

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 Oxford¹ 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

		Tier	Rate (select counties)	Dep 29 Rider
EPO \$20/\$40 Non-Gated (Freedom Network)		Single	\$984.22	\$13.55
PCP/Spec:	\$20/\$40	Parent/Child (ren)	\$1,673.17	\$23.04
Ded and Coinsurance:	\$0	Employee/ Spouse*	\$1,968.44	\$27.10
Max out of Pocket:	\$3,000/\$6,000	Family	\$2,805.03	\$38.62
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60			
EPO \$5/\$15 Non-Gated (Freedom Network)		Single	\$1,003.51	\$13.55
PCP/Spec:	\$5/\$15	Parent/Child (ren)	\$1,705.97	\$23.04
Ded and Coinsurance:	\$0	Employee/ Spouse*	\$2,007.02	\$27.10
Max out of Pocket:	In: \$3,000/\$6,000	Family	\$2,860.00	\$38.62
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60			
PPO \$20/\$40 Non-Gated (Freedom Network)		Single	\$1,050.31	\$13.55
PCP/Spec:	\$20/\$40	Parent/Child (ren)	\$1,785.53	\$23.04
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 30%	Employee/ Spouse*	\$2,100.62	\$27.10
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Family	\$2,993.38	\$38.62
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60			
PPO \$20/\$40 FAIR Non-Gated (Freedom Network)		Single	\$1,207.79	\$13.55
PCP/Spec:	\$20/\$40	Parent/Child (ren)	\$2,053.24	\$23.04
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 20%	Employee/ Spouse*	\$2,415.58	\$27.10
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Family	\$3,442.20	\$38.62
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60			
PPO \$5/\$15 Non-Gated (Freedom Network)		Single	\$1,073.79	\$13.55
PCP/Spec:	\$5/\$15	Parent/Child (ren)	\$1,825.44	\$23.04
Ded and Coinsurance:	In: \$0 Out: \$2,000/\$4,000, 30%	Employee/ Spouse*	\$2,147.58	\$27.10
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Family	\$3,060.30	\$38.62
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60			
EPO \$15/\$30 Gated (Metro Network)		Single	\$820.59	\$13.55
PCP/Spec:	\$15/\$30	Parent/Child (ren)	\$1,395.00	\$23.04
Ded and Coinsurance:	\$0	Employee/ Spouse*	\$1,641.18	\$27.10
Max out of Pocket:	In: \$3,000/\$6,000	Family	\$2,338.68	\$38.62
RX plan:	\$5/\$65/50%, max \$800			

