

2022 New York Small Group (1-100) Oxford Products: Q1 2022 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				
NY P FRDM NG 5/15/100 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,399.91	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,379.85	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Employee/ Spouse*	\$2,799.82	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,989.74	\$51.16
NY P FRDM NG 20/40/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,316.41	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,237.90	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,632.82	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,751.77	\$51.16
NY P FRDM NG 5/15/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,345.00	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,286.50	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,690.00	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,833.25	\$51.16
NY P FRDM NG 20/40/100 PPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,368.41	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,326.30	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$2,736.82	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,899.97	\$51.16
NY P FRDM NG 20/40/100 PPO FAIR 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,652.61	\$17.95
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$2,809.44	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Employee/ Spouse*	\$3,305.22	\$35.90
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,709.94	\$51.16
NY P MTRO GT 15/30/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,060.27	\$17.95
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,802.46	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,120.54	\$35.90
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,021.77	\$51.16
NY P LBTY GT 15/30/250/90 EPO LA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,142.72	\$17.95
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,942.62	\$30.52
Max out of Pocket:	In: \$3,250/\$6,500	Employee/ Spouse*	\$2,285.44	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,256.75	\$51.16
NY P LBTY NG 5/35/500/100 EPO 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,215.93	\$17.95
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,067.08	\$30.52
Max out of Pocket:	In: \$3,050/\$6,100	Employee/ Spouse*	\$2,431.86	\$35.90
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,465.40	\$51.16

