

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 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				
EPO \$20/\$40 Non-Gated (Freedom Network)		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$20/\$40	Single	\$1,161.53	\$15.86
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$1,974.61	\$26.96
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,323.07	\$31.72
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,310.37	\$45.20
EPO \$5/\$15 Non-Gated (Freedom Network)				
PCP/Spec:	\$5/\$15	Single	\$1,179.22	\$15.86
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$2,004.67	\$26.96
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$2,358.43	\$31.72
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,360.77	\$45.20
PPO \$20/\$40 Non-Gated (Freedom Network)				
PCP/Spec:	\$20/\$40	Single	\$1,231.91	\$15.86
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$2,094.24	\$26.96
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,463.82	\$31.72
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,510.94	\$45.20
PPO \$20/\$40 FAIR Non-Gated (Freedom Network)				
PCP/Spec:	\$20/\$40	Single	\$1,417.38	\$15.86
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$2,409.54	\$26.96
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,834.76	\$31.72
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$4,039.53	\$45.20
PPO \$5/\$15 Non-Gated (Freedom Network)				
PCP/Spec:	\$5/\$15	Single	\$1,254.28	\$15.86
Ded and Coinsurance:	In: \$0 Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$2,132.28	\$26.96
Max out of Pocket:	In: \$2,500/\$5,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$2,508.56	\$31.72
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,574.71	\$45.20
EPO \$15/\$30 Gated (Metro Network)				
PCP/Spec:	\$15/\$30	Single	\$956.63	\$15.86
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$1,626.27	\$26.96
Max out of Pocket:	In: \$2,500/\$5,000	Employee/ Spouse*	\$1,913.26	\$31.72
RX plan:	\$5/\$65/50%, max \$800	Family	\$2,726.40	\$45.20
EPO \$15/\$35 Gated (Liberty Network)				
PCP/Spec:	\$15/\$35	Single	\$1,074.00	\$15.86
Ded and Coinsurance:	In: \$250/\$500, 10%	Parent/Child (ren)	\$1,825.80	\$26.96
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,148.00	\$31.72
RX plan:	Non-T1 Ded \$150 then \$5/\$30/\$60	Family	\$3,060.89	\$45.20
EPO \$10/\$30 Non-Gated (Freedom Network)				
PCP/Spec:	\$10/\$30	Single	\$1,124.73	\$15.86
Ded and Coinsurance:	In: \$500/\$1000, 10%	Parent/Child (ren)	\$1,912.04	\$26.96
Max out of Pocket:	In: \$3,000/\$6,000	Employee/ Spouse*	\$2,249.46	\$31.72
RX plan:	Non-T1 Ded \$50 then \$5/\$30/\$60	Family	\$3,205.47	\$45.20

