

2020 New York Oxford Small Business (1-100) Plans

New York
Small Business (1-100) Oxford Products
Effective Jan. 1, 2020

This guide is for informational purposes only. We reserve the right to modify this quote and benefits described if needed, once final approval is received, and to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative.

2019 Plan Name	2020 Plan Name	Deductible		Coinsurance		Out-of-Pocket Limit		In-Network Benefits														Medical Ded. Type ³	Rx Plans ⁴ (Mail Order is 2.5X Retail Copay Amount)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Outpatient Services							Major Diagnostic			All Other Radiology						
		Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Primary Care Physician ¹	Virtual Visits ²	Specialist	Urgent Care	Emergency Room	Inpatient Facility	Inpatient Surgeon	Free-standing	Free-standing Surgeon	Hospital Setting		Hospital Surgeon	Lab Services	Free-standing			Hospital Setting
Platinum Plans⁵																								
NY P FRDM NG 20/40/100 EPO 19	NY P FRDM NG 20/40/100 EPO 20	N/A	N/A	100%	N/A	\$2,500	N/A	\$20	\$10	\$40	\$50	\$200	\$400	N/A	\$100	N/A	\$300	N/A	100%	100%	\$100	\$90	Emb	\$50 Ded. T2/T3 then \$5/\$30/\$60
NY P FRDM NG 5/15/100 EPO 19	NY P FRDM NG 5/15/100 EPO 20	N/A	N/A	100%	N/A	\$2,500	N/A	\$5	\$0 after ded.	\$15	\$50	\$200	\$200	N/A	\$50	N/A	\$100	N/A	100%	100%	\$100	\$90	Emb	\$50 Ded. T2/T3 then \$5/\$30/\$60
NY P FRDM NG 20/40/100 PPO 19	NY P FRDM NG 20/40/100 PPO 20	N/A	\$3,000	100%	70%	\$2,500	\$7,500	\$20	\$10	\$40	\$50	\$200	\$400	N/A	\$100	N/A	\$300	N/A	100%	100%	\$100	\$90	Emb	\$50 Ded. T2/T3 then \$5/\$30/\$60
NY P FRDM NG 5/15/100 PPO 19	NY P FRDM NG 5/15/100 PPO 20	N/A	\$2,000	100%	70%	\$2,500	\$5,000	\$5	\$0 after ded.	\$15	\$50	\$200	\$200	N/A	\$50	N/A	\$100	N/A	100%	100%	\$100	\$90	Emb	\$50 Ded. T2/T3 then \$5/\$30/\$60
NY P FRDM NG 20/40/100 PPO FAIR 19	NY P FRDM NG 20/40/100 PPO FAIR 20	N/A	\$3,000	100%	80%	\$2,500	\$7,500	\$20	\$10	\$40	\$50	\$200	\$400	N/A	\$100	N/A	\$300	N/A	100%	100%	\$100	\$90	Emb	\$50 Ded. T2/T3 then \$5/\$30/\$60
NY P LBTY GT 15/35/250/90 EPO LA 19	NY P LBTY GT 15/35/250/90 EPO LA 20	\$250	N/A	90%	N/A	\$3,000	N/A	\$15	\$5	\$35	\$35	90% after ded.	90% after ded.	N/A	90% after ded.	N/A	90% after ded.	N/A	90% after ded.	90% after ded.	90% after ded.	90% after ded.	Emb	\$150 Ded. T2/T3 then \$5/\$30/\$60
New	NY P LBTY NG 40/80/80 EPO 411 20	N/A	N/A	80%	N/A	\$2,000	N/A	First 4 \$5, then \$40	\$0 after ded.	First 1 \$25, then \$80	First 1 \$25, then \$80	50%	\$1,000	\$500	\$250	\$125	\$500	\$250	\$15	\$150	\$150	\$50	Emb	\$150 Ded. T2/T3 then \$5/\$30/\$60
NY P MTR0 GT 15/30/100 EPO 19	NY P MTR0 GT 15/30/100 EPO 20	N/A	N/A	100%	N/A	\$2,500	N/A	\$15	\$5	\$30	\$50	\$200	\$200 per day / \$800 max per admission	N/A	\$100	N/A	\$500	N/A	\$15	\$120	\$120	\$20	Emb	\$100 Ded. T2/T3 then \$10/\$65/\$90
Gold Plans^{5.5}																								
NY G FRDM NG 15/35/1000/90 EPO 19	NY G FRDM NG 15/35/1000/90 EPO 20	\$1,000	N/A	90%	N/A	\$6,500	N/A	\$15	\$5	\$35	\$75	\$500	90% after ded.	N/A	150 after ded.	N/A	300 after ded.	N/A	100%	\$150 after ded.	\$150 after ded.	\$80 after ded.	Emb	\$100 Ded. T2/T3 then \$15/\$35/\$75
NY G FRDM NG 25/40/1250/80 EPO 19	NY G FRDM NG 25/40/1250/80 EPO 20	\$1,250	N/A	80%	N/A	\$5,000	N/A	\$25	\$10	\$40	\$75	\$400	80% after ded.	N/A	\$150 after ded.	N/A	\$250 after ded.	N/A	100%	\$150 after ded.	\$150 after ded.	\$80 after ded.	Emb	\$100 Ded. T2/T3 then \$15/\$35/\$75
NY G FRDM NG 30/60/2000/70 EPO 19	NY G FRDM NG 30/60/2250/70 EPO 20	\$2,250	N/A	70%	N/A	\$8,150	N/A	\$30	\$15	\$60	\$75	\$500	70% after ded.	N/A	70% after ded.	N/A	70% after ded.	N/A	100%	70% after ded.	70% after ded.	70% after ded.	Emb	\$100 Ded. T2/T3 then \$15/\$45/\$75
NY G FRDM NG 50/50/750/90 EPO 19	NY G FRDM NG 50/50/750/90 EPO 20	\$750	N/A	90%	N/A	\$5,200	N/A	\$50	\$25	\$50	\$75	\$500	\$250 per day / \$2500 max per admission after ded.	N/A	\$150 after ded.	N/A	\$250 after ded.	N/A	100%	\$150 after ded.	\$150 after ded.	\$80 after ded.	Emb	\$100 Ded. T2/T3 then \$10/\$35/\$75