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Gold Plans		Tier	Rate (select counties)	Dep 29 Rider
EPO \$50 Non-Gated (Freedom Network)		Single	\$853.94	\$13.55
PCP/Spec:	\$50/\$50	Parent/Child (ren)	\$1,451.70	\$23.04
Ded and Coinsurance:	In: \$750/\$1,500, 10%	Employee/ Spouse*	\$1,707.88	\$27.10
Max out of Pocket:	In: \$4,000/\$8,000	Family	\$2,433.73	\$38.62
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75			
EPO \$15/\$30 Non-Gated (Freedom Network)		Single	\$861.49	\$13.55
PCP/Spec:	\$15/\$30	Parent/Child (ren)	\$1,464.53	\$23.04
Ded and Coinsurance:	In: \$800/\$1,600, 10%	Employee/ Spouse*	\$1,722.98	\$27.10
Max out of Pocket:	In: \$4,000/\$8,000	Family	\$2,455.25	\$38.62
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75			
EPO \$15/\$30 Gated (Metro Network)		Single	\$713.28	\$13.55
PCP/Spec:	\$15/\$30	Parent/Child (ren)	\$1,212.58	\$23.04
Ded and Coinsurance:	In: \$750/\$1,500, 20%	Employee/ Spouse*	\$1,426.56	\$27.10
Max out of Pocket:	In: \$4,000/\$8,000	Family	\$2,032.85	\$38.62
RX plan:	\$10/\$65/50%, max \$800			
EPO \$25/\$40 Non-Gated (Freedom Network)		Single	\$829.11	\$13.55
PCP/Spec:	\$25/\$40	Parent/Child (ren)	\$1,409.49	\$23.04
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Employee/ Spouse*	\$1,658.22	\$27.10
Max out of Pocket:	In: \$5,000/\$10,000	Family	\$2,362.96	\$38.62
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75			
EPO \$25/\$40 Gated (Metro Network)		Single	\$693.16	\$13.55
PCP/Spec:	\$25/\$40	Parent/Child (ren)	\$1,178.37	\$23.04
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Employee/ Spouse*	\$1,386.32	\$27.10
Max out of Pocket:	In: \$4,500/\$9,000	Family	\$1,975.51	\$38.62
RX plan:	\$10/\$65/50%, max \$800			
EPO \$30/\$60 Gated (Liberty Network)		Single	\$804.49	\$13.55
PCP/Spec:	\$30/\$60	Parent/Child (ren)	\$1,367.63	\$23.04
Ded and Coinsurance:	In: \$1,000/\$2,000, 0%	Employee/ Spouse*	\$1,608.98	\$27.10
Max out of Pocket:	In: \$4,000/\$8,000	Family	\$2,292.80	\$38.62
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75			
EPO HSA \$1,500 Non-Gated (Freedom Network)		Single	\$777.74	\$13.55
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$1,322.16	\$23.04
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Employee/ Spouse*	\$1,555.48	\$27.10
Max out of Pocket:	In: \$4,000/\$8,000	Family	\$2,216.56	\$38.62
RX plan:	Ded Med/Rx then \$10/\$35/\$75			
PPO \$25/\$40 Non-Gated (Freedom Network)		Single	\$911.46	\$13.55
PCP/Spec:	\$25/\$40	Parent/Child (ren)	\$1,549.48	\$23.04
Ded and Coinsurance:	In: \$1,000/\$2,000, 20% Out: \$3,000/\$6,000, 40%	Employee/ Spouse*	\$1,822.92	\$27.10
Max out of Pocket:	In: \$4,000/\$8,000 Out: \$7,500/\$15,000	Family	\$2,597.66	\$38.62
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75			
PPO HSA \$1,500 Non-Gated (Freedom Network)		Single	\$835.62	\$13.55
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$1,420.55	\$23.04
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Employee/ Spouse*	\$1,671.24	\$27.10
Max out of Pocket:	In: \$4,000/\$8,000 Out: \$7,500/\$15,000	Family	\$2,381.52	\$38.62
RX plan:	Ded Med/Rx then \$10/\$35/\$75			
EPO \$25/\$40 Non-Gated (Metro Network)		Single	\$727.03	\$13.55
PCP/Spec:	\$25/\$40	Parent/Child (ren)	\$1,235.95	\$23.04
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Employee/ Spouse*	\$1,454.06	\$27.10
Max out of Pocket:	In: \$5,000/\$10,000	Family	\$2,072.04	\$38.62
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90			
EPO Healthy NY Gated (Metro Network); Eligibility: 50 or fewer employees		Single	\$597.32	\$13.55
PCP/Spec:	\$25/\$40 after Deductible	Parent/Child (ren)	\$1,015.44	\$23.04
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Employee/ Spouse*	\$1,194.64	\$27.10
Max out of Pocket:	In: \$4,000/\$8,000	Family	\$1,702.36	\$38.62
RX plan:	\$10/\$35/\$70			

