2018 New York Small Group (1-100) Oxford Products: Q2 2018 Rates

Use the table below to review monthly rates for New York small group Oxford[1] products. Rates are for **Regions 4/8** in the Oxford service area, which includes Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, 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				
EPO $20/$40 Non-Gated (Freedom Network)		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	$20/$40	Single	$1,054.89	$14.40
Ded and Coinsurance:	$0	Parent/Child (ren)	$1,793.31	$24.48
Max out of Pocket:	In: $2,500/$5,000	Employee/ Spouse*	$2,109.77	$28.80
RX plan:	Non-T1 Ded $50 then $5/$30/$60	Family	$3,006.43	$41.04
EPO $5/$15 Non-Gated (Freedom Network)				
PCP/Spec:	$5/$15	Single	$1,070.94	$14.40
Ded and Coinsurance:	$0	Parent/Child (ren)	$1,820.60	$24.48
Max out of Pocket:	In: $2,500/$5,000	Employee/ Spouse*	$2,141.88	$28.80
RX plan:	Non-T1 Ded $50 then $5/$30/$60	Family	$3,052.18	$41.04
PPO $20/$40 Non-Gated (Freedom Network)				
PCP/Spec:	$20/$40	Single	$1,118.79	$14.40
Ded and Coinsurance:	In: $0 Out: $3,000/$6,000, 30%	Parent/Child (ren)	$1,901.95	$24.48
Max out of Pocket:	In: $2,500/$5,000 Out: $7,500/$15,000	Employee/ Spouse*	$2,237.59	$28.80
RX plan:	Non-T1 Ded $50 then $5/$30/$60	Family	$3,188.56	$41.04
PPO $20/$40 FAIR Non-Gated (Freedom Network)				
PCP/Spec:	$20/$40	Single	$1,287.24	$14.40
Ded and Coinsurance:	In: $0 Out: $3,000/$6,000, 20%	Parent/Child (ren)	$2,188.31	$24.48
Max out of Pocket:	In: $2,500/$5,000 Out: $7,500/$15,000	Employee/ Spouse*	$2,574.48	$28.80
RX plan:	Non-T1 Ded $50 then $5/$30/$60	Family	$3,668.64	$41.04
PPO $5/$15 Non-Gated (Freedom Network)				
PCP/Spec:	$5/$15	Single	$1,139.11	$14.40
Ded and Coinsurance:	In: $0 Out: $2,000/$4,000, 30%	Parent/Child (ren)	$1,936.49	$24.48
Max out of Pocket:	In: $2,500/$5,000 Out: $5,000/$10,000	Employee/ Spouse*	$2,278.22	$28.80
RX plan:	Non-T1 Ded $50 then $5/$30/$60	Family	$3,246.46	$41.04
EPO $15/$30 Gated (Metro Network)				
PCP/Spec:	$15/$30	Single	$868.79	$14.40
Ded and Coinsurance:	$0	Parent/Child (ren)	$1,476.95	$24.48
Max out of Pocket:	In: $2,500/$5,000	Employee/ Spouse*	$1,737.59	$28.80
RX plan:	$5/$65/50%, max $800	Family	$2,476.06	$41.04
EPO $15/$35 Gated (Liberty Network)				
PCP/Spec:	$15/$35	Single	$975.38	$14.40
Ded and Coinsurance:	In: $250/$500, 10%	Parent/Child (ren)	$1,658.15	$24.48
Max out of Pocket:	In: $3,000/$6,000	Employee/ Spouse*	$1,950.77	$28.80
RX plan:	Non-T1 Ded $150 then $5/$30/$60	Family	$2,779.84	$41.04
EPO $10/$30 Non-Gated (Freedom Network)				
PCP/Spec:	$10/$30	Single	$1,021.46	$14.40
Ded and Coinsurance:	In: $500/$1000, 10%	Parent/Child (ren)	$1,736.48	$24.48
Max out of Pocket:	In: $3,000/$6,000	Employee/ Spouse*	$2,042.92	$28.80
RX plan:	Non-T1 Ded $50 then $5/$30/$60	Family	$2,911.16	$41.04

