

# 2016 New York Individual Plan Rates (Metro Network)

January 2016 – December 2016

Use the table below to determine your monthly rate for the Oxford Individual plan of your choice. Your rates are based on the plan you select. You must live, work or reside in our service area to be eligible to purchase coverage. The Oxford Metro Network service area includes Bronx, Brooklyn, Dutchess, Manhattan, Nassau, Orange, Putnam, Queens, Rockland, Staten Island, Suffolk, Sullivan, Ulster and Westchester counties.

	Oxford Gated EPO HSA Bronze	Oxford Standard Gated EPO HSA Bronze	Oxford Standard Gated EPO Bronze	Oxford Gated EPO Silver	Oxford Standard Gated EPO Silver
NETWORK	METRO	METRO	METRO	METRO	METRO
Office Visit Copayment	D&C	D&C	D&C	\$10/\$75	\$30/\$50 *
In-network Deductible	\$6,000/\$12,000	\$4,000/\$8,000	\$3,500/\$7,000	\$2,450/\$4,900	\$2,000/\$4,000
In-network Coinsurance	0%/100% to \$6,000/\$12,000	50%/50% to \$6,450/\$12,900	50%/50% to \$6,850/\$13,700	30%/70% to \$6,550/\$13,100	30%/70% to \$5,500/\$11,000
Pharmacy	0%/0%/0% *	\$10/\$35/\$70 *	\$10/\$35/\$70 *	\$15/\$35/\$75	\$10/\$35/\$70

## 2016 Rates

Single rate	\$426.22	\$454.10	\$453.05	\$574.15	\$555.99
Parent / Child(ren) rate	\$724.58	\$771.98	\$770.19	\$976.05	\$945.19
Couple rate	\$852.45	\$908.20	\$906.11	\$1,148.30	\$1,111.99
Family rate	\$1,214.74	\$1,294.19	\$1,291.20	\$1,636.33	\$1,584.59
Child only rate	\$175.61	\$187.09	\$186.66	\$236.55	\$229.07

## Dep 29 Rider

Single rate	\$106.98	\$113.98	\$113.72	\$144.11	\$139.55
Parent / Child(ren) rate	\$181.87	\$193.77	\$193.32	\$244.99	\$237.24
Couple rate	\$213.96	\$227.96	\$227.43	\$288.22	\$279.11
Family rate	\$304.90	\$324.84	\$324.09	\$410.72	\$397.73

## Two Children

Child only rate	\$351.22	\$374.18	\$373.32	\$473.10	\$458.14
-----------------	----------	----------	----------	----------	----------

## Three or more Children

Child only rate	\$526.83	\$561.27	\$559.98	\$709.65	\$687.21
-----------------	----------	----------	----------	----------	----------

\* subject to medical deductible

Premium rates, plan designs, and/or the new Metro network have been filed and are subject to approval by regulators.



Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc.

NY-15-561 09/15 ©2015 Oxford Health Plans LLC. All rights reserved.  
Non-Grandfathered Plan

6394 Rev 37

# 2016 New York Individual Plan Rates (Metro Network)

January 2016 – December 2016

Use the table below to determine your monthly rate for the Oxford Individual plan of your choice. Your rates are based on the plan you select. You must live, work or reside in our service area to be eligible to purchase coverage. The Oxford Metro Network service area includes Bronx, Brooklyn, Dutchess, Manhattan, Nassau, Orange, Putnam, Queens, Rockland, Staten Island, Suffolk, Sullivan, Ulster and Westchester counties.

	Oxford Standard Gated EPO Gold	Oxford Standard Gated EPO Platinum
<b>NETWORK</b>	<b>METRO</b>	<b>METRO</b>
Office Visit Copayment	\$25/\$40 *	\$15/\$35
In-network Deductible	\$600/\$1,200	Not Applicable
In-network Coinsurance	20%/80% to \$4,000/\$8,000	10%/90% to \$2,000/\$4,000
Pharmacy	\$10/\$35/\$70	\$10/\$30/\$60

2016 Rates		
Single rate	\$656.30	\$774.51
Parent / Child(ren) rate	\$1,115.71	\$1,316.66
Couple rate	\$1,312.61	\$1,549.02
Family rate	\$1,870.47	\$2,207.36
Child only rate	\$270.40	\$319.10
Dep 29 Rider		
Single rate	\$164.73	\$194.40
Parent / Child(ren) rate	\$280.04	\$330.48
Couple rate	\$329.47	\$388.80
Family rate	\$469.49	\$554.05
Two Children		
Child only rate	\$540.80	\$638.20
Three or more Children		
Child only rate	\$811.20	\$957.30

\* subject to medical deductible



Premium rates, plan designs, and/or the new Metro network have been filed and are subject to approval by regulators.

Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc.

NY-15-561 09/15 ©2015 Oxford Health Plans LLC. All rights reserved.  
Non-Grandfathered Plan

6394 Rev 37