

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 3** in the Oxford service area, which includes: Dutchess, Orange, Putnam, Sullivan, and Ulster 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	\$1,436.87	\$18.11
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 70%	Parent/Child (ren)	\$2,442.68	\$30.79
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$2,873.74	\$36.22
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,095.08	\$51.61
NY P FRDM NG 20/40/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,354.47	\$18.11
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,302.59	\$30.79
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,708.94	\$36.22
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,860.23	\$51.61
NY P FRDM NG 5/15/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,383.53	\$18.11
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$2,352.00	\$30.79
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,767.07	\$36.22
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$3,943.07	\$51.61
NY P FRDM NG 20/40/100 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,404.75	\$18.11
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 70%	Parent/Child (ren)	\$2,388.07	\$30.79
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,809.50	\$36.22
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,003.54	\$51.61
NY P FRDM NG 20/40/100 PPO FAIR 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,680.16	\$18.11
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 80%	Parent/Child (ren)	\$2,856.28	\$30.79
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$3,360.32	\$36.22
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Family	\$4,788.46	\$51.61
NY P MTRO GT 15/30/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$1,063.86	\$18.11
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,808.57	\$30.79
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,127.73	\$36.22
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,032.01	\$51.61
NY P LBTY GT 15/35/250/90 EPO LA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,166.07	\$18.11
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,982.31	\$30.79
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,332.13	\$36.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,323.28	\$51.61
NY P LBTY NG 25/70/500/100 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$35	Single	\$1,216.17	\$18.11
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Parent/Child (ren)	\$2,067.49	\$30.79
Max out of Pocket:	In: \$2,800/\$5,600	Employee/ Spouse*	\$2,432.34	\$36.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,466.08	\$51.61

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 3** in the Oxford service area, which includes: Dutchess, Orange, Putnam, Sullivan, and Ulster 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	\$1,050.08	\$18.11
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Parent/Child (ren)	\$1,785.13	\$30.79
Max out of Pocket:	In: \$5,900/\$11,800	Employee/ Spouse*	\$2,100.15	\$36.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,992.72	\$51.61
NY G FRDM NG 15/35/1750/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$35	Single	\$1,132.01	\$18.11
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Parent/Child (ren)	\$1,924.41	\$30.79
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$2,264.01	\$36.22
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,226.22	\$51.61
NY G FRDM NG 25/40/1750/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,122.15	\$18.11
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Parent/Child (ren)	\$1,907.65	\$30.79
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,244.30	\$36.22
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,198.12	\$51.61
NY G FRDM NG 25/40/1500/80 PPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$1,174.63	\$18.11
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,996.87	\$30.79
Max out of Pocket:	In: \$6,300/\$12,600 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,349.25	\$36.22
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,347.69	\$51.61
NY G FRDM NG 50/50/1000/90 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$1,146.22	\$18.11
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,948.58	\$30.79
Max out of Pocket:	In: \$5,700/\$11,400	Employee/ Spouse*	\$2,292.44	\$36.22
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$3,266.73	\$51.61
NY G FRDM NG 1500/90 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,115.54	\$18.11
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 60%	Parent/Child (ren)	\$1,896.43	\$30.79
Max out of Pocket:	In: \$5,000/\$10,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,231.09	\$36.22
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,179.29	\$51.61
NY G FRDM NG 1500/90 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,069.35	\$18.11
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,817.89	\$30.79
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,138.70	\$36.22
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$3,047.64	\$51.61
NY G MTRO GT 25/40/1250/80 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$894.28	\$18.11
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,520.27	\$30.79
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,788.55	\$36.22
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,548.69	\$51.61
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	\$771.20	\$18.11
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,311.04	\$30.79
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,542.40	\$36.22
RX plan:	\$10/\$35/\$70	Family	\$2,197.92	\$51.61
NY G LBTY NG 30/60/2000/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$991.72	\$18.11
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,685.91	\$30.79
Max out of Pocket:	In: \$7,900/\$15,800	Employee/ Spouse*	\$1,983.43	\$36.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,826.39	\$51.61
NY G MTRO NG 25/40/1250/80 EPO ME 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$40	Single	\$917.60	\$18.11
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,559.91	\$30.79
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,835.19	\$36.22
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,615.15	\$51.61
NY G FRDM NG 30/60/2250/70 EPO 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$30/\$60	Single	\$1,044.79	\$18.11
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Parent/Child (ren)	\$1,776.14	\$30.79
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$2,089.57	\$36.22
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Family	\$2,977.64	\$51.61
NY G LBTY NG 25/50/100 EPO ZD 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$1,139.98	\$18.11
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,937.97	\$30.79
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$2,279.97	\$36.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$3,248.96	\$51.61
NY G LBTY NG 1500/90 EPO HSAM 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$1,010.20	\$18.11
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,717.34	\$30.79
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$2,020.40	\$36.22
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,879.07	\$51.61
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	\$975.22	\$18.11
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,657.87	\$30.79
Max out of Pocket:	In: \$8,000/\$16,000	Employee/ Spouse*	\$1,950.43	\$36.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,779.36	\$51.61

