

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 \$3500 Bronze	Oxford Standard Gated EPO HSA \$4000 Bronze	Oxford Standard Gated EPO \$2000 Silver	Oxford Standard Gated EPO \$600 Gold	Oxford Standard Gated EPO Platinum
NETWORK	METRO	METRO	METRO	METRO	METRO
Office Visit Copayment	Not Applicable (50% coinsurance applies)	Not Applicable (50% coinsurance applies)	\$30/\$50 after deductible	\$25/\$40 after deductible	\$15/\$35
In-network Deductible	\$3,500/\$7,000	\$4,000/\$8,000	\$2,000/\$4,000	\$600/\$1,200	Not applicable
In-network Coinsurance	50%/50% to \$6,850/\$13,700	50%/50% to \$6,450/\$12,900	30%/70% to \$5,500/\$11,000	20%/80% to \$4,000/\$8,000	10%/90% to \$2,000/\$4,000
Pharmacy	\$10/\$35/\$70 after deductible	\$10/\$35/\$70 after deductible	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$30/\$60

2016 Rates

Single rate	\$453.05	\$454.10	\$555.99	\$656.30	\$774.51
Parent / Child(ren) rate	\$770.19	\$771.98	\$945.19	\$1,115.71	\$1,316.66
Couple rate	\$906.11	\$908.20	\$1,111.99	\$1,312.61	\$1,549.02
Family rate	\$1,291.20	\$1,294.19	\$1,584.59	\$1,870.47	\$2,207.36
Child only rate	\$186.66	\$187.09	\$229.07	\$270.40	\$319.10

Dep 29 Rider

Single rate	\$113.72	\$113.98	\$139.55	\$164.73	\$194.40
Parent / Child(ren) rate	\$193.32	\$193.77	\$237.24	\$280.04	\$330.48
Couple rate	\$227.43	\$227.96	\$279.11	\$329.47	\$388.80
Family rate	\$324.09	\$324.84	\$397.73	\$469.49	\$554.05

Two Children

Child only rate	\$373.32	\$374.18	\$458.14	\$540.80	\$638.20
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Three or more Children

Child only rate	\$559.98	\$561.27	\$687.21	\$811.20	\$957.30
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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
Non-Grandfathered Plan

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6394 Rev 37

Garden State EPO 2016 Product Filing

Individual Product General Summary of Benefits - EPO

This is a general summary, not a complete and thorough description of benefits.

We reserve the right to correct any typographical errors.

BENEFITS	EPO GOLD GARDEN STATE 0 81.8% 77263NJ0210009	EPO SILVER GARDEN STATE 2500 69.2% 77263NJ0210002	EPO SILVER GARDEN STATE 1500 71.7% 77263NJ0210003
Cost-Sharing			
Deductible			
Single	\$0	\$2,500	\$1,500
Family	\$0	\$5,000	\$3,000
Co-insurance	100%	70%	80%
Single Out-of-Pocket Maximum	\$5,500	\$4,500	\$6,350
Family Out-of-Pocket Maximum	\$11,000	\$9,000	\$12,700
Inpatient Care			
Hospital	\$500/day (\$2,500 max.)	Ded. & Co-insurance	Ded. & Co-insurance
Other Covered Charges	\$500/day (\$2,500 max.)	Ded. & Co-insurance	Ded. & Co-insurance
Emergency Care			
Ambulance Service for Medical Emergency	100% Co-insurance	Ded. & Co-insurance	Ded. & Co-insurance
Emergency Room	\$100 Co-payment	\$100 Co-payment then D&C	\$100 Co-pay then Ded. & Co-insurance
Emergency Care in Urgi-Center	\$80 Co-payment	\$75 Co-payment	\$75 Co-payment
Maternity Care			
Prenatal Care	No Cost-Sharing	No Cost-Sharing	No Cost-Sharing
Delivery - Postnatal Care and Hospital Services for Mother and Child	\$500/day (\$2,500 max.)	Ded. & Co-insurance	Ded. & Co-insurance
Outpatient Care			
Primary Care Physician Office Visits	\$30 Co-payment	\$30 Co-payment	\$30 Co-payment
Specialist Office Visits	\$60 Co-payment	\$50 Co-payment	\$50 Co-payment
Ambulatory Surgical Facility	\$250 Co-payment	Ded. & Co-insurance	Ded. & Co-insurance
Second Surgical Opinion	No Cost-Sharing	No Cost-Sharing	No Cost-Sharing
Pre-admission Testing	Ded. & Co-insurance	Ded. & Co-insurance	Ded. & Co-insurance
Laboratory Services	100% Co-insurance	100% Co-insurance	100% Co-insurance
Magnetic Resonance Imaging (MRI)	\$100 Co-payment	Ded. & Co-insurance	Ded. & Co-insurance
Preventive Care	No Cost-Sharing	No Cost-Sharing	No Cost-Sharing
Therapy Services			
30 visits per covered person per cal. year	\$30 Co-payment	\$30 Co-payment	\$30 Co-payment
Home Health Care			
Unlimited Days, if pre-approved	100% Co-insurance	\$50 Co-payment	\$50 Co-payment
Skilled Nursing Care	100% Co-insurance	Ded. & Co-insurance	Ded. & Co-insurance
Mental Illness & Substance Abuse			
Inpatient - Unlimited Days, if pre-approved	\$500/day (\$2,500 max.)	Ded. & Co-insurance	Ded. & Co-insurance
Outpatient - Unlimited Days, if pre-approved	\$50 Co-payment	\$50 Co-payment	\$50 Co-payment
Therapeutic Manipulation			
30 visits per calendar year	\$30 Co-payment	\$30 Co-payment	\$30 Co-payment
Hospice Care			
Unlimited Days, if pre-approved	100% Co-insurance	Ded. & Co-insurance	Ded. & Co-insurance
Prescription Drugs¹			
Separate Drug Deductible	\$250	\$0	\$250
Per Generic/Preferred Brand/ Non-Preferred Brand Prescription	Ded. & Co-insurance	Ded. & Co-insurance	Ded. & Co-insurance

