

2021 Oxford New York Small Group Product Portfolio Updates



We have made some updates to our 2021 New York Small Group product portfolio. Below is an overview of changes that will be implemented upon renewal in 2021. Please note that not all plan designs will experience changes in 2021. Please use the information as a guide to help explain changes your clients may experience when they renew in 2021.

2020 Plan name	2021 Plan Name	Benefit		
		Description	2020 Cost-Share Amount	2021 Cost-Share Amount Upon Renewal
<i>Virtual Visits covered on all plans at 100% (applicable for HSA plans after the In-Network Deductible is satisfied)</i>				
Platinum Plan Designs				
NY P FRDM NG 5/15/100 PPO 20	NY P FRDM NG 5/15/100 PPO 21	Emergency Room	\$200	\$250
		Pharmacy	\$50D T2/T3 \$5/\$30/\$60	\$100D T2/T3 \$5/\$35/\$70
		In-Network Out-of-Pocket-Limit	\$2,500	\$3,000
NY P FRDM NG 20/40/100 EPO 20	NY P FRDM NG 20/40/100 EPO 21	Emergency Room	\$200	\$250
		Pharmacy	\$50D T2/T3 \$5/\$30/\$60	\$100D T2/T3 \$5/\$35/\$70
NY P FRDM NG 5/15/100 EPO 20	NY P FRDM NG 5/15/100 EPO 21	Emergency Room	\$200	\$250
		Pharmacy	\$50D T2/T3 \$5/\$30/\$60	\$100D T2/T3 \$5/\$35/\$70
		In-Network Out-of-Pocket-Limit	\$2,500	\$3,000
NY P FRDM NG 20/40/100 PPO 20	NY P FRDM NG 20/40/100 PPO 21	Emergency Room	\$200	\$250
		Pharmacy	\$50D T2/T3 \$5/\$30/\$60	\$100D T2/T3 \$5/\$35/\$70
		In-Network Out-of-Pocket-Limit	\$2,500	\$3,000
NY P FRDM NG 20/40/100 PPO FAIR 20	NY P FRDM NG 20/40/100 PPO FAIR 21	Emergency Room	\$200	\$250
		Pharmacy	\$50D T2/T3 \$5/\$30/\$60	\$100D T2/T3 \$5/\$35/\$70
		In-Network Out-of-Pocket-Limit	\$2,500	\$3,000
		Out-of-Network-Deductible	\$3,000	\$5,000
NY P MTRO GT 15/30/100 EPO 20	NY P MTRO GT 15/30/100 EPO 21	Emergency Room	\$200	\$250
		Pharmacy	\$100D T2/T3 \$10/\$65/\$90	\$150D T2/T3 \$10/\$65/\$95
		In-Network Out-of-Pocket-Limit	\$2,500	\$3,000
NY P LBTY GT 15/35/250/90 EPO LA 20	NY P LBTY GT 15/35/250/90 EPO LA 21	Emergency Room	90% after In-Network Deductible	50% after In-Network Deductible
		Pharmacy	\$150D T2/T3 \$5/\$30/\$60	\$200D T2/T3 \$10/\$50/\$90

