

2021 New York Small Group (1-100) Oxford Products: Q2 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				
NY P FRDM NG 5/15/100 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,357.11	\$17.11
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 70%	Parent/Child (ren)	\$2,307.09	\$29.09
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$2,714.22	\$34.22
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,867.76	\$48.76
NY P FRDM NG 20/40/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,279.27	\$17.11
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,174.76	\$29.09
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,558.55	\$34.22
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,645.94	\$48.76
NY P FRDM NG 5/15/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,306.73	\$17.11
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,221.43	\$29.09
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,613.45	\$34.22
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,724.17	\$48.76
NY P FRDM NG 20/40/100 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,326.76	\$17.11
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 70%	Parent/Child (ren)	\$2,255.49	\$29.09
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,653.51	\$34.22
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,781.26	\$48.76
NY P FRDM NG 20/40/100 PPO FAIR 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,586.88	\$17.11
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 80%	Parent/Child (ren)	\$2,697.70	\$29.09
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$3,173.76	\$34.22
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,522.61	\$48.76
NY P MTRO GT 15/30/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,004.80	\$17.11
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,708.16	\$29.09
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,009.60	\$34.22
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,863.67	\$48.76
NY P LBTY GT 15/35/250/90 EPO LA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,101.33	\$17.11
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,872.26	\$29.09
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,202.66	\$34.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,138.80	\$48.76
NY P LBTY NG 25/70/500/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Single	\$1,148.65	\$17.11
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$1,952.70	\$29.09
Max out of Pocket:	In: \$2,800/\$5,600	Employee/ Spouse*	\$2,297.29	\$34.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,273.64	\$48.76

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2021 New York Small Group (1-100) Oxford Products: Q2 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	\$991.78	\$17.11
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,686.03	\$29.09
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$1,983.56	\$34.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,826.58	\$48.76
NY G FRDM NG 15/35/1750/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,069.16	\$17.11
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$1,817.58	\$29.09
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,138.32	\$34.22
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,047.11	\$48.76
NY G FRDM NG 25/40/1750/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,059.85	\$17.11
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,801.75	\$29.09
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,119.70	\$34.22
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,020.58	\$48.76
NY G FRDM NG 25/40/1500/80 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,109.41	\$17.11
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,885.99	\$29.09
Max out of Pocket:	In: \$6,300/\$12,600 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,218.82	\$34.22
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,161.82	\$48.76
NY G FRDM NG 50/50/1000/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,082.59	\$17.11
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,840.40	\$29.09
Max out of Pocket:	In: \$5,700/\$11,400	Employee/ Spouse*	\$2,165.17	\$34.22
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,085.37	\$48.76
NY G FRDM NG 1500/90 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,053.62	\$17.11
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,791.15	\$29.09
Max out of Pocket:	In: \$5,000/\$10,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,107.23	\$34.22
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,002.81	\$48.76
NY G FRDM NG 1500/90 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,009.99	\$17.11
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,716.98	\$29.09
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,019.97	\$34.22
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,878.46	\$48.76
NY G MTRO GT 25/40/1250/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$844.63	\$17.11
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,435.88	\$29.09
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,689.27	\$34.22
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,407.20	\$48.76
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	\$728.39	\$17.11
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,238.26	\$29.09
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,456.77	\$34.22
RX plan:	\$10/\$35/\$70	Family	\$2,075.90	\$48.76
NY G LBTY NG 30/60/2000/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$936.65	\$17.11
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,592.31	\$29.09
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,873.31	\$34.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,669.47	\$48.76
NY G MTRO NG 25/40/1250/80 EPO ME 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$866.66	\$17.11
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,473.32	\$29.09
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,733.31	\$34.22
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,469.97	\$48.76
NY G FRDM NG 30/60/2250/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$986.79	\$17.11
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,677.54	\$29.09
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,973.57	\$34.22
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$2,812.34	\$48.76
NY G LBTY NG 25/50/100 EPO ZD 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,076.70	\$17.11
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,830.39	\$29.09
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,153.41	\$34.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,068.61	\$48.76
NY G LBTY NG 1500/90 EPO HSAM 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$954.12	\$17.11
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,622.01	\$29.09
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$1,908.24	\$34.22
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,719.24	\$48.76
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	\$921.08	\$17.11
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,565.84	\$29.09
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,842.16	\$34.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,625.08	\$48.76