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2019 Plan Name	2020 Plan Name	Deductible		Coinsurance		Out-of-Pocket Limit		In-Network Benefits															Medical Ded. Type ³	Rx Plans ⁴		
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Primary Care Physician ¹	Virtual Visits ²	Specialist	Urgent Care	Emergency Room	Inpatient Facility	Inpatient Surgeon	Outpatient Services					Major Diagnostic		All Other Radiology				
		Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)								Free-standing	Free-standing Surgeon	Hospital Setting	Hospital Surgeon	Lab Services	Free-standing	Hospital Setting					
Gold Plans ^{3,5} (continued)																										
NY G FRDM NG 1500/90 EPO HSA 19	NY G FRDM NG 1500/90 EPO HSA 20	\$1,500	N/A	90%	N/A	\$4,000	N/A	90% after ded.	\$10 after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	N/A	90% after ded.	N/A	90% after ded.	N/A	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$10/\$35/\$75
NY G FRDM NG 25/40/1000/80 PPO 19	NY G FRDM NG 25/40/1000/80 PPO 20	\$1,000	\$3,000	80%	60%	\$5,800	\$7,500	\$25	\$10	\$40	\$75	\$500	80%	N/A	\$150 after ded.	N/A	\$250 after ded.	N/A	100%	\$100 after ded.	\$100 after ded.	\$25 after ded.	Emb	\$100 Ded. T2/T3 then \$10/\$35/\$75		
NY G FRDM NG 1500/90 PPO HSA 19	NY G FRDM NG 1500/90 PPO HSA 20	\$1,500	\$3,000	90%	60%	\$4,000	\$7,500	90% after ded.	\$10 after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	N/A	90% after ded.	N/A	90% after ded.	N/A	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$10/\$35/\$75	
New	NY G LBTY NG 25/50/100 EPO ZD 20	N/A	N/A	100%	N/A	\$5,000	N/A	\$25	\$10	\$50	\$50	\$750	\$500	\$250	\$150	\$75	\$500	\$250	20%	\$150	\$150	\$50	Emb	\$100 Ded. T2/T3 then \$10/\$65/\$90		
NY G LBTY GT 30/60/1000/100 EPO 19	NY G LBTY GT 30/60/1000/100 EPO 20	\$1,000	N/A	100%	N/A	\$5,400	N/A	\$30	\$15	\$60	\$75	\$500	\$500 per day / \$2,000 max per admission after ded.	N/A	\$150 after ded.	N/A	\$250 after ded.	N/A	100%	\$100 after ded.	\$100 after ded.	\$35 after ded.	Emb	\$100 Ded. T2/T3 then \$15/\$35/\$75		
New	NY G LBTY NG 40/80/2000/80 EPO 411 20	\$2,000	N/A	80%	N/A	\$4,000	N/A	First 4 \$5, then \$40	\$0	First 1 \$25, then \$80	First 1 \$25, then \$80	50% after ded.	\$1,000 after ded.	\$500	\$250 after ded.	\$125	\$500 after ded.	\$250	\$15	\$150 after ded.	\$150 after ded.	\$50 after ded.	Emb	\$150 Ded. T2/T3 then \$5/\$30/\$60		
NY G LBTY NG 30/60/2000/70 EPO 19	NY G LBTY NG 30/60/2000/70 EPO 20	\$2,000	N/A	70%	N/A	\$7,900	N/A	\$30	\$15	\$60	\$75	\$500	70% after ded.	N/A	70% after ded.	N/A	70% after ded.	N/A	100%	70% after ded.	70% after ded.	70% after ded.	Emb	\$100 Ded. T2/T3 then \$15/\$45/\$75		