2020 Plan name	2021 Plan Name	Benefit		
		Description	2020 Cost-Share Amount	2021 Cost-Share Amount Upon Renewal
Gold Plan Designs				
NY G FRDM NG 25/40/1000/80 PPO 20	NY G FRDM NG 25/40/1500/80 PPO 21	Pharmacy	\$100D T2/T3 \$10/\$35/\$75	\$150D T2/T3 \$10/\$40/\$80
		In-Network Deductible	\$1,000	\$1,500
		In-Network Out-of-Pocket-Limit	\$5,800	\$6,300
NY G LBTY GT 30/60/1000/100 EPO 20	NY G LBTY GT 30/60/1250/100 EPO 21	Pharmacy	\$100D T2/T3 \$15/\$35/\$75	\$200D T2/T3 \$10/\$50/\$90
		In-Network Deductible	\$1,000	\$1,250
		In-Network Out-of-Pocket-Limit	\$5,400	\$5,900
NY G FRDM NG 15/35/1000/90 EPO 20	NY G FRDM NG 15/35/1750/90 EPO 21	Pharmacy	\$100D T2/T3 \$15/\$35/\$75	\$150D T2/T3 \$10/\$40/\$80
		In-Network Deductible	\$1,000	\$1,750
		In-Network Out-of-Pocket-Limit	\$6,500	\$7,000
NY G FRDM NG 25/40/1250/80 EPO 20	NY G FRDM NG 25/40/1750/80 EPO 21	Emergency Room	\$400	\$500
		Pharmacy	\$100D T2/T3 \$15/\$35/\$75	\$150D T2/T3 \$10/\$40/\$80
		In-Network Deductible	\$1,250	\$1,750
		In-Network Out-of-Pocket-Limit	\$5,000	\$5,500
NY G FRDM NG 50/50/750/90 EPO 20	NY G FRDM NG 50/50/1000/90 EPO 21	Pharmacy	\$100D T2/T3 \$15/\$35/\$75	\$150D T2/T3 \$10/\$40/\$80
		In-Network Deductible	\$750	\$1,000
		In-Network Out-of-Pocket-Limit	\$5,200	\$5,700
NY G FRDM NG 1500/90 PPO HSA 20	NY G FRDM NG 1500/90 PPO HSA 21	Emergency Room	90% after In-Network Deductible	50% after In-Network Deductible
		Pharmacy	Comb Med/Rx Ded \$15/\$35/\$75	Comb Med/Rx Ded \$10/\$40/\$80
		In-Network Out-of-Pocket-Limit	\$4,000	\$5,000
NY G FRDM NG 1500/90 EPO HSA 20	NY G FRDM NG 1500/90 EPO HSA 21	Emergency Room	90% after In-Network Deductible	50% after In-Network Deductible
		Pharmacy	Comb Med/Rx Ded \$15/\$35/\$75	Comb Med/Rx Ded \$10/\$40/\$80
		In-Network Out-of-Pocket-Limit	\$4,000	\$5,000
NY G MTRO GT 25/40/1250/80 EPO 20	NY G MTRO GT 25/40/1250/80 EPO 21	Pharmacy	\$100D T2/T3 \$15/\$65/\$90	\$150D T2/T3 \$10/\$65/\$95
NY G LBTY NG 30/60/2000/70 EPO 20	NY G LBTY NG 30/60/2000/70 EPO 21	Pharmacy	\$100D T2/T3 \$15/\$45/\$75	\$200D T2/T3 \$10/\$50/\$90
NY G MTRO NG 25/40/1250/80 EPO ME 20	NY G MTRO NG 25/40/1250/80 EPO ME 21	Emergency Room	\$400	\$500
		Pharmacy	\$100D T2/T3 \$15/\$65/\$90	\$150D T2/T3 \$10/\$65/\$95
		In-Network Out-of-Pocket-Limit	\$5,000	\$5,500
NY G FRDM NG 30/60/2250/70 EPO 20	NY G FRDM NG 30/60/2250/70 EPO 21	Pharmacy	\$100D T2/T3 \$15/\$45/\$75	\$150D T2/T3 \$10/\$40/\$80
		In-Network Out-of-Pocket-Limit	\$8,150	\$8,550

2020 Plan name	2021 Plan Name	Benefit		
		Description	2020 Cost-Share Amount	2021 Cost-Share Amount Upon Renewal
NY G LBTY NG 25/50/100 EPO ZD 20	NY G LBTY NG 25/50/100 EPO ZD 21	Pharmacy	\$100D T2/T3 \$15/\$65/\$90	\$200D T2/T3 \$10/\$50/\$90
		In-Network Out-of-Pocket-Limit	\$5,000	\$5,500

2020 Plan name	2021 Plan Name	Benefit		
		Description	2020 Cost-Share Amount	2021 Cost-Share Amount Upon Renewal
Silver Plan Designs				
NY S FRDM NG 40/70/2500/65 EPO 20	NY S FRDM NG 40/70/3000/65 EPO 21	Pharmacy	\$200D T2/T3 \$15/\$45/\$75	\$200D T2/T3 \$10/\$40/\$80
		In-Network Deductible	\$2,500	\$3,000
		In-Network Out-of-Pocket-Limit	\$8,150	\$8,550
NY S MTRO GT 30/80/3000/70 EPO 20	NY S MTRO GT 30/80/3500/70 EPO 21	Pharmacy	\$100D T2/T3 \$10/\$65/\$90	\$150D T2/T3 \$10/\$65/\$95
		In-Network Deductible	\$3,000	\$3,500
		In-Network Out-of-Pocket-Limit	\$8,150	\$8,550
NY S FRDM NG 30/60/2000/80 PPO HSA 20	NY S FRDM NG 30/60/2000/80 PPO HSA 21	Emergency Room	80% after In-Network Deductible	50% after In-Network Deductible
		Pharmacy	Comb Med/Rx Ded \$15/\$35/\$75	Comb Med/Rx Ded \$10/\$40/\$80
NY S FRDM NG 40/70/2500/65 PPO 20	NY S FRDM NG 40/70/3000/65 PPO 21	Pharmacy	\$200D T2/T3 \$15/\$45/\$75	\$200D T2/T3 \$10/\$40/\$80
		In-Network Out-of-Pocket-Limit	\$8,150	\$8,550
NY S FRDM NG 2000/70 EPO HSA 20	NY S FRDM NG 2000/70 EPO HSA 21	Emergency Room	70% after In-Network Deductible	50% after In-Network Deductible
		Pharmacy	Comb Med/Rx Ded \$15/\$35/\$75	Comb Med/Rx Ded \$10/\$40/\$80
		In-Network Out-of-Pocket-Limit	\$6,750	\$6,900
NY S FRDM NG 25/50/2000/80 EPO HSA 20	NY S FRDM NG 25/50/2250/80 EPO HSA 21	Pharmacy	\$15/\$35/\$75	\$10/\$40/\$80
		In-Network Deductible	\$2,000	\$2,250
NY S MTRO NG 30/80/3000/70 EPO ME 20	NY S MTRO NG 30/80/3500/70 EPO ME 21	Pharmacy	\$100D T2/T3 \$10/\$65/\$90	\$150D T2/T3 \$10/\$65/\$95
		In-Network Deductible	\$3,000	\$3,500
		In-Network Out-of-Pocket-Limit	\$8,150	\$8,550
NY S LBTY NG 40/70/2500/65 EPO 20	NY S LBTY NG 40/70/3000/65 EPO 21	Pharmacy	\$200D T2/T3 \$15/\$45/\$75	\$200D T2/T3 \$10/\$50/\$90
		In-Network Deductible	\$2,500	\$3,000
		In-Network Out-of-Pocket-Limit	\$8,150	\$8,550
NY S LBTY NG 30/75/3000/60 EPO 20	NY S LBTY NG 30/75/3500/60 EPO 21	Pharmacy	\$100D T2/T3 \$15/\$65/50% to \$800	\$200D T2/T3 \$10/\$50/50% to \$800
		Lab	\$15	\$20
		In-Network Deductible	\$3,000	\$3,500
		In-Network Out-of-Pocket-Limit	\$8,150	\$8,550

