

Oxford's Top Selling Plans

Plan Designs and Rates – 2008 Third Quarter Rates for New York Small Groups

Outlined below are just a few of the most popular Oxford plan designs and rates for New York small groups. Consider switching to one of these affordable plans to better meet your healthcare needs. For more information, call your Oxford sales representative or visit www.oxfordhealth.com.

PLAN DESIGN	TIER	MANHATTAN, STATEN ISLAND, BRONX, SUFFOLK, WESTCHESTER,	BROOKLYN, QUEENS, NASSAU	ROCKLAND	DUTCHESS, ORANGE, PUTNAM	SULLIVAN, ULSTER
Plan I: Oxford Ease						
Network: Freedom	Single	\$291.62	\$300.37	\$277.04	\$233.30	\$233.30
Coinsurance: N/A In-network only	Parent/Child(ren)	\$539.50	\$555.68	\$512.52	\$431.61	\$431.61
Deductible: N/A In-network only	Couple	\$641.56	\$660.81	\$609.49	\$513.26	\$513.26
Office Copayment: \$50 PCP/\$50 Specialists	Family	\$904.02	\$931.15	\$858.82	\$723.23	\$723.23
Inpatient Hosp. Copayment: \$500 per day (\$5,000 max)						
Prescription: NA						
Plan II: Oxford HSA Direct (Non-Gated)						
Network: Freedom	Single	\$348.37	\$358.82	\$330.95	\$278.70	\$278.70
Preventive Care: No Charge	Parent/Child(ren)	\$644.48	\$663.82	\$612.26	\$515.60	\$515.60
Combined Medical/Rx Deductible: \$2,000	Couple	\$766.41	\$789.40	\$728.09	\$613.14	\$613.14
In-network Coinsurance: 100%	Family	\$1,079.95	\$1,112.34	\$1,025.95	\$863.97	\$863.97
Out-of-network Coinsurance: 70%						
Prescription: \$10/25/50 after deductible met						
Plan III: Oxford Exclusive Plan Metro (Non-Gated)						
Network: Freedom	Single	\$330.78	\$338.30	\$318.24	\$280.62	\$280.62
Coinsurance: 90/10 In-Network Coinsurance	Parent/Child(ren)	\$611.95	\$625.86	\$588.75	\$519.15	\$519.15
Deductible: \$2,000 In-Network Deductible	Couple	\$727.72	\$744.26	\$700.13	\$617.37	\$617.37
Office Copayment: \$25 PCP/\$50 Specialists	Family	\$1,025.42	\$1,048.73	\$986.55	\$869.92	\$869.92
Inpatient Hospital: Deductible & Coinsurance						
Prescription: \$10/25/50; \$50 ded.						
UCR: 70th % HIAA						
Plan IV: Freedom Plan Direct (Non-Gated)						
Network: Freedom	Single	\$372.86	\$377.53	\$358.98	\$317.33	\$317.33
In-network Coinsurance: 80/20 Max \$2,000	Parent/Child(ren)	\$689.79	\$698.43	\$664.12	\$587.06	\$587.06
Out-of-network Coinsurance: 60/40 Max \$4,000	Couple	\$820.29	\$830.56	\$789.75	\$698.12	\$698.12
In-network Deductible: \$2,000	Family	\$1,155.87	\$1,170.35	\$1,112.85	\$983.73	\$983.73
Out-of-network Deductible \$2,000						
Office Copayment: \$30 PCP/\$50 Specialists						
Prescription: \$10/25/50; \$50 ded.						
UCR: 70th % HIAA						

Important Reminders

- These rates do not include any additional riders.
- Additional plan designs are available. Please contact your agent or visit our web site at www.oxfordhealth.com to explore options.



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Plan V: Oxford Exclusive Plan Metro (Non-Gated)						
Network: Liberty	Single	\$365.43	\$373.99	\$351.16	\$308.34	NA
Coinsurance: N/A In-network only	Parent/Child(ren)	\$676.05	\$691.89	\$649.65	\$570.44	NA
Deductible: N/A In-network only	Couple	\$803.95	\$822.78	\$772.56	\$678.35	NA
Office Copayment: \$25 PCP/\$50 Specialists	Family	\$1,132.84	\$1,159.37	\$1,088.60	\$955.86	NA
Inpatient Hosp. Copayment: \$300 per day (5 day max)						
Prescription: \$10/25/50; \$50 ded.						
UCR: 70th % HIAA						
Plan VI: Freedom Plan Direct (Non-Gated)						
Network: Freedom	Single	\$429.32	\$439.34	\$412.62	\$362.50	\$422.64
In-network Coinsurance: 100%	Parent/Child(ren)	\$794.25	\$812.78	\$763.35	\$670.63	\$781.89
Out-of-network Coinsurance: 70/30 Max \$5,000	Couple	\$944.50	\$966.54	\$907.76	\$797.50	\$929.80
In-network Deductible: \$1,000	Family	\$1,330.90	\$1,361.96	\$1,279.13	\$1,123.76	\$1,310.19
Out-of-network Deductible \$2,000						
Office Copayment: \$25 PCP/\$40 Specialists						
Prescription: \$10/25/50; \$50 ded.						
UCR: 70th % HIAA						
Plan VII: Freedom Plan Metro Access (Non-Gated)						
Network: Freedom	Single	\$477.99	\$489.47	\$458.85	\$401.44	\$401.44
Coinsurance: 70/30 Max \$3,000	Parent/Child(ren)	\$884.28	\$905.52	\$848.88	\$742.67	\$742.67
Deductible: \$3,000	Couple	\$1,051.57	\$1,076.83	\$1,009.47	\$883.16	\$883.16
Office Copayment: \$30 PCP/\$50 Specialist	Family	\$1,481.78	\$1,517.37	\$1,422.44	\$1,244.47	\$1,244.47
Inpatient Hosp. Copayment: \$500						
Prescription: \$10/25/50; \$50 Deductible						
UCR: 70th % HIAA						
Plan VIII: Liberty Plan Metro Access (Non-Gated)						
Network: Liberty	Single	\$487.43	\$499.20	\$467.82	\$408.99	N/A
Coinsurance: 70/30 Max \$3,000	Parent/Child(ren)	\$901.75	\$923.52	\$865.47	\$756.63	N/A
Deductible: \$2,000	Couple	\$1,072.34	\$1,098.24	\$1,029.20	\$899.77	N/A
Office Copayment: \$20 PCP/\$30 Specialist	Family	\$1,511.04	\$1,547.53	\$1,450.25	\$1,267.88	N/A
Inpatient Hosp. Copayment: \$500						
Prescription: \$10/25/50; \$50 Deductible						
UCR: 70th % HIAA						

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