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

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Silver Plans

		Tier	Rate (select counties)	Dep 29 Rider
EPO \$25/\$50 Gated (Liberty Network)		Single	\$678.87	\$13.55
PCP/Spec:	\$25/\$50	Parent/Child (ren)	\$1,154.08	\$23.04
Ded and Coinsurance:	In: \$3,000/\$6,000, 50%	Employee/ Spouse*	\$1,357.74	\$27.10
Max out of Pocket:	In: \$6,600/\$13,200	Family	\$1,934.78	\$38.62
RX plan:	Non-T1 Ded \$100 then \$15/\$65/\$85			
EPO \$30/\$75 Non-Gated (Liberty Network)		Single	\$663.16	\$13.55
PCP/Spec:	\$30/\$75	Parent/Child (ren)	\$1,127.37	\$23.04
Ded and Coinsurance:	In: \$3,000/\$6,000, 40%	Employee/ Spouse*	\$1,326.32	\$27.10
Max out of Pocket:	In: \$6,850/\$13,700	Family	\$1,890.01	\$38.62
RX plan:	Non-T1 Ded \$100 then \$15/\$65/50%, max \$800			
EPO \$40/\$70 Non-Gated (Freedom Network)		Single	\$727.55	\$13.55
PCP/Spec:	\$40/\$70	Parent/Child (ren)	\$1,236.84	\$23.04
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Employee/ Spouse*	\$1,455.10	\$27.10
Max out of Pocket:	In: \$6,850/\$13,700	Family	\$2,073.52	\$38.62
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75			
EPO \$40/\$70 Non-Gated (Liberty Network)		Single	\$705.72	\$13.55
PCP/Spec:	\$40/\$70	Parent/Child (ren)	\$1,199.72	\$23.04
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Employee/ Spouse*	\$1,411.44	\$27.10
Max out of Pocket:	In: \$6,850/\$13,700	Family	\$2,011.30	\$38.62
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75			
EPO HSA \$2,000 \$25/\$50 Non-Gated (Freedom Network)		Single	\$695.96	\$13.55
PCP/Spec:	\$25/\$50 after Deductible	Parent/Child (ren)	\$1,183.13	\$23.04
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Employee/ Spouse*	\$1,391.92	\$27.10
Max out of Pocket:	In: \$5,500/\$11,000	Family	\$1,983.49	\$38.62
RX plan:	Ded Med/Rx then \$15/\$35/\$75			
EPO HSA \$2,000 \$25/\$50 Non-Gated (Liberty Network)		Single	\$675.08	\$13.55
PCP/Spec:	\$25/\$50 after Deductible	Parent/Child (ren)	\$1,147.64	\$23.04
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Employee/ Spouse*	\$1,350.16	\$27.10
Max out of Pocket:	In: \$5,500/\$11,000	Family	\$1,923.98	\$38.62
RX plan:	Ded Med/Rx then \$15/\$35/\$75			
EPO HSA \$2,000 Non-Gated (Freedom Network)		Single	\$657.95	\$13.55
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$1,118.52	\$23.04
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Employee/ Spouse*	\$1,315.90	\$27.10
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,875.16	\$38.62
RX plan:	Ded Med/Rx then \$15/\$35/\$75			
Prim Adv EPO \$2,000 Non-Gated (Liberty Network)		Single	\$673.04	\$13.55
PCP/Spec:	\$25/\$50 - Spec. after Deductible	Parent/Child (ren)	\$1,144.17	\$23.04
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Employee/ Spouse*	\$1,346.08	\$27.10
Max out of Pocket:	In: \$5,500/\$11,000	Family	\$1,918.16	\$38.62
RX plan:	Non-T1 Ded Med/Rx then \$15/\$35/\$75			
PPO \$40/\$70 Non-Gated (Freedom Network)		Single	\$787.12	\$13.55
PCP/Spec:	\$40/\$70	Parent/Child (ren)	\$1,338.10	\$23.04
Ded and Coinsurance:	In: \$2,500/\$5,000, 30% Out: \$4,000/\$8,000, 50%	Employee/ Spouse*	\$1,574.24	\$27.10
Max out of Pocket:	In: \$6,850/\$13,700 Out: \$10,000/\$20,000	Family	\$2,243.29	\$38.62
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75			
PPO HSA \$2,000 \$30/\$60 Non-Gated (Freedom Network)		Single	\$741.82	\$13.55
PCP/Spec:	\$30/\$60 after Deductible	Parent/Child (ren)	\$1,261.09	\$23.04
Ded and Coinsurance:	In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Employee/ Spouse*	\$1,483.64	\$27.10
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$10,000/\$20,000	Family	\$2,114.19	\$38.62
RX plan:	Ded Med/Rx then \$15/\$35/\$75			
EPO \$30/\$60 Gated (Metro Network)		Single	\$600.36	\$13.55
PCP/Spec:	\$30/\$60	Parent/Child (ren)	\$1,020.61	\$23.04
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Employee/ Spouse*	\$1,200.72	\$27.10
Max out of Pocket:	In: \$6,850/\$13,700	Family	\$1,711.03	\$38.62
RX plan:	\$10/\$65/50%, max \$800			
EPO HSA \$2,000 \$35/\$50 Gated (Metro Network)		Single	\$568.35	\$13.55
PCP/Spec:	\$35/\$50 after Deductible	Parent/Child (ren)	\$966.20	\$23.04
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Employee/ Spouse*	\$1,136.70	\$27.10
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,619.80	\$38.62
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800			
EPO \$30/\$60 Non-Gated (Metro Network)		Single	\$631.62	\$13.55
PCP/Spec:	\$30/\$60	Parent/Child (ren)	\$1,073.75	\$23.04
Ded and Coinsurance:	In: \$2,500/\$5,000, 30%	Employee/ Spouse*	\$1,263.24	\$27.10
Max out of Pocket:	In: \$6,850/\$13,700	Family	\$1,800.12	\$38.62
RX plan:	Non-T1 Ded \$100 then \$10/\$65/\$90			
Prim Adv EPO \$2,000 Gated (Metro Network)		Single	\$594.03	\$13.55
PCP/Spec:	\$30/\$60 - Spec. after Deductible	Parent/Child (ren)	\$1,009.85	\$23.04
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Employee/ Spouse*	\$1,188.06	\$27.10
Max out of Pocket:	In: \$6,500/\$13,000	Family	\$1,692.99	\$38.62
RX plan:	Non-T1 Ded Med/Rx then \$10/\$65/50%, max \$800			