Garden State EPO 2016 Product Filing

Individual Product General Summary of Benefits - EPO

This is a general summary, not a complete and thorough description of benefits.
We reserve the right to correct any typographical errors.

BENEFITS	EPO BRONZE GARDEN STATE 2500 61.6% 77263NJ0210001	EPO BRONZE GARDEN STATE 3000 61.9% 77263NJ0210007	EPO CATASTROPHIC GARDEN STATE 6850 NA 77263NJ0210004
Cost-Sharing			
Deductible			
Single	\$2,500	\$3,000	\$6,850
Family	\$5,000	\$6,000	\$13,700
Co-insurance	50%	50%	100%
Single Out-of-Pocket Maximum	\$6,500	\$6,750	\$6,850
Family Out-of-Pocket Maximum	\$13,000	\$13,500	\$13,700
Inpatient Care			
Hospital	Ded. then \$250/day (\$1,250 max.)	Ded. & Co-insurance	Ded.
Other Covered Charges			
Emergency Care			
Ambulance Service for Medical Emergency	Ded. & Co-insurance	Ded. & Co-insurance	Ded.
Emergency Room	\$100 Co-pay then Ded. & Co-insurance	Ded. & Co-insurance	Ded.
Emergency Care in Urgi-Center	Ded. & Co-insurance	Ded. & Co-insurance	Ded.
Maternity Care			
Prenatal Care	No Cost-Sharing	No Cost-Sharing	No Cost-Sharing
Delivery - Postnatal Care and Hospital Services for Mother and Child	Ded. then \$250/day (\$1,250 max.)	Ded. & Co-insurance	Ded.
Outpatient Care			
Primary Care Physician Office Visits	Ded. then \$30	Ded. & Co-insurance	Ded. (No Cost-Sharing for first 3 office visits)
Specialist Office Visits	Ded. then \$75	Ded. & Co-insurance	Ded.
Ambulatory Surgical Facility	Ded. & Co-insurance	Ded. & Co-insurance	Ded.
Second Surgical Opinion	No Cost-Sharing	No Cost-Sharing	Ded.
Pre-admission Testing	Ded. & Co-insurance	Ded. & Co-insurance	Ded.
Laboratory Services	Ded. & Co-insurance	Ded. & Co-insurance	100% Co-insurance
Magnetic Resonance Imaging (MRI)	Ded. & Co-insurance	Ded. & Co-insurance	Ded.
Preventive Care	No Cost-Sharing	No Cost-Sharing	No Cost-Sharing
Therapy Services			
30 visits per covered person per cal. year	Ded. then \$50	Ded. & Co-insurance	Ded.
Home Health Care			
Unlimited Days, if pre-approved	Ded. & Co-insurance	Ded. & Co-insurance	Ded.
Skilled Nursing Care	Ded. & Co-insurance	Ded. & Co-insurance	Ded.
Mental Illness & Substance Abuse			
Inpatient - Unlimited Days, if pre-approved	Ded. then \$250/day (\$1,250 max.)	Ded. & Co-insurance	Ded. & Co-insurance
Outpatient - Unlimited Days, if pre-approved	Ded. then \$50	Ded. & Co-insurance	Ded. & Co-insurance
Therapeutic Manipulation			
30 visits per calendar year	\$30 Co-payment	Ded. & Co-insurance	Ded.
Hospice Care			
Unlimited Days, if pre-approved	Ded. & Co-insurance	Ded. & Co-insurance	Ded.
Prescription Drugs			
Separate Drug Deductible	Subject to Medical Deductible	Subject to Medical Deductible	Subject to Medical Deductible
Per Generic/Preferred Brand/ Non-Preferred Brand Prescription	Ded. & Co-insurance	Ded. & Co-insurance	Ded. & Co-insurance