Scroll Down For Gold/Silver/Bronze Plan

2022 New York Small Group (1-100) Oxford Products: Q1 2022 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			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY G LBTY GT 30/60/1250/100 EPO 22			
PCP/Spec: \$30/\$60	Single	\$1,027.56	\$17.95
Ded and Coinsurance: In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,746.85	\$30.52
Max out of Pocket: In: \$6,400/\$12,800	Employee/ Spouse*	\$2,055.12	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,928.55	\$51.16
NY G FRDM NG 15/35/1750/90 EPO 22			
PCP/Spec: \$15/\$35	Single	\$1,115.00	\$17.95
Ded and Coinsurance: In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$1,895.50	\$30.52
Max out of Pocket: In: \$7,500/\$15,000	Employee/ Spouse*	\$2,230.00	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,177.75	\$51.16
NY G FRDM NG 25/40/1750/80 EPO 22			
PCP/Spec: \$25/\$40	Single	\$1,105.92	\$17.95
Ded and Coinsurance: In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,880.06	\$30.52
Max out of Pocket: In: \$6,000/\$12,000	Employee/ Spouse*	\$2,211.84	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,151.87	\$51.16
NY G FRDM NG 25/40/1500/80 PPO 22			
PCP/Spec: \$25/\$40	Single	\$1,159.76	\$17.95
Ded and Coinsurance: In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,971.59	\$30.52
Max out of Pocket: In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,319.52	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,305.32	\$51.16
NY G FRDM NG 50/50/1000/90 EPO 22			
PCP/Spec: \$50/\$50	Single	\$1,127.38	\$17.95
Ded and Coinsurance: In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,916.55	\$30.52
Max out of Pocket: In: \$6,200/\$12,400	Employee/ Spouse*	\$2,254.76	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,213.03	\$51.16
NY G FRDM NG 1500/90 PPO HSA 22			
PCP/Spec: Deductible and Coinsurance	Single	\$1,101.17	\$17.95
Ded and Coinsurance: In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,871.99	\$30.52
Max out of Pocket: In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Employee/ Spouse*	\$2,202.34	\$35.90
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$3,138.33	\$51.16
NY G FRDM NG 1500/90 EPO HSA 22			
PCP/Spec: Deductible and Coinsurance	Single	\$1,055.23	\$17.95
Ded and Coinsurance: In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,793.89	\$30.52
Max out of Pocket: In: \$5,500/\$11,000	Employee/ Spouse*	\$2,110.46	\$35.90
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$3,007.41	\$51.16
NY G MTR0 GT 25/40/1250/80 EPO 22			
PCP/Spec: \$25/\$40	Single	\$899.04	\$17.95
Ded and Coinsurance: In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,528.37	\$30.52
Max out of Pocket: In: \$6,000/\$12,000	Employee/ Spouse*	\$1,798.08	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,562.26	\$51.16
NY G MTR0 GT 25/40/600/80 EPO HNY 22			
PCP/Spec: \$25/\$40 after Deductible	Single	\$771.04	\$17.95
Ded and Coinsurance: In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,310.77	\$30.52
Max out of Pocket: In: \$4,000/\$8,000	Employee/ Spouse*	\$1,542.08	\$35.90
RX plan: \$10/\$35/\$70	Family	\$2,197.46	\$51.16
NY G LBTY NG 30/60/2000/70 EPO 22			
PCP/Spec: \$30/\$60	Single	\$989.96	\$17.95
Ded and Coinsurance: In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,682.93	\$30.52
Max out of Pocket: In: \$8,400/\$16,800	Employee/ Spouse*	\$1,979.92	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,821.39	\$51.16
NY G MTR0 NG 25/40/1250/80 EPO ME 22			
PCP/Spec: \$25/\$40	Single	\$931.40	\$17.95
Ded and Coinsurance: In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,583.38	\$30.52
Max out of Pocket: In: \$6,000/\$12,000	Employee/ Spouse*	\$1,862.80	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,654.49	\$51.16
NY G FRDM NG 30/60/2250/70 EPO 22			
PCP/Spec: \$30/\$60	Single	\$1,040.59	\$17.95
Ded and Coinsurance: In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,769.00	\$30.52
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,081.18	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$2,965.68	\$51.16
NY G LBTY NG 25/50/100 EPO ZD 22			
PCP/Spec: \$25/\$50	Single	\$1,122.90	\$17.95
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,908.93	\$30.52
Max out of Pocket: In: \$6,000/\$12,000	Employee/ Spouse*	\$2,245.80	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,200.27	\$51.16
NY G LBTY NG 1500/90 EPO HSAM 22			
PCP/Spec: Deductible and Coinsurance	Single	\$1,002.20	\$17.95
Ded and Coinsurance: In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,703.74	\$30.52
Max out of Pocket: In: \$5,500/\$11,000	Employee/ Spouse*	\$2,004.40	\$35.90
RX plan: Ded Med/Rx then \$10/\$50/\$90	Family	\$2,856.27	\$51.16
NY G LBTY NG 20/40/2000/80 EPO 22			
PCP/Spec: Tier I: \$20/\$40 Tier II: \$40/\$80	Single	\$1,000.29	\$17.95
Ded and Coinsurance: In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,700.49	\$30.52
Max out of Pocket: In: \$8,500/\$17,000	Employee/ Spouse*	\$2,000.58	\$35.90
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,850.83	\$51.16
NY G FRDM NG 1750/100 EPO HSAM 22			
PCP/Spec: Deductible and Coinsurance	Single	\$1,073.55	\$17.95
Ded and Coinsurance: In: \$1,750/\$3,500, 0%	Parent/Child (ren)	\$1,825.04	\$30.52
Max out of Pocket: In: \$6,800/\$13,600	Employee/ Spouse*	\$2,147.10	\$35.90
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$3,059.62	\$51.16
NY G FRDM NG 25/50/100 EPO 22			
PCP/Spec: \$25/\$50	Single	\$1,186.68	\$17.95
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$2,017.36	\$30.52
Max out of Pocket: In: \$6,000/\$12,000	Employee/ Spouse*	\$2,373.36	\$35.90
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,382.04	\$51.16