2018 New York Small Group (1-100) Oxford Products: Q2 2018 Rates

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Gold Plans				
EPO $50 Non-Gated (Freedom Network)		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	$50/$50	Single	$899.89	$14.40
Ded and Coinsurance:	In: $750/$1,500, 10%	Parent/Child (ren)	$1,529.81	$24.48
Max out of Pocket:	In: $4,000/$8,000	Employee/ Spouse*	$1,799.78	$28.80
RX plan:	Non-T1 Ded $100 then $10/$35/$75	Family	$2,564.68	$41.04
EPO $15/$35 Non-Gated (Freedom Network)				
PCP/Spec:	$15/$35	Single	$902.16	$14.40
Ded and Coinsurance:	In: $1,000/$2,000, 10%	Parent/Child (ren)	$1,533.67	$24.48
Max out of Pocket:	In: $4,000/$8,000	Employee/ Spouse*	$1,804.32	$28.80
RX plan:	Non-T1 Ded $100 then $15/$35/$75	Family	$2,571.16	$41.04
EPO $25/$45 $1,500 Gated (Liberty Network)				
PCP/Spec:	$25/$45	Single	$802.67	$14.40
Ded and Coinsurance:	In: $1,500/$3,000, 20%	Parent/Child (ren)	$1,364.54	$24.48
Max out of Pocket:	In: $6,000/$12,000	Employee/ Spouse*	$1,605.34	$28.80
RX plan:	Non-T1 Ded $150 then $5/$45/$75	Family	$2,287.62	$41.04
EPO 25/40 Non-Gated (Freedom Network)				
PCP/Spec:	$25/$40	Single	$875.18	$14.40
Ded and Coinsurance:	In: $1,250/$2,500, 20%	Parent/Child (ren)	$1,487.81	$24.48
Max out of Pocket:	In: $5,000/$10,000	Employee/ Spouse*	$1,750.37	$28.80
RX plan:	Non-T1 Ded $100 then $15/$35/$75	Family	$2,494.28	$41.04
EPO 25/40 Gated (Metro Network)				
PCP/Spec:	$25/$40	Single	$700.96	$14.40
Ded and Coinsurance:	In: $1,250/$2,500, 20%	Parent/Child (ren)	$1,191.63	$24.48
Max out of Pocket:	In: $5,500/$11,000	Employee/ Spouse*	$1,401.92	$28.80
RX plan:	$10/$65/50%, max $800	Family	$1,997.73	$41.04
EPO 30/60 Gated (Liberty Network)				
PCP/Spec:	$30/$60	Single	$843.04	$14.40
Ded and Coinsurance:	In: $1,000/$2,000, 0%	Parent/Child (ren)	$1,433.17	$24.48
Max out of Pocket:	In: $4,000/$8,000	Employee/ Spouse*	$1,686.08	$28.80
RX plan:	Non-T1 Ded $100 then $15/$35/$75	Family	$2,402.67	$41.04
EPO HSA $1500 Non-Gated (Freedom Network)				
PCP/Spec:	Deductible and Coinsurance	Single	$871.31	$14.40
Ded and Coinsurance:	In: $1,500/$3,000, 10%	Parent/Child (ren)	$1,481.23	$24.48
Max out of Pocket:	In: $4,000/$8,000	Employee/ Spouse*	$1,742.62	$28.80
RX plan:	Ded Med/Rx then $10/$35/$75	Family	$2,483.23	$41.04
