

## 2017 New York Small Group (1-100) Oxford Products: Q3 2017 Rates

Use the table below to review monthly rates for New York small group Oxford<sup>®</sup> 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

#### EPO \$20/\$40 Non-Gated (Freedom Network)

		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,083.72	\$14.92
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$1,842.32	\$25.36
Max out of Pocket:	\$3,000/\$6,000	Employee/ Spouse*	\$2,167.44	\$29.84
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60	Family	\$3,088.60	\$42.52

#### EPO \$5/\$15 Non-Gated (Freedom Network)

		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,104.96	\$14.92
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$1,878.43	\$25.36
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,209.92	\$29.84
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60	Family	\$3,149.14	\$42.52

#### PPO \$20/\$40 Non-Gated (Freedom Network)

		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,156.50	\$14.92
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$1,966.05	\$25.36
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,313.00	\$29.84
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60	Family	\$3,296.03	\$42.52

#### PPO \$20/\$40 FAIR Non-Gated (Freedom Network)

		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,329.90	\$14.92
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$2,260.83	\$25.36
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,659.80	\$29.84
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60	Family	\$3,790.22	\$42.52

#### PPO \$5/\$15 Non-Gated (Freedom Network)

		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$5/\$15	Single	\$1,182.35	\$14.92
Ded and Coinsurance:	In: \$0 Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,010.00	\$25.36
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$2,364.70	\$29.84
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60	Family	\$3,369.70	\$42.52

#### EPO \$15/\$30 Gated (Metro Network)

		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$15/\$30	Single	\$903.55	\$14.92
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$1,536.04	\$25.36
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$1,807.10	\$29.84
RX plan:	\$5/\$65/50%, max \$800	Family	\$2,575.12	\$42.52

## 2017 New York Small Group (1-100) Oxford Products: Q3 2017 Rates

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



<b>Gold Plans</b>		<b>Tier</b>	<b>Rate (select counties)</b>	<b>Dep 29 Rider</b>
<b>EPO \$50 Non-Gated (Freedom Network)</b>		Single	\$940.28	\$14.92
PCP/Spec:	\$50/\$50	Parent/Child (ren)	\$1,598.48	\$25.36
Ded and Coinsurance:	In: \$750/\$1,500, 10%	Employee/ Spouse*	\$1,880.56	\$29.84
Max out of Pocket:	In: \$4,000/\$8,000	Family	\$2,679.80	\$42.52
<b>RX plan:</b> Non-T1 Ded \$100 then \$10/\$35/\$75				
<b>EPO \$15/\$30 Non-Gated (Freedom Network)</b>		Single	\$948.59	\$14.92
PCP/Spec:	\$15/\$30	Parent/Child (ren)	\$1,612.60	\$25.36
Ded and Coinsurance:	In: \$800/\$1,600, 10%	Employee/ Spouse*	\$1,897.18	\$29.84
Max out of Pocket:	In: \$4,000/\$8,000	Family	\$2,703.48	\$42.52
<b>EPO \$15/\$30 Gated (Metro Network)</b>				
PCP/Spec:	\$15/\$30	Single	\$785.39	\$14.92
Ded and Coinsurance:	In: \$750/\$1,500, 20%	Parent/Child (ren)	\$1,335.16	\$25.36
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,570.78	\$29.84
RX plan:	\$10/\$65/50%, max \$800	Family	\$2,238.36	\$42.52
<b>EPO \$25/\$40 Non-Gated (Freedom Network)</b>		Single	\$912.93	\$14.92
PCP/Spec:	\$25/\$40	Parent/Child (ren)	\$1,551.98	\$25.36
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Employee/ Spouse*	\$1,825.86	\$29.84
Max out of Pocket:	In: \$5,000/\$10,000	Family	\$2,601.85	\$42.52
<b>EPO \$25/\$40 Gated (Metro Network)</b>				
PCP/Spec:	\$25/\$40	Single	\$763.24	\$14.92
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,297.51	\$25.36
Max out of Pocket:	In: \$4,500/\$9,000	Employee/ Spouse*	\$1,526.48	\$29.84
RX plan:	\$10/\$65/50%, max \$800	Family	\$2,175.23	\$42.52
<b>EPO \$30/\$60 Gated (Liberty Network)</b>				
PCP/Spec:	\$30/\$60	Single	\$885.83	\$14.92
Ded and Coinsurance:	In: \$1,000/\$2,000, 0%	Parent/Child (ren)	\$1,505.91	\$25.36
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,771.66	\$29.84
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$2,524.62	\$42.52
<b>EPO HSA \$1,500 Non-Gated (Freedom Network)</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$856.37	\$14.92
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,455.83	\$25.36
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,712.74	\$29.84
RX plan:	Ded Med/Rx then \$10/\$35/\$75	Family	\$2,440.65	\$42.52
<b>PPO \$25/\$40 Non-Gated (Freedom Network)</b>				
PCP/Spec:	\$25/\$40	Single	\$1,003.61	\$14.92
Ded and Coinsurance:	In: \$1,000/\$2,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,706.14	\$25.36
Max out of Pocket:	In: \$4,000/\$8,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,007.22	\$29.84
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75	Family	\$2,860.29	\$42.52
<b>PPO HSA \$1,500 Non-Gated (Freedom Network)</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$920.11	\$14.92
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,564.19	\$25.36
Max out of Pocket:	In: \$4,000/\$8,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$1,840.22	\$29.84
RX plan:	Ded Med/Rx then \$10/\$35/\$75	Family	\$2,622.31	\$42.52
<b>EPO \$25/\$40 Non-Gated (Metro Network)</b>				
PCP/Spec:	\$25/\$40	Single	\$800.54	\$14.92
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,360.92	\$25.36
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$1,601.08	\$29.84
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$2,281.54	\$42.52
<b>EPO Healthy NY Gated (Metro Network); Eligibility: 50 or fewer employees</b>				
PCP/Spec:	\$25/\$40 after Deductible	Single	\$657.71	\$14.92
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,118.11	\$25.36
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,315.42	\$29.84
RX plan:	\$10/\$35/\$70	Family	\$1,874.47	\$42.52