NY G MTRO GT 25/40/1250/80 EPO 19	NY G MTRO GT 25/40/1250/80 EPO 20	\$1,250	N/A	80%	N/A	\$5,500	N/A	\$25	\$10	\$40	\$65	\$500	80% after ded.	N/A	\$200 after ded.	N/A	\$500 after ded.	N/A	\$15	\$150 after ded.	\$150 after ded.	\$50 after ded.	Emb	\$100 Ded. T2/T3 then \$10/\$65/\$90		
NY G MTRO NG 25/40/1250/80 EPO 19	NY G MTRO NG 25/40/1250/80 EPO ME 20	\$1,250	N/A	80%	N/A	\$5,000	N/A	\$25	\$10	\$40	\$65	\$400	80% after ded.	N/A	\$200 after ded.	N/A	\$500 after ded.	N/A	\$15	\$150 after ded.	\$150 after ded.	\$50 after ded.	Emb	\$100 Ded. T2/T3 then \$10/\$65/\$90		
NY G MTRO GT 25/40/600/80 EPO HNY 19	NY G MTRO GT 25/40/600/80 EPO HNY 20	\$600	N/A	80%	N/A	\$4,000	N/A	\$25 after ded.	\$25 after ded.	\$40 after ded.	\$60 after ded.	\$150 after ded.	\$1,000 after ded.	N/A	\$100 after ded.	N/A	\$100 after ded.	N/A	\$40 after ded.	\$40 after ded.	\$40 after ded.	\$40 after ded.	Emb	\$10/\$35/\$70		
Silver Plans ^{3,6}																										
NY S FRDM NG 40/70/2500/70 EPO 19	NY S FRDM NG 40/70/2500/65 EPO 20	\$2,500	N/A	65%	N/A	\$8,150	N/A	\$40	\$20	\$70	\$75	50% after ded.	65% after ded.	N/A	65% after ded.	N/A	65% after ded.	N/A	\$25	65% after ded.	65% after ded.	65% after ded.	Emb	\$200 Ded. T2/T3 then \$15/\$45/\$75		
NY S FRDM NG 2000/70 EPO HSA 19	NY S FRDM NG 2000/70 EPO HSA 20	\$2,000	N/A	70%	N/A	\$6,750	N/A	70% after ded.	\$10 after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	N/A	70% after ded.	N/A	70% after ded.	N/A	70% after ded.	70% after ded.	70% after ded.	70% after ded.	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$15/\$35/\$75		
NY S FRDM NG 25/50/2000/80 EPO HSA 19	NY S FRDM NG 25/50/2000/80 EPO HSA 20	\$2,000	N/A	80%	N/A	\$6,400	N/A	\$25 after ded.	\$10 after ded.	\$50 after ded.	\$75 after ded.	\$500 after ded.	80% after ded.	N/A	\$150 after ded.	N/A	\$250 after ded.	N/A	80% after ded.	100% after ded.	\$100 after ded.	\$90 after ded.	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$15/\$35/\$75		
NY S FRDM NG 40/70/2500/70 PPO 19	NY S FRDM NG 40/70/2500/65 PPO 20	\$2,500	\$4,000	65%	50%	\$8,150	\$10,000	\$40	\$20	\$70	\$75	50% after ded.	65% after ded.	N/A	65% after ded.	N/A	65% after ded.	N/A	\$25	65% after ded.	65% after ded.	65% after ded.	Emb	\$200 Ded. T2/T3 then \$15/\$45/\$75		
NY S FRDM NG 30/60/2000/80 PPO HSA 19	NY S FRDM NG 30/60/2000/80 PPO HSA 20	\$2,000	\$4,000	80%	50%	\$6,400	\$10,000	\$30 after ded.	\$15 after ded.	\$60 after ded.	\$75 after ded.	80% after ded.	80% after ded.	N/A	\$150 after ded.	N/A	\$250 after ded.	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$15/\$35/\$75		