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Silver Plans			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/70/3000/65 EPO 22			
PCP/Spec:	Single	\$881.48	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,498.52	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,762.96	\$35.90
RX plan:	Family	\$2,512.22	\$51.16
NY S FRDM NG 40/70/3000/65 EPO 22			
PCP/Spec:	Single	\$931.44	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,583.45	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,862.88	\$35.90
RX plan:	Family	\$2,654.60	\$51.16
NY S LBTY NG 30/75/3500/60 EPO 22			
PCP/Spec:	Single	\$863.18	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,467.41	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,726.36	\$35.90
RX plan:	Family	\$2,460.06	\$51.16
NY S MTRO GT 30/80/3500/70 EPO 22			
PCP/Spec:	Single	\$747.25	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,270.33	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,494.50	\$35.90
RX plan:	Family	\$2,129.66	\$51.16
NY S FRDM NG 30/60/2000/80 PPO HSA 22			
PCP/Spec:	Single	\$979.45	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,665.07	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,988.90	\$35.90
RX plan:	Family	\$2,791.43	\$51.16
NY S LBTY GT 25/50/4500/50 EPO 22			
PCP/Spec:	Single	\$846.84	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,439.63	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,693.68	\$35.90
RX plan:	Family	\$2,413.49	\$51.16
NY S FRDM NG 40/70/3000/65 PPO 22			
PCP/Spec:	Single	\$976.90	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,660.73	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,953.80	\$35.90
RX plan:	Family	\$2,784.17	\$51.16
NY S FRDM NG 25/50/2250/80 EPO HSA 22			
PCP/Spec:	Single	\$941.19	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,600.02	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,882.38	\$35.90
RX plan:	Family	\$2,682.39	\$51.16
NY S FRDM NG 2000/70 EPO HSA 22			
PCP/Spec:	Single	\$923.89	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,570.61	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,847.78	\$35.90
RX plan:	Family	\$2,633.09	\$51.16
NY S MTRO NG 30/80/3500/70 EPO ME 22			
PCP/Spec:	Single	\$774.16	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,316.07	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,548.32	\$35.90
RX plan:	Family	\$2,206.36	\$51.16
NY S LBTY NG 25/50/2500/80 EPO HSA 22			
PCP/Spec:	Single	\$880.71	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,497.21	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,761.42	\$35.90
RX plan:	Family	\$2,510.02	\$51.16
NY S MTRO GT 35/50/3500/70 EPO HSA 22			
PCP/Spec:	Single	\$710.38	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,207.65	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,420.76	\$35.90
RX plan:	Family	\$2,024.58	\$51.16
NY S MTRO NG 50/100/100 EPO ZD 22			
PCP/Spec:	Single	\$869.27	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,477.76	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,738.54	\$35.90
RX plan:	Family	\$2,477.42	\$51.16
NY S LBTY NG 4000/80 EPO HSAM 22			
PCP/Spec:	Single	\$828.09	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,407.75	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,656.18	\$35.90
RX plan:	Family	\$2,360.06	\$51.16
NY S LBTY NG 50/100/100 EPO ZD 22			
PCP/Spec:	Single	\$983.16	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,671.37	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,966.32	\$35.90
RX plan:	Family	\$2,802.01	\$51.16
NY S LBTY NG 25/45/5000/50 EPO 22			
PCP/Spec:	Single	\$854.92	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,453.36	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,709.84	\$35.90
RX plan:	Family	\$2,436.52	\$51.16
NY S LBTY NG 40/70/4500/60 EPO 22			
PCP/Spec:	Single	\$864.59	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,469.80	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,729.18	\$35.90
RX plan:	Family	\$2,464.08	\$51.16
NY S FRDM NG 50/100/100 EPO ZD 22			
PCP/Spec:	Single	\$1,036.30	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,761.71	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$2,072.60	\$35.90
RX plan:	Family	\$2,953.46	\$51.16
NY S MTRO GT 40/70/3000/65 EPO 22			
PCP/Spec:	Single	\$779.37	\$17.95
Ded and Coinsurance:	Parent/Child (ren)	\$1,324.93	\$30.52
Max out of Pocket:	Employee/ Spouse*	\$1,558.74	\$35.90
RX plan:	Family	\$2,221.20	\$51.16

2022 New York Small Group (1-100) Oxford Products: Q1 2022 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 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$817.22	\$17.95
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,389.27	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,634.44	\$35.90
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,329.08	\$51.16
NY B LBTY NG 7000/100 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$775.38	\$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,318.15	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,550.76	\$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,209.83	\$51.16
NY B MTRO GT 7000/100 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$661.74	\$17.95
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,124.96	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,323.48	\$35.90
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,885.96	\$51.16
NY B LBTY NG 25/75/5750/70 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$75 after Deductible	Single	\$775.97	\$17.95
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,319.15	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,551.94	\$35.90
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,211.51	\$51.16
NY B LBTY NG 30/60/6750/80 PPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60 after Deductible	Single	\$809.01	\$17.95
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,375.32	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,618.02	\$35.90
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,305.68	\$51.16
NY B MTRO GT 40/75/6500/50 EPO HSA 22		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$40/\$75 after Deductible	Single	\$658.93	\$17.95
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,120.18	\$30.52
Max out of Pocket:	In: \$7,050/\$14,100	Employee/ Spouse*	\$1,317.86	\$35.90
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,877.95	\$51.16

* 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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