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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	\$877.06	\$18.11
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,491.01	\$30.79
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,754.12	\$36.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,499.62	\$51.61
NY S FRDM NG 40/70/3000/65 EPO 21				
PCP/Spec:	\$40/\$70	Single	\$932.72	\$18.11
Ded and Coinsurance:	In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,585.62	\$30.79
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,865.43	\$36.22
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,658.24	\$51.61
NY S LBTY NG 30/75/3500/60 EPO 21				
PCP/Spec:	\$30/\$75	Single	\$856.35	\$18.11
Ded and Coinsurance:	In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,455.79	\$30.79
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,712.69	\$36.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,440.59	\$51.61
NY S MTRO GT 30/80/3500/70 EPO 21				
PCP/Spec:	\$30/\$80	Single	\$733.32	\$18.11
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,246.65	\$30.79
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,466.65	\$36.22
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,089.98	\$51.61
NY S FRDM NG 30/60/2000/80 PPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$983.06	\$18.11
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,671.21	\$30.79
Max out of Pocket:	In: \$6,400/\$12,800 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,966.13	\$36.22
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,801.73	\$51.61
NY S LBTY GT 25/50/4500/50 EPO 21				
PCP/Spec:	\$25/\$50	Single	\$850.76	\$18.11
Ded and Coinsurance:	In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,446.29	\$30.79
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,701.52	\$36.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,424.66	\$51.61
NY S FRDM NG 40/70/3000/65 PPO 21				
PCP/Spec:	\$40/\$70	Single	\$976.97	\$18.11
Ded and Coinsurance:	In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,660.84	\$30.79
Max out of Pocket:	In: \$8,550/\$17,100 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,953.93	\$36.22
RX plan:	Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,784.35	\$51.61
NY S FRDM NG 25/50/2250/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$942.31	\$18.11
Ded and Coinsurance:	In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,601.92	\$30.79
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,884.61	\$36.22
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,685.57	\$51.61
NY S FRDM NG 2000/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$919.64	\$18.11
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,563.39	\$30.79
Max out of Pocket:	In: \$6,900/\$13,800	Employee/ Spouse*	\$1,839.29	\$36.22
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,620.99	\$51.61
NY S MTRO NG 30/80/3500/70 EPO ME 21				
PCP/Spec:	\$30/\$80	Single	\$752.45	\$18.11
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,279.16	\$30.79
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,504.90	\$36.22
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,144.48	\$51.61
NY S LBTY NG 25/50/2500/80 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$874.64	\$18.11
Ded and Coinsurance:	In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,486.89	\$30.79
Max out of Pocket:	In: \$6,400/\$12,800	Employee/ Spouse*	\$1,749.29	\$36.22
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,492.74	\$51.61
NY S MTRO GT 35/50/3500/70 EPO HSA 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$692.34	\$18.11
Ded and Coinsurance:	In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,176.97	\$30.79
Max out of Pocket:	In: \$6,750/\$13,500	Employee/ Spouse*	\$1,384.67	\$36.22
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,973.16	\$51.61
NY S MTRO NG 50/100/100 EPO ZD 21				
PCP/Spec:	\$50/\$100	Single	\$858.40	\$18.11
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,459.28	\$30.79
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,716.80	\$36.22
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,446.45	\$51.61
NY S LBTY NG 4000/80 EPO HSAM 21				
PCP/Spec:	Deductible and Coinsurance	Single	\$814.02	\$18.11
Ded and Coinsurance:	In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,383.84	\$30.79
Max out of Pocket:	In: \$6,650/\$13,300	Employee/ Spouse*	\$1,628.05	\$36.22
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,319.97	\$51.61
NY S LBTY NG 50/100/100 EPO 21				
PCP/Spec:	\$50/\$100	Single	\$994.50	\$18.11
Ded and Coinsurance:	In: \$0, 0%	Parent/Child (ren)	\$1,690.64	\$30.79
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,988.99	\$36.22
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,834.31	\$51.61
NY S LBTY NG 45/75/5000/50 EPO 21				
PCP/Spec:	Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$829.70	\$18.11
Ded and Coinsurance:	In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,410.49	\$30.79
Max out of Pocket:	In: \$8,550/\$17,100	Employee/ Spouse*	\$1,659.40	\$36.22
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,364.64	\$51.61

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 3** in the Oxford service area, which includes: Dutchess, Orange, Putnam, Sullivan, and Ulster 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	\$794.62	\$18.11
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Parent/Child (ren)	\$1,350.86	\$30.79
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,589.24	\$36.22
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$2,264.67	\$51.61
NY B LBTY NG 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$741.35	\$18.11
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,260.29	\$30.79
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,482.70	\$36.22
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$2,112.85	\$51.61
NY B MTRO GT 7000/100 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$623.64	\$18.11
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Parent/Child (ren)	\$1,060.18	\$30.79
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,247.27	\$36.22
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,777.36	\$51.61
NY B LBTY NG 25/75/5750/70 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$742.82	\$18.11
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Parent/Child (ren)	\$1,262.80	\$30.79
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,485.64	\$36.22
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$2,117.04	\$51.61
NY B LBTY NG 30/60/6750/80 PPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$780.16	\$18.11
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 80%	Parent/Child (ren)	\$1,326.28	\$30.79
Max out of Pocket:	In: \$7,000/\$14,000 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,560.32	\$36.22
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Family	\$2,223.45	\$51.61
NY B MTRO GT 40/75/6500/50 EPO HSA 21		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	\$628.54	\$18.11
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Parent/Child (ren)	\$1,068.51	\$30.79
Max out of Pocket:	In: \$7,000/\$14,000	Employee/ Spouse*	\$1,257.08	\$36.22
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Family	\$1,791.33	\$51.61

* 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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