

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.



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Non-Grandfathered Plan

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| | Oxford Standard Gated EPO Gold | Oxford Standard Gated EPO Platinum |
|------------------------|--------------------------------|------------------------------------|
| NETWORK | METRO | METRO |
| 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 |

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