

2016 New York Small Group (1-100) Oxford Products: Q1 2016 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are the same across all counties in the Oxford Service area, which includes: Bronx, Brooklyn, Dutchess, Manhattan, Nassau, Orange, Putnam, Queens, Rockland, Staten Island, Suffolk, Sullivan, Ulster and Westchester counties. Please be advised that 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.



Platinum Plans		Tier	Rate (all counties)	Dep 29 Rider
EPO 20/40 Non-Gated (Freedom Network)				
PCP/Spec:	\$20/\$40	Single	\$886.38	\$12.32
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$1,506.85	\$20.94
Max out of Pocket:	\$3,000/\$6,000	Employee/ Spouse*	\$1,772.76	\$24.64
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60	Family	\$2,526.19	\$35.10
EPO 5/15 Non-Gated (Freedom Network)				
PCP/Spec:	\$5/\$15	Single	\$908.10	\$12.32
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$1,543.76	\$20.94
Max out of Pocket:	\$3,000/\$6,000	Employee/ Spouse*	\$1,816.19	\$24.64
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60	Family	\$2,588.07	\$35.10
PPO 20/40 Non-Gated (Freedom Network)				
PCP/Spec:	\$20/\$40	Single	\$963.60	\$12.32
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 30%	Parent/Child (ren)	\$1,638.12	\$20.94
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$1,927.19	\$24.64
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60	Family	\$2,746.25	\$35.10
PPO 20/40 FAIR Non-Gated (Freedom Network)				
PCP/Spec:	\$20/\$40	Single	\$1,108.14	\$12.32
Ded and Coinsurance:	In: \$0 Out: \$3,000/\$6,000, 20%	Parent/Child (ren)	\$1,883.83	\$20.94
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$2,216.27	\$24.64
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60	Family	\$3,158.18	\$35.10
PPO 5/15 Non-Gated (Freedom Network)				
PCP/Spec:	\$5/\$15	Single	\$990.70	\$12.32
Ded and Coinsurance:	In: \$0 Out: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,684.20	\$20.94
Max out of Pocket:	In: \$3,000/\$6,000 Out: \$5,000/\$10,000	Employee/ Spouse*	\$1,981.41	\$24.64
RX plan:	Non-T1 Ded \$100 then \$5/\$30/\$60	Family	\$2,823.51	\$35.10
HMO 20/40 Gated (Liberty Network)				
PCP/Spec:	\$20/\$40	Single	\$829.55	\$12.32
Ded and Coinsurance:	\$0	Parent/Child (ren)	\$1,410.25	\$20.94
Max out of Pocket:	\$3,000/\$6,000	Employee/ Spouse*	\$1,659.11	\$24.64
RX plan:	Non-T1 Ded \$100 then \$10/\$30/\$60	Family	\$2,364.23	\$35.10