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2019 Plan Name	2020 Plan Name	Deductible		Coinsurance		Out-of-Pocket Limit		In-Network Benefits														Medical Dec. Type ³	Rx Plans ⁴	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Primary Care Physician ¹	Virtual Visits ²	Specialist	Urgent Care	Emergency Room	Inpatient Facility	Inpatient Surgeon	Outpatient Services				Lab Services	Major Diagnostic				All Other Radiology
		Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)								Free-standing	Free-standing Surgeon	Hospital Setting	Hospital Surgeon		Free-standing	Hospital Setting			
Silver Plans ^{3,5,6} (continued)																								
NY S LBTY GT 25/50/3500/50 EPO 19	NY S LBTY GT 25/50/3500/50 EPO 20	\$3,500	N/A	50%	N/A	\$8,150	N/A	\$25	\$10	\$50	\$80	50% after ded.	50% after ded.	N/A	50% after ded.	N/A	50% after ded.	N/A	\$15	50% after ded.	50% after ded.	50% after ded.	Emb	\$100 Ded. T2/T3 then \$15/\$65/\$85
NY S LBTY NG 30/75/3000/60 EPO 19	NY S LBTY NG 30/75/3000/60 EPO 20	\$3,000	N/A	60%	N/A	\$8,150	N/A	\$30	\$15	\$75	\$80	\$600 after ded.	60% after ded.	N/A	60% after ded.	N/A	60% after ded.	N/A	\$15	60% after ded.	60% after ded.	60% after ded.	Emb	\$100 Ded. T2/T3 then \$15/\$65/50% to \$800
NY S LBTY NG 40/70/2500/70 EPO 19	NY S LBTY NG 40/70/2500/65 EPO 20	\$2,500	N/A	65%	N/A	\$8,150	N/A	\$40	\$20	\$70	\$75	50% after ded.	65% after ded.	N/A	65% after ded.	N/A	65% after ded.	N/A	\$25	65% after ded.	65% after ded.	65% after ded.	Emb	\$200 Ded. T2/T3 then \$15/\$45/\$75
NY S LBTY NG 25/50/2000/80 EPO HSA 19	NY S LBTY NG 25/50/2000/80 EPO HSA 20	\$2,000	N/A	80%	N/A	\$6,400	N/A	\$25 after ded.	\$10 after ded.	\$50 after ded.	\$75 after ded.	\$500 after ded.	80% after ded.	N/A	\$150 after ded.	N/A	\$250 after ded.	N/A	80% after ded.	100% after ded.	\$100 after ded.	\$90 after ded.	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$15/\$65/\$75
NY S MTRO GT 30/80/3000/70 EPO 19	NY S MTRO GT 30/80/3000/70 EPO 20	\$3,000	N/A	70%	N/A	\$8,150	N/A	\$30	\$15	\$80	\$80	50% after ded.	70% after ded.	N/A	70% after ded.	N/A	70% after ded.	N/A	\$20	70% after ded.	70% after ded.	70% after ded.	Emb	\$100 Ded. T2/T3 then \$10/\$65/\$90
NY S MTRO GT 35/50/1500/70 EPO HSA 19	NY S MTRO GT 35/50/1500/70 EPO HSA 20	\$3,500	N/A	70%	N/A	\$6,750	N/A	\$35 after ded.	\$15 after ded.	\$50 after ded.	\$80 after ded.	\$500 after ded.	70% after ded.	N/A	\$300 after ded.	N/A	\$750 after ded.	N/A	\$15 after ded.	\$150 after ded.	\$150 after ded.	\$50 after ded.	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$10/\$65/50% to \$800
NY S MTRO NG 30/80/3000/70 EPO ME 19	NY S MTRO NG 30/80/3000/70 EPO ME 20	\$3,000	N/A	70%	N/A	\$8,150	N/A	\$30	\$15	\$80	\$80	50% after ded.	70% after ded.	N/A	70% after ded.	N/A	70% after ded.	N/A	\$20	70% after ded.	70% after ded.	70% after ded.	Emb	\$100 Ded. T2/T3 then \$10/\$65/\$90
New	NY S MTRO NG 50/100/100 EPO ZD 20	N/A	N/A	100%	N/A	\$8,150	N/A	\$50	\$25	\$100	\$100	\$1,000	\$1,000	\$500	\$400	\$200	\$700	\$350	\$20	\$200	\$200	\$100	Emb	\$100 Ded. T2/T3 then \$15/\$65/\$90
Bronze Plans ^{3,6}																								
NY B FRDM NG 5500/70 EPO HSA 19	NY B FRDM NG 5500/70 EPO HSA 20	\$5,500	N/A	70%	N/A	\$6,700	N/A	70% after ded.	\$10 after ded.	70% after ded.	70% after ded.	50% after ded.	70% after ded.	N/A	70% after ded.	N/A	70% after ded.	N/A	70% after ded.	70% after ded.	70% after ded.	70% after ded.	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$10/\$40/\$80
NY B LBTY NG 5500/70 EPO HSA 19	NY B LBTY NG 5500/70 EPO HSA 20	\$5,500	N/A	70%	N/A	\$6,700	N/A	70% after ded.	\$10 after ded.	70% after ded.	70% after ded.	50% after ded.	70% after ded.	N/A	70% after ded.	N/A	70% after ded.	N/A	70% after ded.	70% after ded.	70% after ded.	70% after ded.	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$10/\$40/\$80
NY B LBTY NG 6550/100 EPO HSA 19	NY B LBTY NG 6750/100 EPO HSA 20	\$6,750	N/A	100%	N/A	\$6,750	N/A	100% after ded.	\$0 after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	N/A	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then 100%
NY B LBTY NG 25/75/3300/70 EPO HSA 19	NY B LBTY NG 25/75/4000/70 EPO HSA 20	\$4,000	N/A	70%	N/A	\$6,750	N/A	\$25 after ded.	\$10 after ded.	\$75 after ded.	70% after ded.	70% after ded.	70% after ded.	N/A	70% after ded.	N/A	70% after ded.	N/A	70% after ded.	70% after ded.	70% after ded.	70% after ded.	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then 70%
NY B LBTY NG 30/60/6000/80 PPO HSA 19	NY B LBTY NG 30/60/6000/80 PPO HSA 20	\$6,000	\$10,000	80%	80%	\$6,550	\$25,000	\$30 after ded.	\$15 after ded.	\$60 after ded.	80% after ded.	80% after ded.	80% after ded.	N/A	80% after ded.	N/A	80% after ded.	N/A	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$15/\$35/\$75