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Gold Plans				
EPO \$50 Non-Gated (Freedom Network)		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$990.87	\$15.86
Ded and Coinsurance:	In: \$750/\$1,500, 10%	Parent/Child (ren)	\$1,684.48	\$26.96
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,981.74	\$31.72
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75	Family	\$2,823.98	\$45.20
EPO \$15/\$35 Non-Gated (Freedom Network)				
PCP/Spec:	\$15/\$35	Single	\$993.38	\$15.86
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Parent/Child (ren)	\$1,688.74	\$26.96
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,986.75	\$31.72
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$2,831.12	\$45.20
EPO \$25/\$45 \$1,500 Gated (Liberty Network)				
PCP/Spec:	\$25/\$45	Single	\$883.82	\$15.86
Ded and Coinsurance:	In: \$1,500/\$3,000, 20%	Parent/Child (ren)	\$1,502.49	\$26.96
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$1,767.64	\$31.72
RX plan:	Non-T1 Ded \$150 then \$5/\$45/\$75	Family	\$2,518.88	\$45.20
EPO 25/40 Non-Gated (Freedom Network)				
PCP/Spec:	\$25/\$40	Single	\$963.67	\$15.86
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,638.24	\$26.96
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$1,927.34	\$31.72
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$2,746.46	\$45.20
EPO 25/40 Gated (Metro Network)				
PCP/Spec:	\$25/\$40	Single	\$771.83	\$15.86
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,312.11	\$26.96
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,543.66	\$31.72
RX plan:	\$10/\$65/50%, max \$800	Family	\$2,199.72	\$45.20
EPO 30/60 Gated (Liberty Network)				
PCP/Spec:	\$30/\$60	Single	\$928.27	\$15.86
Ded and Coinsurance:	In: \$1,000/\$2,000, 0%	Parent/Child (ren)	\$1,578.07	\$26.96
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,856.55	\$31.72
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$2,645.58	\$45.20
EPO HSA \$1500 Non-Gated (Freedom Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$959.40	\$15.86
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,630.98	\$26.96
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,918.80	\$31.72
RX plan:	Ded Med/Rx then \$10/\$35/\$75	Family	\$2,734.28	\$45.20
PPO \$25/\$40 Non-Gated (Freedom Network)				
PCP/Spec:	\$25/\$40	Single	\$1,072.53	\$15.86
Ded and Coinsurance:	In: \$1,000/\$2,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,823.30	\$26.96
Max out of Pocket:	In: \$4,500/\$9,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,145.06	\$31.72
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75	Family	\$3,056.71	\$45.20
PPO HSA \$1,500 Non-Gated (Freedom Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$1,021.75	\$15.86
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,736.98	\$26.96
Max out of Pocket:	In: \$4,000/\$8,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,043.51	\$31.72
RX plan:	Ded Med/Rx then \$10/\$35/\$75	Family	\$2,911.99	\$45.20
EPO \$25/\$40 Non-Gated (Metro Network)				
PCP/Spec:	\$25/\$40	Single	\$816.87	\$15.86
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,388.68	\$26.96
Max out of Pocket:	In: \$5,000/\$10,000	Employee/ Spouse*	\$1,633.74	\$31.72
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$2,328.08	\$45.20
EPO Healthy NY Gated (Metro Network); Eligibility: 50 or fewer employees				
PCP/Spec:	\$25/\$40 after Deductible	Single	\$684.55	\$15.86
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Parent/Child (ren)	\$1,163.73	\$26.96
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,369.10	\$31.72
RX plan:	\$10/\$35/\$70	Family	\$1,950.96	\$45.20
EPO \$30/\$60 Non-Gated (Freedom Network)				
PCP/Spec:	\$30/\$60	Single	\$910.05	\$15.86
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,547.08	\$26.96
Max out of Pocket:	In: \$6,850/\$13,700	Employee/ Spouse*	\$1,820.09	\$31.72
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$2,593.63	\$45.20
EPO \$30/\$60 Non-Gated (Liberty Network)				
PCP/Spec:	\$30/\$60	Single	\$869.58	\$15.86
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,478.29	\$26.96
Max out of Pocket:	In: \$6,850/\$13,700	Employee/ Spouse*	\$1,739.16	\$31.72
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$2,478.31	\$45.20
PPO \$30/\$60 Non-Gated (Freedom Network)				
PCP/Spec:	\$30/\$60	Single	\$972.65	\$15.86
Ded and Coinsurance:	In: \$2,000/\$4,000, 30% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,653.51	\$26.96
Max out of Pocket:	In: \$6,850/\$13,700 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,945.31	\$31.72
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$2,772.06	\$45.20

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 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.