PPO $25/$40 Non-Gated (Freedom Network)				
PCP/Spec:	$25/$40	Single	$974.06	$14.40
Ded and Coinsurance:	In: $1,000/$2,000, 20% Out: $3,000/$6,000, 40%	Parent/Child (ren)	$1,655.91	$24.48
Max out of Pocket:	In: $4,500/$9,000 Out: $7,500/$15,000	Employee/ Spouse*	$1,948.12	$28.80
RX plan:	Non-T1 Ded $100 then $10/$35/$75	Family	$2,776.08	$41.04
PPO HSA $1,500 Non-Gated (Freedom Network)				
PCP/Spec:	Deductible and Coinsurance	Single	$927.93	$14.40
Ded and Coinsurance:	In: $1,500/$3,000, 10% Out: $3,000/$6,000, 40%	Parent/Child (ren)	$1,577.49	$24.48
Max out of Pocket:	In: $4,000/$8,000 Out: $7,500/$15,000	Employee/ Spouse*	$1,855.87	$28.80
RX plan:	Ded Med/Rx then $10/$35/$75	Family	$2,644.61	$41.04
EPO $25/$40 Non-Gated (Metro Network)				
PCP/Spec:	$25/$40	Single	$741.87	$14.40
Ded and Coinsurance:	In: $1,250/$2,500, 20%	Parent/Child (ren)	$1,261.18	$24.48
Max out of Pocket:	In: $5,000/$10,000	Employee/ Spouse*	$1,483.74	$28.80
RX plan:	Non-T1 Ded $100 then $10/$65/$90	Family	$2,114.33	$41.04
EPO Healthy NY Gated (Metro Network); Eligibility: 50 or fewer employees				
PCP/Spec:	$25/$40 after Deductible	Single	$621.69	$14.40
Ded and Coinsurance:	In: $600/$1,200, 20%	Parent/Child (ren)	$1,056.87	$24.48
Max out of Pocket:	In: $4,000/$8,000	Employee/ Spouse*	$1,243.38	$28.80
RX plan:	$10/$35/$70	Family	$1,771.81	$41.04
EPO $30/$60 Non-Gated (Freedom Network)				
PCP/Spec:	$30/$60	Single	$826.48	$14.40
Ded and Coinsurance:	In: $2,000/$4,000, 30%	Parent/Child (ren)	$1,405.02	$24.48
Max out of Pocket:	In: $6,850/$13,700	Employee/ Spouse*	$1,652.97	$28.80
RX plan:	Non-T1 Ded $100 then $15/$45/$75	Family	$2,355.48	$41.04
EPO $30/$60 Non-Gated (Liberty Network)				
PCP/Spec:	$30/$60	Single	$789.74	$14.40
Ded and Coinsurance:	In: $2,000/$4,000, 30%	Parent/Child (ren)	$1,342.55	$24.48
Max out of Pocket:	In: $6,850/$13,700	Employee/ Spouse*	$1,579.47	$28.80
RX plan:	Non-T1 Ded $100 then $15/$45/$75	Family	$2,250.75	$41.04
PPO $30/$60 Non-Gated (Freedom Network)				
PCP/Spec:	$30/$60	Single	$883.34	$14.40
Ded and Coinsurance:	In: $2,000/$4,000, 30% Out: $4,000/$8,000, 50%	Parent/Child (ren)	$1,501.68	$24.48
Max out of Pocket:	In: $6,850/$13,700 Out: $10,000/$20,000	Employee/ Spouse*	$1,766.68	$28.80
RX plan:	Non-T1 Ded $100 then $15/$45/$75	Family	$2,517.52	$41.04