## 2017 New York Small Group (1-100) Oxford Products: Q3 2017 Rates

Use the table below to review monthly rates for New York small group Oxford<sup>®</sup> 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.



### Silver Plans

		Tier	Rate (select counties)	Dep 29 Rider
<b>EPO \$25/\$50 Gated (Liberty Network)</b>				
PCP/Spec:	\$25/\$50	Single	\$747.50	\$14.92
Ded and Coinsurance:	In: \$3,000/\$6,000, 50%	Parent/Child (ren)	\$1,270.75	\$25.36
Max out of Pocket:	In: \$6,600/\$13,200	Employee/ Spouse*	\$1,495.00	\$29.84
RX plan:	Non-T1 Ded \$100 then \$15/\$65/\$85	Family	\$2,130.38	\$42.52
<b>EPO \$30/\$75 Non-Gated (Liberty Network)</b>				
PCP/Spec:	\$30/\$75	Single	\$730.20	\$14.92
Ded and Coinsurance:	In: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,241.34	\$25.36
Max out of Pocket:	In: \$6,850/\$13,700	Employee/ Spouse*	\$1,460.40	\$29.84
RX plan:	Non-T1 Ded \$100 then \$15/\$65/50%, max \$800	Family	\$2,081.07	\$42.52
<b>EPO \$40/\$70 Non-Gated (Freedom Network)</b>				
PCP/Spec:	\$40/\$70	Single	\$801.10	\$14.92
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child (ren)	\$1,361.87	\$25.36
Max out of Pocket:	In: \$6,850/\$13,700	Employee/ Spouse*	\$1,602.20	\$29.84
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$2,283.14	\$42.52
<b>EPO \$40/\$70 Non-Gated (Liberty Network)</b>				
PCP/Spec:	\$40/\$70	Single	\$777.07	\$14.92
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child (ren)	\$1,321.02	\$25.36
Max out of Pocket:	In: \$6,850/\$13,700	Employee/ Spouse*	\$1,554.14	\$29.84
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$2,214.65	\$42.52
<b>EPO HSA \$2,000 \$25/\$50 Non-Gated (Freedom Network)</b>				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$766.32	\$14.92
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,302.74	\$25.36
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,532.64	\$29.84
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,184.01	\$42.52
<b>EPO HSA \$2,000 \$25/\$50 Non-Gated (Liberty Network)</b>				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$743.33	\$14.92
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,263.66	\$25.36
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,486.66	\$29.84
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,118.49	\$42.52
<b>EPO HSA \$2,000 Non-Gated (Freedom Network)</b>				
PCP/Spec:	Deductible and Coinsurance	Single	\$724.47	\$14.92
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,231.60	\$25.36
Max out of Pocket:	In: \$6,550/\$13,100	Employee/ Spouse*	\$1,448.94	\$29.84
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,064.74	\$42.52
<b>Prim Adv EPO \$2,000 Non-Gated (Liberty Network)</b>				
PCP/Spec:	\$25/\$50 - Spec. after Deductible	Single	\$741.08	\$14.92
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,259.84	\$25.36
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,482.16	\$29.84
RX plan:	Non-T1 Ded Med/Rx then \$15/\$35/\$75	Family	\$2,112.08	\$42.52
<b>PPO \$40/\$70 Non-Gated (Freedom Network)</b>				
PCP/Spec:	\$40/\$70	Single	\$866.70	\$14.92
Ded and Coinsurance:	In: \$2,500/\$5,000, 30% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,473.39	\$25.36
Max out of Pocket:	In: \$6,850/\$13,700 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,733.40	\$29.84
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$2,470.10	\$42.52
<b>PPO HSA \$2,000 \$30/\$60 Non-Gated (Freedom Network)</b>				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$816.82	\$14.92
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,388.59	\$25.36
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,633.64	\$29.84
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,327.94	\$42.52
<b>EPO \$30/\$60 Gated (Metro Network)</b>				
PCP/Spec:	\$30/\$60	Single	\$661.05	\$14.92
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child (ren)	\$1,123.79	\$25.36
Max out of Pocket:	In: \$6,850/\$13,700	Employee/ Spouse*	\$1,322.10	\$29.84
RX plan:	\$10/\$65/50%, max \$800	Family	\$1,883.99	\$42.52
<b>EPO HSA \$2,000 \$35/\$50 Gated (Metro Network)</b>				
PCP/Spec:	\$35/\$50 after Deductible	Single	\$625.81	\$14.92
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,063.88	\$25.36
Max out of Pocket:	In: \$6,550/\$13,100	Employee/ Spouse*	\$1,251.62	\$29.84
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,783.56	\$42.52
<b>EPO \$30/\$60 Non-Gated (Metro Network)</b>				
PCP/Spec:	\$30/\$60	Single	\$695.48	\$14.92
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child (ren)	\$1,182.32	\$25.36
Max out of Pocket:	In: \$6,850/\$13,700	Employee/ Spouse*	\$1,390.96	\$29.84
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$1,982.12	\$42.52
<b>Prim Adv EPO \$2,000 Gated (Metro Network)</b>				
PCP/Spec:	\$30/\$60 - Spec. after Deductible	Single	\$654.08	\$14.92
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,111.94	\$25.36
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$1,308.16	\$29.84
RX plan:	Non-T1 Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,864.13	\$42.52

