$47.68

2021 New York Small Group (1-100) Oxford Products: Q1 2021 Rates

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



Bronze Plans				
NY B FRDM NG 5800/50 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Single	\$734.12	\$16.73
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$1,248.00	\$28.44
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$1,468.24	\$33.46
		Family	\$2,092.25	\$47.68
NY B LBTY NG 7000/100 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$684.91	\$16.73
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$1,164.34	\$28.44
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,369.81	\$33.46
		Family	\$1,951.98	\$47.68
NY B MTRO GT 7000/100 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$576.15	\$16.73
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$979.46	\$28.44
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,152.31	\$33.46
		Family	\$1,642.04	\$47.68
NY B LBTY NG 25/75/5750/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Single	\$686.26	\$16.73
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$1,166.64	\$28.44
RX plan:	Ded Med/Rx then 30%/30%/30%	Employee/ Spouse*	\$1,372.52	\$33.46
		Family	\$1,955.84	\$47.68
NY B LBTY NG 30/60/6750/80 PPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 80%	Single	\$720.75	\$16.73
Max out of Pocket:	In: \$7,000/\$14,000 Out: \$25,000/\$50,000	Parent/Child (ren)	\$1,225.28	\$28.44
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$1,441.50	\$33.46
		Family	\$2,054.14	\$47.68
NY B MTRO GT 40/75/6500/50 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Single	\$580.68	\$16.73
Max out of Pocket:	In: \$7,000/\$14,000	Parent/Child (ren)	\$987.17	\$28.44
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Employee/ Spouse*	\$1,161.37	\$33.46
		Family	\$1,654.95	\$47.68

* 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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