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Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

10940 Rev 4
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2016 New Jersey Individual EPO Rates

Below are the 2015 rates for our New Jersey Individual EPO plans within our Oxford product portfolio. In accordance with the Affordable Care Act (ACA), all of our 2015 New Jersey Individual plans will be identified by “metallic” benefit coverage levels (for instance, Bronze and Silver) with the exception of our catastrophic plan. These designations indicate the relative value of the covered benefits. All plans must meet standard requirements for affordability, Essential Health Benefits (EHB) and consumer protections. Each metallic level includes choices of benefits, plan types and price. All 2015 New Jersey Individual EPO plans will be gated and will provide access to the Liberty Network and our Traditional Prescription Drug List (PDL). Rates are subject to change and state approval. We reserve the right to correct any typographical errors.

Age	Gold Garden State 0	Silver Garden State 2500	Silver Garden State 1500	Bronze Garden State 2500	Bronze Garden State 3000	Catastrophic Garden State 6850
Under 21	\$313.60	\$253.56	\$260.65	\$225.22	\$217.76	\$177.49
21	\$493.85	\$399.31	\$410.47	\$354.68	\$342.94	\$279.52
22	\$493.85	\$399.31	\$410.47	\$354.68	\$342.94	\$279.52
23	\$493.85	\$399.31	\$410.47	\$354.68	\$342.94	\$279.52
24	\$493.85	\$399.31	\$410.47	\$354.68	\$342.94	\$279.52
25	\$495.83	\$400.91	\$412.11	\$356.10	\$344.31	\$280.63
26	\$505.70	\$408.89	\$420.32	\$363.19	\$351.17	\$286.23
27	\$517.56	\$418.48	\$430.17	\$371.71	\$359.40	\$292.93
28	\$536.82	\$434.05	\$446.18	\$385.54	\$372.77	\$303.83
29	\$552.62	\$446.83	\$459.31	\$396.89	\$383.75	\$312.78
30	\$560.52	\$453.22	\$465.88	\$402.56	\$389.23	\$317.25
31	\$572.37	\$462.80	\$475.73	\$411.08	\$397.46	\$323.96
32	\$584.23	\$472.38	\$485.58	\$419.59	\$405.69	\$330.67
33	\$591.63	\$478.37	\$491.74	\$424.91	\$410.84	\$334.86
34	\$599.54	\$484.76	\$498.31	\$430.58	\$416.32	\$339.33
35	\$603.49	\$487.96	\$501.59	\$433.42	\$419.07	\$341.57
36	\$607.44	\$491.15	\$504.87	\$436.26	\$421.81	\$343.81
37	\$611.39	\$494.35	\$508.16	\$439.09	\$424.56	\$346.04
38	\$615.34	\$497.54	\$511.44	\$441.93	\$427.30	\$348.28
39	\$623.24	\$503.93	\$518.01	\$447.61	\$432.79	\$352.75
40	\$631.14	\$510.32	\$524.58	\$453.28	\$438.27	\$357.22
41	\$643.00	\$519.90	\$534.43	\$461.79	\$446.50	\$363.93
42	\$654.35	\$529.09	\$543.87	\$469.95	\$454.39	\$370.36
43	\$670.16	\$541.86	\$557.00	\$481.30	\$465.36	\$379.30
44	\$689.91	\$557.84	\$573.42	\$495.49	\$479.08	\$390.48
45	\$713.12	\$576.60	\$592.71	\$512.16	\$495.20	\$403.62
46	\$740.78	\$598.96	\$615.70	\$532.02	\$514.40	\$419.28
47	\$771.89	\$624.12	\$641.56	\$554.37	\$536.01	\$436.88
48	\$807.45	\$652.87	\$671.11	\$579.90	\$560.70	\$457.01
49	\$842.51	\$681.22	\$700.26	\$605.09	\$585.05	\$476.86
50	\$882.02	\$713.17	\$733.09	\$633.46	\$612.48	\$499.22
51	\$921.03	\$744.71	\$765.52	\$661.48	\$639.58	\$521.30
52	\$964.00	\$779.45	\$801.23	\$692.34	\$669.41	\$545.62
53	\$1,007.46	\$814.59	\$837.35	\$723.55	\$699.59	\$570.21
54	\$1,054.37	\$852.53	\$876.35	\$757.24	\$732.17	\$596.77
55	\$1,101.29	\$890.46	\$915.34	\$790.94	\$764.75	\$623.32
56	\$1,152.16	\$931.59	\$957.62	\$827.47	\$800.07	\$652.11
57	\$1,203.52	\$973.12	\$1,000.31	\$864.36	\$835.74	\$681.18
58	\$1,258.33	\$1,017.44	\$1,045.87	\$903.73	\$873.80	\$712.21
59	\$1,285.50	\$1,039.40	\$1,068.45	\$923.23	\$892.66	\$727.58
60	\$1,340.31	\$1,083.73	\$1,114.01	\$962.60	\$930.73	\$758.61
61	\$1,387.72	\$1,122.06	\$1,153.41	\$996.65	\$963.65	\$785.44
62	\$1,418.84	\$1,147.22	\$1,179.27	\$1,019.00	\$985.26	\$803.05
63	\$1,457.85	\$1,178.76	\$1,211.70	\$1,047.02	\$1,012.35	\$825.13
64+	\$1,481.56	\$1,197.93	\$1,231.40	\$1,064.04	\$1,028.81	\$838.55