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		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Primary Care Physician ¹	Virtual Visits ²	Specialist	Urgent Care	Emergency Room	Inpatient Facility	Inpatient Surgeon	Outpatient Services				Lab Services	Major Diagnostic				All Other Radiology	
		Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)								Free-standing	Free-standing Surgeon	Hospital Setting	Hospital Surgeon		Free-standing	Hospital Setting				
Bronze Plans ^{5,6} (continued)																									
NY B MTRO GT 40/75/5750/50 EPO HSA 19	NY B MTRO GT 40/75/5750/50 EPO HSA 20	\$5,750	N/A	50%	N/A	\$6,700	N/A	\$40 after ded.	\$20 after ded.	\$75 after ded.	\$80 after ded.	\$500 after ded.	50% after ded.	N/A	\$500 after ded.	N/A	\$1,000 after ded.	N/A	\$15 after ded.	50% after ded.	50% after ded.	50% after ded.	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$10/\$65/\$90	
NY B MTRO GT 6550/100 EPO HSA 19	NY B MTRO GT 6750/100 EPO HSA 20	\$6,750	N/A	100%	N/A	\$6,750	N/A	100% after ded.	\$0 after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	N/A	100% after ded.	N/A	100% after ded.	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then 100%

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¹Primary care physicians (PCP) include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics.