Silver Plans

EPO \$25/\$50 Gated (Liberty Network)		Tier	Rate (select counties)	Dep 29 Rider
PCP/Spec:	\$25/\$50	Single	\$763.68	\$15.86
Ded and Coinsurance:	In: \$3,000/\$6,000, 50%	Parent/Child (ren)	\$1,298.26	\$26.96
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$1,527.37	\$31.72
RX plan:	Non-T1 Ded \$100 then \$15/\$65/\$85	Family	\$2,176.50	\$45.20
EPO \$30/\$75 Non-Gated (Liberty Network)				
PCP/Spec:	\$30/\$75	Single	\$757.69	\$15.86
Ded and Coinsurance:	In: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,288.07	\$26.96
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$1,515.38	\$31.72
RX plan:	Non-T1 Ded \$100 then \$15/\$65/50%, max \$800	Family	\$2,159.42	\$45.20
EPO \$40/\$70 Non-Gated (Freedom Network)				
PCP/Spec:	\$40/\$70	Single	\$838.54	\$15.86
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child (ren)	\$1,425.53	\$26.96
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$1,677.09	\$31.72
RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,389.85	\$45.20
EPO \$40/\$70 Non-Gated (Liberty Network)				
PCP/Spec:	\$40/\$70	Single	\$801.24	\$15.86
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child (ren)	\$1,362.12	\$26.96
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$1,602.49	\$31.72
RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,283.55	\$45.20
EPO HSA \$2,000 \$25/\$50 Non-Gated (Freedom Network)				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$832.86	\$15.86
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,415.87	\$26.96
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,665.73	\$31.72
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,373.66	\$45.20
EPO HSA \$2,000 \$25/\$50 Non-Gated (Liberty Network)				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$795.82	\$15.86
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,352.89	\$26.96
Max out of Pocket:	In: \$5,500/\$11,000	Employee/ Spouse*	\$1,591.63	\$31.72
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,268.08	\$45.20
EPO HSA \$2,000 Non-Gated (Freedom Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$809.72	\$15.86
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,376.53	\$26.96
Max out of Pocket:	In: \$6,550/\$13,100	Employee/ Spouse*	\$1,619.45	\$31.72
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,307.71	\$45.20
Prim Adv EPO \$2,000 Non-Gated (Liberty Network)				
PCP/Spec:	\$25/\$50 - Spec. after Deductible	Single	\$767.12	\$15.86
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,304.10	\$26.96
Max out of Pocket:	In: \$6,000/\$12,000	Employee/ Spouse*	\$1,534.24	\$31.72
RX plan:	Non-T1 Ded Med/Rx then \$15/\$35/\$75	Family	\$2,186.29	\$45.20
PPO \$40/\$70 Non-Gated (Freedom Network)				
PCP/Spec:	\$40/\$70	Single	\$900.37	\$15.86
Ded and Coinsurance:	In: \$2,500/\$5,000, 30% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,530.64	\$26.96
Max out of Pocket:	In: \$7,150/\$14,300 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,800.75	\$31.72
RX plan:	Non-T1 Ded \$200 then \$15/\$45/\$75	Family	\$2,566.07	\$45.20
PPO HSA \$2,000 \$30/\$60 Non-Gated (Freedom Network)				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$900.66	\$15.86
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,531.12	\$26.96
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,801.31	\$31.72
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$2,566.87	\$45.20
EPO \$30/\$60 Gated (Metro Network)				
PCP/Spec:	\$30/\$60	Single	\$661.88	\$15.86
Ded and Coinsurance:	In: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$1,125.20	\$26.96
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$1,323.76	\$31.72
RX plan:	\$10/\$65/50%, max \$800	Family	\$1,886.36	\$45.20
EPO HSA \$1,500 \$35/\$50 Gated (Metro Network)				
PCP/Spec:	\$35/\$50 after Deductible	Single	\$695.17	\$15.86
Ded and Coinsurance:	In: \$1,500/\$3,000, 30%	Parent/Child (ren)	\$1,181.79	\$26.96
Max out of Pocket:	In: \$6,550/\$13,100	Employee/ Spouse*	\$1,390.34	\$31.72
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,981.24	\$45.20
EPO \$30/\$60 Non-Gated (Metro Network)				
PCP/Spec:	\$30/\$60	Single	\$705.31	\$15.86
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Parent/Child (ren)	\$1,199.03	\$26.96
Max out of Pocket:	In: \$7,150/\$14,300	Employee/ Spouse*	\$1,410.62	\$31.72
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90	Family	\$2,010.13	\$45.20
Prim Adv EPO \$2,000 Gated (Metro Network)				
PCP/Spec:	\$30/\$60 - Spec. after Deductible	Single	\$682.18	\$15.86
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,159.70	\$26.96
Max out of Pocket:	In: \$6,500/\$13,000	Employee/ Spouse*	\$1,364.36	\$31.72
RX plan:	Non-T1 Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,944.21	\$45.20
EPO \$30/\$70 \$4,000 Gated (Liberty Network)				
PCP/Spec:	\$30/\$70	Single	\$734.09	\$15.86
Ded and Coinsurance:	In: \$4,000/\$8,000, 40%	Parent/Child (ren)	\$1,247.96	\$26.96
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,468.19	\$31.72
RX plan:	Non-T1 Ded \$150 then \$15/\$50/\$90	Family	\$2,092.17	\$45.20
Prim Adv EPO \$4,000 Gated (Liberty Network)				
PCP/Spec:	\$20/\$60 - Spec. after Deductible	Single	\$701.28	\$15.86
Ded and Coinsurance:	In: \$4,000/\$8,000, 30%	Parent/Child (ren)	\$1,192.18	\$26.96
Max out of Pocket:	In: \$7,350/\$14,700	Employee/ Spouse*	\$1,402.56	\$31.72