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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	\$828.37	\$17.11
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,408.23	\$29.09
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,656.75	\$34.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,360.87	\$48.76
NY S FRDM NG 40/70/3000/65 EPO 21				
PCP/Spec:	\$40/\$70	Single	\$880.93	\$17.11
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,497.59	\$29.09
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,761.87	\$34.22
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,510.67	\$48.76
NY S LBTY NG 30/75/3500/60 EPO 21				
PCP/Spec:	\$30/\$75	Single	\$808.81	\$17.11
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,374.97	\$29.09
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,617.61	\$34.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,305.09	\$48.76
NY S MTRO GT 30/80/3500/70 EPO 21				
PCP/Spec:	\$30/\$80	Single	\$692.61	\$17.11
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,177.44	\$29.09
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,385.23	\$34.22
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$1,973.95	\$48.76
NY S FRDM NG 30/60/2000/80 PPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$928.49	\$17.11
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,578.44	\$29.09
Max out of Pocket:	In: \$6,400/\$12,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,856.98	\$34.22
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,646.20	\$48.76
NY S LBTY GT 25/50/4500/50 EPO 21				
PCP/Spec:	\$25/\$50	Single	\$803.53	\$17.11
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,365.99	\$29.09
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,607.05	\$34.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,290.05	\$48.76
NY S FRDM NG 40/70/3000/65 PPO 21				
PCP/Spec:	\$40/\$70	Single	\$922.73	\$17.11
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,568.64	\$29.09
Max out of Pocket:	In: \$8,550/\$17,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,845.46	\$34.22
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,629.78	\$48.76
NY S FRDM NG 25/50/2250/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$889.99	\$17.11
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,512.97	\$29.09
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,779.97	\$34.22
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,536.46	\$48.76
NY S FRDM NG 2000/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$868.59	\$17.11
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,476.61	\$29.09
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,737.19	\$34.22
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,475.50	\$48.76
NY S MTRO NG 30/80/3500/70 EPO ME 21				
PCP/Spec:	\$30/\$80	Single	\$710.67	\$17.11
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,208.15	\$29.09
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,421.34	\$34.22
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,025.41	\$48.76
NY S LBTY NG 25/50/2500/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$826.09	\$17.11
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,404.34	\$29.09
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,652.17	\$34.22
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,354.35	\$48.76
NY S MTRO GT 35/50/3500/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$653.91	\$17.11
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,111.64	\$29.09
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,307.81	\$34.22
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,863.63	\$48.76
NY S MTRO NG 50/100/100 EPO ZD 21				
PCP/Spec:	\$50/\$100	Single	\$810.75	\$17.11
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,378.28	\$29.09
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,621.50	\$34.22
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,310.64	\$48.76
NY S LBTY NG 4000/80 EPO HSAM 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$768.84	\$17.11
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,307.02	\$29.09
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$1,537.67	\$34.22
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,191.19	\$48.76
NY S LBTY NG 50/100/100 EPO 21				
PCP/Spec:	\$50/\$100	Single	\$939.29	\$17.11
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,596.79	\$29.09
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,878.57	\$34.22
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,676.96	\$48.76
NY S LBTY NG 45/75/5000/50 EPO 21				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$783.64	\$17.11
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,332.20	\$29.09
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,567.29	\$34.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,233.38	\$48.76

2021 New York Small Group (1-100) Oxford Products: Q2 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		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$750.51	\$17.11
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,275.87	\$29.09
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,501.02	\$34.22
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,138.95	\$48.76
NY B LBTY NG 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$700.19	\$17.11
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,190.33	\$29.09
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,400.39	\$34.22
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,995.55	\$48.76
NY B MTRO GT 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$589.01	\$17.11
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,001.32	\$29.09
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,178.03	\$34.22
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,678.69	\$48.76
NY B LBTY NG 25/75/5750/70 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$701.58	\$17.11
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,192.69	\$29.09
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,403.17	\$34.22
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$1,999.51	\$48.76
NY B LBTY NG 30/60/6750/80 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$736.85	\$17.11
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 80%	Parent/Child (ren)	\$1,252.64	\$29.09
Max out of Pocket:	In: \$7,000/\$14,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,473.69	\$34.22
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,100.01	\$48.76
NY B MTRO GT 40/75/6500/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$593.65	\$17.11
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,009.20	\$29.09
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,187.29	\$34.22
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,691.89	\$48.76

* 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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