2018 New York Small Group (1-100) Oxford Products: Q2 2018 Rates

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UnitedHealthcare Oxford

Silver Plans				
EPO $25/$50 Gated (Liberty Network)		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	$25/$50	Single	$693.57	$14.40
Ded and Coinsurance:	In: $3,000/$6,000, 50%	Parent/Child (ren)	$1,179.07	$24.48
Max out of Pocket:	In: $7,150/$14,300	Employee/ Spouse*	$1,387.14	$28.80
RX plan:	Non-T1 Ded $100 then $15/$65/$85	Family	$1,976.67	$41.04
EPO $30/$75 Non-Gated (Liberty Network)				
PCP/Spec:	$30/$75	Single	$688.12	$14.40
Ded and Coinsurance:	In: $3,000/$6,000, 40%	Parent/Child (ren)	$1,169.81	$24.48
Max out of Pocket:	In: $7,150/$14,300	Employee/ Spouse*	$1,376.24	$28.80
RX plan:	Non-T1 Ded $100 then $15/$65/50%, max $800	Family	$1,961.15	$41.04
EPO $40/$70 Non-Gated (Freedom Network)				
PCP/Spec:	$40/$70	Single	$761.55	$14.40
Ded and Coinsurance:	In: $2,500/$5,000, 30%	Parent/Child (ren)	$1,294.63	$24.48
Max out of Pocket:	In: $7,150/$14,300	Employee/ Spouse*	$1,523.09	$28.80
RX plan:	Non-T1 Ded $200 then $15/$45/$75	Family	$2,170.41	$41.04
EPO $40/$70 Non-Gated (Liberty Network)				
PCP/Spec:	$40/$70	Single	$727.67	$14.40
Ded and Coinsurance:	In: $2,500/$5,000, 30%	Parent/Child (ren)	$1,237.05	$24.48
Max out of Pocket:	In: $7,150/$14,300	Employee/ Spouse*	$1,455.35	$28.80
RX plan:	Non-T1 Ded $200 then $15/$45/$75	Family	$2,073.87	$41.04
EPO HSA $2,000 $25/$50 Non-Gated (Freedom Network)				
PCP/Spec:	$25/$50 after Deductible	Single	$756.39	$14.40
Ded and Coinsurance:	In: $2,000/$4,000, 20%	Parent/Child (ren)	$1,285.86	$24.48
Max out of Pocket:	In: $5,500/$11,000	Employee/ Spouse*	$1,512.78	$28.80
RX plan:	Ded Med/Rx then $15/$35/$75	Family	$2,155.71	$41.04
EPO HSA $2,000 $25/$50 Non-Gated (Liberty Network)				
PCP/Spec:	$25/$50 after Deductible	Single	$722.74	$14.40
Ded and Coinsurance:	In: $2,000/$4,000, 20%	Parent/Child (ren)	$1,228.66	$24.48
Max out of Pocket:	In: $5,500/$11,000	Employee/ Spouse*	$1,445.48	$28.80
RX plan:	Ded Med/Rx then $15/$35/$75	Family	$2,059.81	$41.04
EPO HSA $2,000 Non-Gated (Freedom Network)				
PCP/Spec:	Deductible and Coinsurance	Single	$735.38	$14.40
Ded and Coinsurance:	In: $2,000/$4,000, 30%	Parent/Child (ren)	$1,250.14	$24.48
Max out of Pocket:	In: $6,550/$13,100	Employee/ Spouse*	$1,470.75	$28.80
RX plan:	Ded Med/Rx then $15/$35/$75	Family	$2,095.82	$41.04
Prim Adv EPO $2,000 Non-Gated (Liberty Network)				
PCP/Spec:	$25/$50 - Spec. after Deductible	Single	$696.69	$14.40
Ded and Coinsurance:	In: $2,000/$4,000, 30%	Parent/Child (ren)	$1,184.37	$24.48
Max out of Pocket:	In: $6,000/$12,000	Employee/ Spouse*	$1,393.37	$28.80