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10941 Rev 5

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2016 New Jersey Individual Rates

HMO Compass Plans

Oxford Compass plans offer a variety of low-cost plan options that provide traditional benefits with the security and guidance of a primary care physician (PCP) – a patient’s personal care coordinator. Compass plans include well-rounded coverage for many services, such as preventive care, PCP and specialty office visits; lab, X-ray and diagnostic services; urgent care, emergency services, inpatient hospital services, rehabilitation and skilled nursing facility services; and mental health services – with predictable office visit co-payments or co-insurance.

AGE	Gold	Gold	Silver	Silver
	Compass 1200	Compass 500	Compass 2500	Compass HSA 2000
Under 21	\$231.48	\$223.64	\$191.11	\$189.95
21	\$364.55	\$352.20	\$300.97	\$299.14
22	\$364.55	\$352.20	\$300.97	\$299.14
23	\$364.55	\$352.20	\$300.97	\$299.14
24	\$364.55	\$352.20	\$300.97	\$299.14
25	\$366.00	\$353.60	\$302.17	\$300.33
26	\$373.29	\$360.64	\$308.19	\$306.31
27	\$382.04	\$369.10	\$315.41	\$313.49
28	\$396.25	\$382.83	\$327.15	\$325.16
29	\$407.92	\$394.10	\$336.78	\$334.73
30	\$413.75	\$399.74	\$341.59	\$339.52
31	\$422.50	\$408.19	\$348.82	\$346.70
32	\$431.25	\$416.64	\$356.04	\$353.87
33	\$436.72	\$421.92	\$360.55	\$358.36
34	\$442.55	\$427.56	\$365.37	\$363.15
35	\$445.47	\$430.38	\$367.78	\$365.54
36	\$448.38	\$433.19	\$370.18	\$367.93
37	\$451.30	\$436.01	\$372.59	\$370.33
38	\$454.22	\$438.83	\$375.00	\$372.72
39	\$460.05	\$444.46	\$379.81	\$377.51
40	\$465.88	\$450.10	\$384.63	\$382.29
41	\$474.63	\$458.55	\$391.85	\$389.47
42	\$483.02	\$466.65	\$398.78	\$396.35
43	\$494.68	\$477.92	\$408.41	\$405.92
44	\$509.26	\$492.01	\$420.44	\$417.89
45	\$526.40	\$508.56	\$434.59	\$431.95
46	\$546.81	\$528.29	\$451.44	\$448.70
47	\$569.78	\$550.47	\$470.40	\$467.55
48	\$596.02	\$575.83	\$492.07	\$489.08
49	\$621.90	\$600.84	\$513.44	\$510.32
50	\$651.07	\$629.01	\$537.52	\$534.25
51	\$679.87	\$656.83	\$561.30	\$557.88
52	\$711.58	\$687.48	\$587.48	\$583.91
53	\$743.66	\$718.47	\$613.96	\$610.23
54	\$778.29	\$751.93	\$642.56	\$638.65
55	\$812.92	\$785.38	\$671.15	\$667.07
56	\$850.47	\$821.66	\$702.15	\$697.88
57	\$888.38	\$858.29	\$733.45	\$728.99
58	\$928.85	\$897.38	\$766.85	\$762.19
59	\$948.90	\$916.75	\$783.41	\$778.64
60	\$989.36	\$955.84	\$816.81	\$811.85
61	\$1,024.36	\$989.65	\$845.70	\$840.56
62	\$1,047.32	\$1,011.84	\$864.67	\$859.41
63	\$1,076.12	\$1,039.67	\$888.44	\$883.04
64+	\$1,093.62	\$1,056.57	\$902.89	\$897.40