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RX plan:	Non-T1 Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,998.65	\$45.20
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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	\$692.12	\$15.86
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Parent/Child (ren)	\$1,176.61	\$26.96
Max out of Pocket:	In: \$6,550/\$13,100	Employee/ Spouse*	\$1,384.24	\$31.72
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$1,972.55	\$45.20
EPO HSA \$5,500 Non-Gated (Liberty Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$661.34	\$15.86
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Parent/Child (ren)	\$1,124.28	\$26.96
Max out of Pocket:	In: \$6,550/\$13,100	Employee/ Spouse*	\$1,322.68	\$31.72
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$1,884.81	\$45.20
PPO HSA \$6,000 \$30/\$60 Non-Gated (Liberty Network)				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$701.51	\$15.86
Ded and Coinsurance:	In: \$6,000/\$12,000, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$1,192.57	\$26.96
Max out of Pocket:	In: \$6,550/\$13,100 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,403.03	\$31.72
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$1,999.31	\$45.20
EPO HSA \$5,750 \$40/\$75 Gated (Metro Network)				
PCP/Spec:	\$40/\$75 after Deductible	Single	\$563.23	\$15.86
Ded and Coinsurance:	In: \$5,750/\$11,500, 50%	Parent/Child (ren)	\$957.49	\$26.96
Max out of Pocket:	In: \$6,550/\$13,100	Employee/ Spouse*	\$1,126.46	\$31.72
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,605.20	\$45.20
EPO HSA \$6,550 100% Non-Gated (Liberty Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$652.95	\$15.86
Ded and Coinsurance:	In: \$6,550/\$13,100, 0%	Parent/Child (ren)	\$1,110.01	\$26.96
Max out of Pocket:	In: \$6,550/\$13,100	Employee/ Spouse*	\$1,305.90	\$31.72
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,860.90	\$45.20
EPO HSA \$6,550 100% Gated (Metro Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$557.06	\$15.86
Ded and Coinsurance:	In: \$6,550/\$13,100, 0%	Parent/Child (ren)	\$947.01	\$26.96
Max out of Pocket:	In: \$6,550/\$13,100	Employee/ Spouse*	\$1,114.12	\$31.72
RX plan:	Ded Med/Rx then 0%/0%/0%	Family	\$1,587.63	\$45.20
EPO HSA \$3,000 \$25/\$75 Non-Gated (Liberty Network)				
PCP/Spec:	\$25/\$75 after Deductible	Single	\$698.38	\$15.86
Ded and Coinsurance:	In: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$1,187.24	\$26.96
Max out of Pocket:	In: \$6,550/\$13,100	Employee/ Spouse*	\$1,396.75	\$31.72
RX plan:	Ded Med/Rx then 30%/30%/30%	Family	\$1,990.37	\$45.20
EPO HSA \$5,500 Gated (Metro Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$564.57	\$15.86
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Parent/Child (ren)	\$959.77	\$26.96
Max out of Pocket:	In: \$6,550/\$13,100	Employee/ Spouse*	\$1,129.14	\$31.72
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$1,609.02	\$45.20

* 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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