RX plan:	Non-T1 Ded Med/Rx then $15/$35/$75	Family	$1,985.56	$41.04
PPO $40/$70 Non-Gated (Freedom Network)				
PCP/Spec:	$40/$70	Single	$817.71	$14.40
Ded and Coinsurance:	In: $2,500/$5,000, 30% Out: $4,000/$8,000, 50%	Parent/Child (ren)	$1,390.10	$24.48
Max out of Pocket:	In: $7,150/$14,300 Out: $10,000/$20,000	Employee/ Spouse*	$1,635.41	$28.80
RX plan:	Non-T1 Ded $200 then $15/$45/$75	Family	$2,330.46	$41.04
PPO HSA $2,000 $30/$60 Non-Gated (Freedom Network)				
PCP/Spec:	$30/$60 after Deductible	Single	$817.96	$14.40
Ded and Coinsurance:	In: $2,000/$4,000, 20% Out: $4,000/$8,000, 50%	Parent/Child (ren)	$1,390.53	$24.48
Max out of Pocket:	In: $5,500/$11,000 Out: $10,000/$20,000	Employee/ Spouse*	$1,635.92	$28.80
RX plan:	Ded Med/Rx then $15/$35/$75	Family	$2,331.18	$41.04
EPO $30/$60 Gated (Metro Network)				
PCP/Spec:	$30/$60	Single	$601.11	$14.40
Ded and Coinsurance:	In: $3,000/$6,000, 30%	Parent/Child (ren)	$1,021.89	$24.48
Max out of Pocket:	In: $7,150/$14,300	Employee/ Spouse*	$1,202.22	$28.80
RX plan:	$10/$65/50%, max $800	Family	$1,713.17	$41.04
EPO HSA $1,500 $35/$50 Gated (Metro Network)				
PCP/Spec:	$35/$50 after Deductible	Single	$631.34	$14.40
Ded and Coinsurance:	In: $1,500/$3,000, 30%	Parent/Child (ren)	$1,073.28	$24.48
Max out of Pocket:	In: $6,550/$13,100	Employee/ Spouse*	$1,262.68	$28.80
RX plan:	Ded Med/Rx then $10/$65/50%, max $800	Family	$1,799.32	$41.04
EPO $30/$60 Non-Gated (Metro Network)				
PCP/Spec:	$30/$60	Single	$640.55	$14.40
Ded and Coinsurance:	In: $2,500/$5,000, 30%	Parent/Child (ren)	$1,088.93	$24.48
Max out of Pocket:	In: $7,150/$14,300	Employee/ Spouse*	$1,281.09	$28.80
RX plan:	Non-T1 Ded $100 then $10/$65/$90	Family	$1,825.56	$41.04
Prim Adv EPO $2,000 Gated (Metro Network)				
PCP/Spec:	$30/$60 - Spec. after Deductible	Single	$619.54	$14.40
Ded and Coinsurance:	In: $2,000/$4,000, 30%	Parent/Child (ren)	$1,053.22	$24.48
Max out of Pocket:	In: $6,500/$13,000	Employee/ Spouse*	$1,239.08	$28.80
RX plan:	Non-T1 Ded Med/Rx then $10/$65/50%, max $800	Family	$1,765.70	$41.04
EPO $30/$70 $4,000 Gated (Liberty Network)				
PCP/Spec:	$30/$70	Single	$666.69	$14.40
Ded and Coinsurance:	In: $4,000/$8,000, 40%	Parent/Child (ren)	$1,133.37	$24.48
Max out of Pocket:	In: $7,350/$14,700	Employee/ Spouse*	$1,333.38	$28.80
RX plan:	Non-T1 Ded $150 then $15/$50/$90	Family	$1,900.06	$41.04
Prim Adv EPO $4,000 Gated (Liberty Network)				
PCP/Spec:	$20/$60 - Spec. after Deductible	Single	$636.89	$14.40
Ded and Coinsurance:	In: $4,000/$8,000, 30%	Parent/Child (ren)	$1,082.71	$24.48
Max out of Pocket:	In: $7,350/$14,700	Employee/ Spouse*	$1,273.77	$28.80
RX plan:	Non-T1 Ded Med/Rx then $10/$65/50%, max $800	Family	$1,815.13	$41.04

