

Plan Design & Rates

Plan design options and 2009 third quarter rates

With this renewal, you may wish to consider plan design options that might better meet your needs. In an effort to provide you with some guidance regarding available plan designs and rates, we have outlined eight of the most common plan designs for New York small group employers.

PLAN DESIGN	TIER	MANHATTAN, SUFFOLK, BRONX, STATEN ISLAND, WESTCHESTER	BROOKLYN, QUEENS, NASSAU	ROCKLAND	DUTCHESS, ORANGE, PUTNAM	SULLIVAN, ULSTER
Plan I: Oxford Ease						
Network: Freedom	Single	\$356.50	\$367.20	\$338.68	\$285.20	\$285.20
Coinsurance: N/A In-network only	Parent/Child(ren)	\$659.53	\$679.32	\$626.56	\$527.62	\$527.62
Deductible: N/A In-network only	Couple	\$784.30	\$807.84	\$745.10	\$627.44	\$627.44
Office Copayment: \$50 PCP/\$50 specialist	Family	\$1,105.15	\$1,138.32	\$1,049.91	\$884.12	\$884.12
Inpatient Hospital Copayment: \$500 per day (\$2,500 max)						
Prescription: N/A						
Plan II: Oxford HSA Direct (Non-Gated)						
Network: Freedom	Single	\$424.20	\$437.13	\$403.18	\$339.52	\$339.52
Preventive Care: no charge	Parent/Child(ren)	\$785.14	\$808.69	\$745.88	\$628.11	\$628.11
Comained Medical/Rx Deductible: \$2,000	Couple	\$933.68	\$961.69	\$887.00	\$746.94	\$746.94
In-network Coinsurance: 100%	Family	\$1,341.10	\$1,381.33	\$1,274.05	\$1,072.88	\$1,072.88
Out-of-network Coinsurance: 70%						
Prescription: \$10/25/50 after deductible is met						
Plan III: Oxford Exclusive Plan Metro (Non-Gated)						
Network: Freedom	Single	\$399.29	\$408.42	\$384.08	\$338.46	\$338.46
Coinsurance: 90/10 in-network coinsurance	Parent/Child(ren)	\$738.68	\$755.58	\$710.55	\$626.15	\$626.15
Deductible: \$2,000 in-network deductible	Couple	\$878.43	\$898.52	\$844.97	\$744.61	\$744.61
Office Copayment: \$25 PCP/\$50 specialist	Family	\$1,237.81	\$1,266.11	\$1,190.66	\$1,049.23	\$1,049.23
Inpatient Hospital: deductible and coinsurance						
Prescription: \$10/25/50; \$50 deductible						
UCR: N/A						
Plan IV: Freedom Plan Direct (Non-Gated)						
Network: Freedom	Single	\$451.98	\$462.13	\$435.07	\$384.33	\$384.33
In-network Coinsurance: 80/20, maximum \$2,000	Parent/Child(ren)	\$836.16	\$854.94	\$804.88	\$711.01	\$711.01
Out-of-network Coinsurance: 60/40, maximum \$4,000	Couple	\$994.35	\$1,016.68	\$957.15	\$845.52	\$845.52
In-network Deductible: \$2,000	Family	\$1,428.26	\$1,460.33	\$1,374.82	\$1,214.48	\$1,214.48
Out-of-network Deductible: \$2,000						
Office Copayment: \$30 PCP/\$50 specialist						
Prescription: \$10/25/50; \$50 deductible						
UCR: 70% % HIAA						

Important Reminders

- These rates do not include any additional riders. If your group has additional benefits not listed here (e.g., dental, age 25 dependent student cutoff, etc.) these rates do not apply.
- Additional plan designs are available. Please contact your agent or visit our web site at www.oxfordhealth.com to explore options.