## 2017 New York Small Group (1-100) Oxford Products: Q3 2017 Rates

Use the table below to review monthly rates for New York small group Oxford<sup>1</sup> 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

		Tier	Rate (select counties)	Dep 29 Rider
EPO HSA \$5,500 Non-Gated (Freedom Network)		Single	\$630.26	\$14.92
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$1,071.44	\$25.36
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Employee/ Spouse*	\$1,260.52	\$29.84
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,796.24	\$42.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80			
EPO HSA \$5,500 Non-Gated (Liberty Network)		Single	\$611.36	\$14.92
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$1,039.31	\$25.36
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Employee/ Spouse*	\$1,222.72	\$29.84
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,742.38	\$42.52
RX plan:	Ded Med/Rx then \$10/\$40/\$80			
PPO HSA \$6,000 \$30/\$60 Non-Gated (Liberty Network)		Single	\$653.13	\$14.92
PCP/Spec:	\$30/\$60 after Deductible	Parent/Child (ren)	\$1,110.32	\$25.36
Ded and Coinsurance:	In: \$6,000/\$12,000, 20% Out: \$10,000/\$20,000, 20%	Employee/ Spouse*	\$1,306.26	\$29.84
Max out of Pocket:	In: \$6,550/\$13,100 Out: \$25,000/\$50,000	Family	\$1,861.42	\$42.52
RX plan:	Ded Med/Rx then \$15/\$35/\$75			
EPO HSA \$5,750 \$40/\$75 Gated (Metro Network)		Single	\$537.53	\$14.92
PCP/Spec:	\$40/\$75 after Deductible	Parent/Child (ren)	\$913.80	\$25.36
Ded and Coinsurance:	In: \$5,750/\$11,500, 50%	Employee/ Spouse*	\$1,075.06	\$29.84
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,531.96	\$42.52
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800			
EPO HSA \$6,550 100% Non-Gated (Liberty Network)		Single	\$604.13	\$14.92
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$1,027.02	\$25.36
Ded and Coinsurance:	In: \$6,550/\$13,100, 0%	Employee/ Spouse*	\$1,208.26	\$29.84
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,721.77	\$42.52
RX plan:	Ded Med/Rx then 0%/0%/0%			
EPO HSA \$6,550 100% Gated (Metro Network)		Single	\$531.08	\$14.92
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$902.84	\$25.36
Ded and Coinsurance:	In: \$6,550/\$13,100, 0%	Employee/ Spouse*	\$1,062.16	\$29.84
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,513.58	\$42.52
RX plan:	Ded Med/Rx then 0%/0%/0%			
EPO HSA \$3,200 Gated (Metro Network)		Single	\$535.80	\$14.92
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$910.86	\$25.36
Ded and Coinsurance:	In: \$3,200/\$6,400, 50%	Employee/ Spouse*	\$1,071.60	\$29.84
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,527.03	\$42.52
RX plan:	Ded Med/RX then 50%/50%/50%			
EPO HSA \$5,500 Gated (Metro Network)		Single	\$537.08	\$14.92
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$913.04	\$25.36
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Employee/ Spouse*	\$1,074.16	\$29.84
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,530.68	\$42.52
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800			

\* Employee / Spouse rate is the rate for Employee / Domestic Partner coverage if additional coverage is available and purchased by the group.

<sup>1</sup> Oxford insurance products are underwritten by Oxford Health Insurance, Inc. ©2017 Oxford Health Plans LLC. All rights reserved.

NY-17-013