2016 New York Small Group (1-100) Oxford Products: Q1 2016 Rates

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Gold Plans				
EPO \$50 Non-Gated (Freedom Network)		Tier	Rate (all counties)	Dep 29 Rider
PCP/Spec:	\$50/\$50	Single	\$764.71	\$12.32
Ded and Coinsurance:	In: \$750/\$1,500, 10%	Parent/Child (ren)	\$1,300.01	\$20.94
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,529.42	\$24.64
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75	Family	\$2,179.43	\$35.10
EPO 15/30 Non-Gated (Freedom Network)				
PCP/Spec:	\$15/\$30	Single	\$779.09	\$12.32
Ded and Coinsurance:	In: \$800/\$1,600, 10%	Parent/Child (ren)	\$1,324.45	\$20.94
Max out of Pocket:	In: \$4,000/\$8,000	Employee/ Spouse*	\$1,558.18	\$24.64
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75	Family	\$2,220.40	\$35.10
EPO 15/30 Non-Gated (Liberty Network)				
PCP/Spec:	\$15/\$30	Single	\$765.76	\$12.32
Ded and Coinsurance:	\$800/\$1,600, 10%	Parent/Child (ren)	\$1,301.79	\$20.94
Max out of Pocket:	\$4,000/\$8,000	Employee/ Spouse*	\$1,531.51	\$24.64
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75	Family	\$2,182.40	\$35.10
EPO 25/40 Non-Gated (Freedom Network)				
PCP/Spec:	\$25/\$40	Single	\$747.56	\$12.32
Ded and Coinsurance:	\$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,270.85	\$20.94
Max out of Pocket:	\$5,000/\$10,000	Employee/ Spouse*	\$1,495.11	\$24.64
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75	Family	\$2,130.53	\$35.10
EPO 25/40 Non-Gated (Liberty Network)				
PCP/Spec:	\$25/\$40	Single	\$734.77	\$12.32
Ded and Coinsurance:	\$1,250/\$2,500, 20%	Parent/Child (ren)	\$1,249.10	\$20.94
Max out of Pocket:	\$5,000/\$10,000	Employee/ Spouse*	\$1,469.53	\$24.64
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75	Family	\$2,094.09	\$35.10
EPO 30/60 Gated (Liberty Network)				
PCP/Spec:	\$30/\$60	Single	\$731.70	\$12.32
Ded and Coinsurance:	\$1,000/\$2,000, 0%	Parent/Child (ren)	\$1,243.90	\$20.94
Max out of Pocket:	\$4,000/\$8,000	Employee/ Spouse*	\$1,463.41	\$24.64
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$2,085.36	\$35.10
EPO HSA \$1500 Non-Gated (Freedom Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$735.38	\$12.32
Ded and Coinsurance:	\$1,500/\$3,000, 10%	Parent/Child (ren)	\$1,250.15	\$20.94
Max out of Pocket:	\$2,000/\$4,000	Employee/ Spouse*	\$1,470.76	\$24.64
RX plan:	Ded Med/Rx then \$10/\$35/\$75	Family	\$2,095.82	\$35.10
PPO 25/40 Non-Gated (Freedom Network)				
PCP/Spec:	\$25/\$40	Single	\$835.21	\$12.32
Ded and Coinsurance:	In: \$1,000/\$2,000, 20% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,419.86	\$20.94
Max out of Pocket:	In: \$4,000/\$8,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$1,670.42	\$24.64
RX plan:	Non-T1 Ded \$100 then \$10/\$35/\$75	Family	\$2,380.35	\$35.10
PPO HSA \$1500 Non-Gated (Freedom Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$804.42	\$12.32
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,367.51	\$20.94
Max out of Pocket:	In: \$2,000/\$4,000 Out: \$7,500/\$15,000	Employee/ Spouse*	\$1,608.84	\$24.64
RX plan:	Ded Med/Rx then \$10/\$35/\$75	Family	\$2,292.60	\$35.10
HMO 30/60 Gated (Liberty Network)				
PCP/Spec:	\$30/\$60	Single	\$724.38	\$12.32
Ded and Coinsurance:	\$1,000/\$2,000, 0%	Parent/Child (ren)	\$1,231.46	\$20.94
Max out of Pocket:	\$4,000/\$8,000	Employee/ Spouse*	\$1,448.77	\$24.64
RX plan:	Non-T1 Ded \$100 then \$15/\$35/\$75	Family	\$2,064.50	\$35.10