2016 New Jersey Individual Rates

HMO Compass Plans

Oxford Compass plans offer a variety of low-cost plan options that provide traditional benefits with the security and guidance of a primary care physician (PCP) – a patient’s personal care coordinator. Compass plans include well-rounded coverage for many services, such as preventive care, PCP and specialty office visits; lab, X-ray and diagnostic services; urgent care, emergency services, inpatient hospital services, rehabilitation and skilled nursing facility services; and mental health services – with predictable office visit co-payments or co-insurance.

AGE	Silver	Bronze	Bronze	Catastrophic
	Compass 2450	Compass HSA 2500	Compass 3000	Compass 6850
Under 21	\$196.92	\$173.68	\$171.07	\$128.96
21	\$310.12	\$273.53	\$269.41	\$203.09
22	\$310.12	\$273.53	\$269.41	\$203.09
23	\$310.12	\$273.53	\$269.41	\$203.09
24	\$310.12	\$273.53	\$269.41	\$203.09
25	\$311.35	\$274.61	\$270.48	\$203.89
26	\$317.55	\$280.08	\$275.87	\$207.96
27	\$325.00	\$286.65	\$282.33	\$212.83
28	\$337.09	\$297.32	\$292.84	\$220.75
29	\$347.01	\$306.07	\$301.46	\$227.25
30	\$351.98	\$310.44	\$305.77	\$230.50
31	\$359.42	\$317.01	\$312.24	\$235.37
32	\$366.86	\$323.57	\$318.70	\$240.25
33	\$371.51	\$327.68	\$322.74	\$243.29
34	\$376.47	\$332.05	\$327.05	\$246.54
35	\$378.95	\$334.24	\$329.21	\$248.17
36	\$381.44	\$336.43	\$331.37	\$249.79
37	\$383.92	\$338.62	\$333.52	\$251.41
38	\$386.40	\$340.80	\$335.68	\$253.04
39	\$391.36	\$345.18	\$339.99	\$256.29
40	\$396.32	\$349.56	\$344.30	\$259.54
41	\$403.76	\$356.12	\$350.76	\$264.41
42	\$410.90	\$362.41	\$356.96	\$269.08
43	\$420.82	\$371.17	\$365.58	\$275.58
44	\$433.22	\$382.11	\$376.36	\$283.70
45	\$447.80	\$394.96	\$389.02	\$293.25
46	\$465.17	\$410.28	\$404.10	\$304.62
47	\$484.70	\$427.51	\$421.08	\$317.42
48	\$507.03	\$447.20	\$440.47	\$332.04
49	\$529.05	\$466.62	\$459.60	\$346.46
50	\$553.86	\$488.51	\$481.15	\$362.70
51	\$578.36	\$510.11	\$502.44	\$378.75
52	\$605.34	\$533.91	\$525.87	\$396.41
53	\$632.63	\$557.98	\$549.58	\$414.29
54	\$662.09	\$583.96	\$575.17	\$433.58
55	\$691.55	\$609.95	\$600.77	\$452.87
56	\$723.49	\$638.12	\$628.52	\$473.79
57	\$755.74	\$666.57	\$656.53	\$494.91
58	\$790.16	\$696.93	\$686.44	\$517.45
59	\$807.22	\$711.97	\$701.26	\$528.62
60	\$841.64	\$742.33	\$731.16	\$551.16
61	\$871.41	\$768.59	\$757.02	\$570.66
62	\$890.95	\$785.82	\$773.99	\$583.45
63	\$915.45	\$807.43	\$795.28	\$599.50
64+	\$930.33	\$820.56	\$808.21	\$609.24