2018 New York Small Group (1-100) Oxford Products: Q2 2018 Rates

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Bronze Plans				
EPO HSA $5,500 Non-Gated (Freedom Network)		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	Deductible and Coinsurance	Single	$628.57	$14.40
Ded and Coinsurance:	In: $5,500/$11,000, 30%	Parent/Child (ren)	$1,068.58	$24.48
Max out of Pocket:	In: $6,550/$13,100	Employee/ Spouse*	$1,257.15	$28.80
RX plan:	Ded Med/Rx then $10/$40/$80	Family	$1,791.43	$41.04
EPO HSA $5,500 Non-Gated (Liberty Network)				
PCP/Spec:	Deductible and Coinsurance	Single	$600.62	$14.40
Ded and Coinsurance:	In: $5,500/$11,000, 30%	Parent/Child (ren)	$1,021.05	$24.48
Max out of Pocket:	In: $6,550/$13,100	Employee/ Spouse*	$1,201.23	$28.80
RX plan:	Ded Med/Rx then $10/$40/$80	Family	$1,711.75	$41.04
PPO HSA $6,000 $30/$60 Non-Gated (Liberty Network)				
PCP/Spec:	$30/$60 after Deductible	Single	$637.10	$14.40
Ded and Coinsurance:	In: $6,000/$12,000, 20% Out: $10,000/$20,000, 20%	Parent/Child (ren)	$1,083.07	$24.48
Max out of Pocket:	In: $6,550/$13,100 Out: $25,000/$50,000	Employee/ Spouse*	$1,274.20	$28.80
RX plan:	Ded Med/Rx then $15/$35/$75	Family	$1,815.73	$41.04
EPO HSA $5,750 $40/$75 Gated (Metro Network)				
PCP/Spec:	$40/$75 after Deductible	Single	$511.52	$14.40
Ded and Coinsurance:	In: $5,750/$11,500, 50%	Parent/Child (ren)	$869.58	$24.48
Max out of Pocket:	In: $6,550/$13,100	Employee/ Spouse*	$1,023.03	$28.80
RX plan:	Ded Med/Rx then $10/$65/50%, max $800	Family	$1,457.82	$41.04
EPO HSA $6,550 100% Non-Gated (Liberty Network)				
PCP/Spec:	Deductible and Coinsurance	Single	$593.00	$14.40
Ded and Coinsurance:	In: $6,550/$13,100, 0%	Parent/Child (ren)	$1,008.10	$24.48
Max out of Pocket:	In: $6,550/$13,100	Employee/ Spouse*	$1,186.00	$28.80
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	$1,690.06	$41.04
EPO HSA $6,550 100% Gated (Metro Network)				
PCP/Spec:	Deductible and Coinsurance	Single	$505.91	$14.40
Ded and Coinsurance:	In: $6,550/$13,100, 0%	Parent/Child (ren)	$860.05	$24.48
Max out of Pocket:	In: $6,550/$13,100	Employee/ Spouse*	$1,011.83	$28.80
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	$1,441.85	$41.04
EPO HSA $3,000 $25/$75 Non-Gated (Liberty Network)				
PCP/Spec:	$25/$75 after Deductible	Single	$634.25	$14.40
Ded and Coinsurance:	In: $3,000/$6,000, 30%	Parent/Child (ren)	$1,078.23	$24.48
Max out of Pocket:	In: $6,550/$13,100	Employee/ Spouse*	$1,268.51	$28.80
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	$1,807.63	$41.04
EPO HSA $5,500 Gated (Metro Network)				
PCP/Spec:	Deductible and Coinsurance	Single	$512.73	$14.40
Ded and Coinsurance:	In: $5,500/$11,000, 30%	Parent/Child (ren)	$871.64	$24.48
Max out of Pocket:	In: $6,550/$13,100	Employee/ Spouse*	$1,025.46	$28.80
RX plan:	Ded Med/Rx then $10/$65/50%, max $800	Family	$1,461.28	$41.04

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

[1] Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

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