2016 New York Small Group (1-100) Oxford Products: Q1 2016 Rates

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Silver Plans		Tier	Rate (all counties)	Dep 29 Rider
EPO 25/50 Gated (Liberty Network)				
PCP/Spec:	\$25/\$50	Single	\$622.10	\$12.32
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,057.57	\$20.94
Max out of Pocket:	In: \$6,600/\$13,200	Employee/ Spouse*	\$1,244.20	\$24.64
RX plan:	Non-T1 Ded \$100 then \$15/\$65/\$85	Family	\$1,772.99	\$35.10
EPO 30/75 Non-Gated (Liberty Network)				
PCP/Spec:	\$30/\$75	Single	\$602.94	\$12.32
Ded and Coinsurance:	In: \$3,000/\$6,000, 40%	Parent/Child (ren)	\$1,025.00	\$20.94
Max out of Pocket:	In: \$6,600/\$13,200	Employee/ Spouse*	\$1,205.88	\$24.64
RX plan:	Non-T1 Ded \$100 then \$15/\$65/50%, max \$800	Family	\$1,718.39	\$35.10
EPO 40/70 Non-Gated (Freedom Network)				
PCP/Spec:	\$40/\$70	Single	\$651.68	\$12.32
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,107.85	\$20.94
Max out of Pocket:	In: \$6,600/\$13,200	Employee/ Spouse*	\$1,303.36	\$24.64
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$1,857.28	\$35.10
EPO 40/70 Non-Gated (Liberty Network)				
PCP/Spec:	\$40/\$70	Single	\$640.53	\$12.32
Ded and Coinsurance:	\$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,088.89	\$20.94
Max out of Pocket:	\$6,600/\$13,200	Employee/ Spouse*	\$1,281.05	\$24.64
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$1,825.50	\$35.10
EPO HSA \$2000 25/50 Non-Gated (Freedom Network)				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$631.97	\$12.32
Ded and Coinsurance:	\$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,074.36	\$20.94
Max out of Pocket:	\$4,500/\$9,000	Employee/ Spouse*	\$1,263.95	\$24.64
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$1,801.13	\$35.10
EPO HSA \$2000 25/50 Non-Gated (Liberty Network)				
PCP/Spec:	\$25/\$50 after Deductible	Single	\$621.16	\$12.32
Ded and Coinsurance:	\$2,000/\$4,000, 20%	Parent/Child (ren)	\$1,055.97	\$20.94
Max out of Pocket:	\$4,500/\$9,000	Employee/ Spouse*	\$1,242.32	\$24.64
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$1,770.31	\$35.10
EPO HSA \$2000 Non-Gated (Freedom Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$584.07	\$12.32
Ded and Coinsurance:	\$2,000/\$4,000, 30%	Parent/Child (ren)	\$992.92	\$20.94
Max out of Pocket:	\$6,400/\$12,800	Employee/ Spouse*	\$1,168.15	\$24.64
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$1,664.61	\$35.10
Prim Adv EPO \$1500 Non-Gated (Liberty Network)				
PCP/Spec:	\$25/\$50 - Spec. after Deductible	Single	\$637.70	\$12.32
Ded and Coinsurance:	\$1,500/\$3,000, 30%	Parent/Child (ren)	\$1,084.08	\$20.94
Max out of Pocket:	\$5,500/\$11,000	Employee/ Spouse*	\$1,275.39	\$24.64
RX plan:	Non-T1 Ded Med/Rx then \$15/\$35/\$75	Family	\$1,817.44	\$35.10
PPO 40/70 Non-Gated (Freedom Network)				
PCP/Spec:	\$40/\$70	Single	\$720.70	\$12.32
Ded and Coinsurance:	In: \$2,000/\$4,000, 30% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,225.19	\$20.94
Max out of Pocket:	In: \$6,600/\$13,200 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,441.40	\$24.64
RX plan:	Non-T1 Ded \$100 then \$15/\$45/\$75	Family	\$2,054.00	\$35.10
PPO HSA \$2000 30/60 Non-Gated (Freedom Network)				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$689.11	\$12.32
Ded and Coinsurance:	In: \$2,000/\$4,000, 10% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,171.49	\$20.94
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$10,000/\$20,000	Employee/ Spouse*	\$1,378.22	\$24.64
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$1,963.97	\$35.10

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Bronze Plans		Tier	Rate (all counties)	Dep 29 Rider
PPO HSA \$5000 30/60 Non-Gated FAIR (Liberty Network)				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$568.59	\$12.32
Ded and Coinsurance:	In: \$5,000/\$10,000, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$966.60	\$20.94
Max out of Pocket:	In: \$6,450/\$12,900 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,137.18	\$24.64
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$1,620.48	\$35.10
EPO HSA \$5000 Non-Gated (Freedom Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$500.06	\$12.32
Ded and Coinsurance:	In: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$850.11	\$20.94
Max out of Pocket:	In: \$6,350/\$12,700	Employee/ Spouse*	\$1,000.13	\$24.64
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$1,425.19	\$35.10
EPO HSA \$5000 Non-Gated (Liberty Network)				
PCP/Spec:	Deductible and Coinsurance	Single	\$491.51	\$12.32
Ded and Coinsurance:	In: \$5,000/\$10,000, 20%	Parent/Child (ren)	\$835.58	\$20.94
Max out of Pocket:	In: \$6,350/\$12,700	Employee/ Spouse*	\$983.03	\$24.64
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Family	\$1,400.81	\$35.10
PPO HSA \$5000 30/60 Non-Gated MNRP (Liberty Network)				
PCP/Spec:	\$30/\$60 after Deductible	Single	\$535.06	\$12.32
Ded and Coinsurance:	In: \$5,000/\$10,000, 20% Out: \$10,000/\$20,000, 20%	Parent/Child (ren)	\$909.61	\$20.94
Max out of Pocket:	In: \$6,450/\$12,900 Out: \$25,000/\$50,000	Employee/ Spouse*	\$1,070.13	\$24.64
RX plan:	Ded Med/Rx then \$15/\$35/\$75	Family	\$1,524.93	\$35.10

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

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