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Bronze Plans

		Tier	Rate (select counties)	Dep 29 Rider
EPO HSA \$5,500 Non-Gated (Freedom Network)		Single	\$572.39	\$13.55
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$973.06	\$23.04
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Employee/ Spouse*	\$1,144.78	\$27.10
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,631.31	\$38.62
RX plan:	Ded Med/Rx then \$10/\$40/\$80			
EPO HSA \$5,500 Non-Gated (Liberty Network)		Single	\$555.23	\$13.55
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$943.89	\$23.04
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Employee/ Spouse*	\$1,110.46	\$27.10
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,582.41	\$38.62
RX plan:	Ded Med/Rx then \$10/\$40/\$80			
PPO HSA \$6,000 \$30/\$60 Non-Gated (Liberty Network)		Single	\$593.16	\$13.55
PCP/Spec:	\$30/\$60 after Deductible	Parent/Child (ren)	\$1,008.37	\$23.04
Ded and Coinsurance:	In: \$6,000/\$12,000, 20% Out: \$10,000/\$20,000, 20%	Employee/ Spouse*	\$1,186.32	\$27.10
Max out of Pocket:	In: \$6,550/\$13,100 Out: \$25,000/\$50,000	Family	\$1,690.51	\$38.62
RX plan:	Ded Med/Rx then \$15/\$35/\$75			
EPO HSA \$5,750 \$40/\$75 Gated (Metro Network)		Single	\$488.17	\$13.55
PCP/Spec:	\$40/\$75 after Deductible	Parent/Child (ren)	\$829.89	\$23.04
Ded and Coinsurance:	In: \$5,750/\$11,500, 50%	Employee/ Spouse*	\$976.34	\$27.10
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,391.28	\$38.62
RX plan:	Ded Med/Rx then \$10/\$65/50%, max \$800			
EPO HSA \$6,550 100% Non-Gated (Liberty Network)		Single	\$548.66	\$13.55
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$932.72	\$23.04
Ded and Coinsurance:	In: \$6,550/\$13,100, 0%	Employee/ Spouse*	\$1,097.32	\$27.10
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,563.68	\$38.62
RX plan:	Ded Med/Rx then 0%/0%/0%			
EPO HSA \$6,550 100% Gated (Metro Network)		Single	\$482.32	\$13.55
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$819.94	\$23.04
Ded and Coinsurance:	In: \$6,550/\$13,100, 0%	Employee/ Spouse*	\$964.64	\$27.10
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,374.61	\$38.62
RX plan:	Ded Med/Rx then 0%/0%/0%			
EPO HSA \$3,200 Gated (Metro Network)		Single	\$486.60	\$13.55
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$827.22	\$23.04
Ded and Coinsurance:	In: \$3,200/\$6,400, 50%	Employee/ Spouse*	\$973.20	\$27.10
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,386.81	\$38.62
RX plan:	Ded Med/RX then 50%/50%/50%			
EPO HSA \$5,500 Gated (Metro Network)		Single	\$487.76	\$13.55
PCP/Spec:	Deductible and Coinsurance	Parent/Child (ren)	\$829.19	\$23.04
Ded and Coinsurance:	In: \$5,500/\$11,000, 30%	Employee/ Spouse*	\$975.52	\$27.10
Max out of Pocket:	In: \$6,550/\$13,100	Family	\$1,390.12	\$38.62
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.

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