²Virtual visits are available for new groups effective 5/1/2020 and existing groups upon renewal starting 5/1/2020.

³Non-embedded deductible plans reflect family deductible, meaning no individual in the family has satisfied the deductible until the entire family amount has been met. Embedded deductibles mean all individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

⁴An additional charge may apply when a higher tier prescription drug is dispensed at the member or the member's provider's request, when a chemically equivalent prescription drug is available on a lower tier. The member will have to pay the difference between the cost of the higher tier prescription drug and the cost of the lower tier prescription drug. The cost difference must be paid in addition to the lower tier copayment or coinsurance. The member is responsible for paying the full cost (the amount the pharmacy charges the member) for any non-covered prescription drug and our contracted rates (our prescription drug cost) will not be available to the member.

⁵For Oxford MTRO EPO plan designs, once the in-network deductible has been satisfied by an individual, the applicable medical coinsurance will apply based on the selected plan. If the individual is enrolled as a couple, parent/children or family and the family deductible is met, then no further deductible is required, and the applicable medical coinsurance will apply based on the selected plan.

⁶For Oxford MTRO EPO HSA plan designs, all in-network medical and pharmacy services are subject to the in-network deductible. Once the deductible has been satisfied, the applicable medical coinsurance and prescription drug copayment will apply based on the option selected at plan inception. No individual enrolled as a couple, parent/children or family may satisfy the deductible until the entire family deductible has been met. Each individual enrolled as a couple, parent/child(ren) or family will be capped at his or her individual out-of-pocket limit for covered services within the deductible accumulation period. The remaining family members will continue to accrue until they satisfy their individual out-of-pocket limit or the family out-of-pocket limit is reached.

Note: For Health Savings Accounts (HSA), copayments will not apply until after the deductible has been satisfied.

Note: For Pharmacy plans with a deductible, the deductible does not apply to Tier 1 medications, with the exception of New York standard pharmacy plans and HSA pharmacy plans.

In 2020, maximum HSA contribution is \$3,550 single/\$7,100 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers aged 55 and over.

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

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