

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 V: Oxford Exclusive Plan Metro (Non-Gated)						
Network: Liberty	Single	\$441.31	\$451.70	\$424.00	\$372.07	N/A
Coinsurance: n/a, in-network only	Parent/Child(ren)	\$816.42	\$835.64	\$784.40	\$688.33	N/A
Deductible: n/a, in-network only	Couple	\$970.88	\$993.74	\$932.80	\$818.55	N/A
Office Copayment: \$25 PCP/\$50 specialist	Family	\$1,368.07	\$1,400.28	\$1,314.41	\$1,153.43	N/A
Inpatient Hospital Copayment: \$300 per day (5 day max)						
Prescription: \$10/25/50; \$50 deductible						
UCR: N/A						
Plan VI: Freedom Plan Direct (Non-Gated)						
Network: Freedom	Single	\$526.24	\$538.62	\$505.62	\$443.74	\$443.74
In-network Coinsurance: 100%	Parent/Child(ren)	\$973.55	\$996.45	\$935.40	\$820.92	\$820.92
Out-of-network Coinsurance: 70/30, maximum \$3,000	Couple	\$1,157.72	\$1,184.96	\$1,112.36	\$976.22	\$976.22
In-network Deductible: \$1,000	Family	\$1,662.92	\$1,702.04	\$1,597.76	\$1,402.22	\$1,402.22
Out-of-network Deductible: \$2,000						
Office Copayment: \$25 PCP/\$40 specialist						
Prescription: \$10/25/50; \$50 deductible						
UCR: 70% % HIAA						
Plan VII: Freedom Plan Metro Access (Non-Gated)						
Network: Freedom	Single	\$568.09	\$581.77	\$545.30	\$476.91	\$476.91
Coinsurance: 70/30, maximum \$3,000	Parent/Child(ren)	\$1,050.97	\$1,076.28	\$1,008.81	\$882.29	\$882.29
Deductible: \$3,000	Couple	\$1,249.80	\$1,279.89	\$1,199.66	\$1,049.20	\$1,049.20
Office Copayment: \$30 PCP/\$50 specialist	Family	\$1,761.09	\$1,803.50	\$1,690.44	\$1,478.43	\$1,478.43
Inpatient Hospital Copayment: \$500						
Prescription: \$10/25/50; \$50 deductible						
UCR: 70% % HIAA						
Plan VIII: Liberty Plan Metro Access (Non-Gated)						
Network: Liberty	Single	\$579.35	\$593.36	\$555.99	\$485.92	N/A
Coinsurance: 70/30, max \$3,000	Parent/Child(ren)	\$1,071.80	\$1,097.72	\$1,028.58	\$898.95	N/A
Deductible: \$2,000	Couple	\$1,274.57	\$1,305.39	\$1,223.18	\$1,069.02	N/A
Office Copayment: \$20 PCP/\$30 specialist	Family	\$1,795.99	\$1,839.43	\$1,723.58	\$1,506.36	N/A
Inpatient Hospital Copayment: \$500						
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.