2020 Plan name	2021 Plan Name	Benefit		
		Description	2020 Cost-Share Amount	2021 Cost-Share Amount Upon Renewal
Silver Plan Designs (continued)				
NY S MTRO NG 50/100/100 EPO ZD 20	NY S MTRO NG 50/100/100 EPO ZD 21	Emergency Room	\$1,000	\$1,350
		Outpatient Services (Freestanding)	\$400	\$500
		Outpatient Surgeon (Freestanding)	\$200	\$250
		Major Diagnostic (Freestanding)	\$200	\$250
		Major Diagnostic (Hospital)	\$200	\$250
		Lab	\$20	\$40
		X-Ray	\$100	\$150
		Pharmacy	\$150D T2/T3 \$15/\$65/\$90	\$150D T2/T3 \$10/\$65/\$95
		In-Network Out-of-Pocket-Limit	\$8,150	\$8,550
NY S LBTY GT 25/50/3500/50 EPO 20	NY S LBTY GT 25/50/4500/50 EPO 21	Pharmacy	\$100D T2/T3 \$15/\$65/\$85	\$200D T2/T3 \$10/\$50/\$90
		In-Network Deductible	\$3,500	\$4,500
		In-Network Out-of-Pocket-Limit	\$8,150	\$8,550
NY S LBTY NG 25/50/2000/80 EPO HSA 20	NY S LBTY NG 25/50/2500/80 EPO HSA 21	Pharmacy	Comb Med/Rx Ded \$15/\$35/\$75	Comb Med/Rx Ded \$10/\$50/\$90
		In-Network Deductible	\$2,000	\$2,500
Bronze Plan Designs				
NY B FRDM NG 5500/70 EPO HSA 20	NY B FRDM NG 5800/50 EPO HSA 21	Coinsurance	70%	50%
		In-Network Deductible	\$5,500	\$5,800
		In-Network Out-of-Pocket-Limit	\$6,700	\$7,000
NY B LBTY NG 6750/100 EPO HSA 20	NY B LBTY NG 7000/100 EPO HSA 21	In-Network Deductible	\$6,750	\$7,000
		In-Network Out-of-Pocket-Limit	\$6,750	\$7,000
NY B MTRO GT 6750/100 EPO HSA 20	NY B MTRO GT 7000/100 EPO HSA 21	In-Network Deductible	\$6,750	\$7,000
		In-Network Out-of-Pocket-Limit	\$6,750	\$7,000
NY B LBTY NG 25/75/4000/70 EPO HSA 20	NY B LBTY NG 25/75/5750/70 EPO HSA 21	Emergency Room	70% after In-Network Deductible	50% after In-Network Deductible
		In-Network Deductible	\$4,000	\$5,750
		In-Network Out-of-Pocket-Limit	\$6,750	\$7,000
NY B LBTY NG 30/60/6000/80 PPO HSA 20	NY B LBTY NG 30/60/6750/80 PPO HSA 21	Emergency Room	80% after In-Network Deductible	50% after In-Network Deductible
		Pharmacy	Comb Med/Rx Ded \$15/\$35/\$75	Comb Med/Rx Ded \$10/\$50/\$90
		In-Network Deductible	\$6,000	\$6,750
NY B MTRO GT 40/75/5750/50 EPO HSA 20	NY B MTRO GT 40/75/6500/50 EPO HSA 21	In-Network Out-of-Pocket-Limit	\$6,550	\$7,000
		In-Network Deductible	\$5,750	\$6,500
		In-Network Out-of-Pocket-Limit	\$6,700	\$7,000

2020 Plan name	2021 Plan Name	Benefit	
		Description	2020 Cost-Share Amount

Plans Being Eliminated	
2020 Plan Name	2021 Proposed Replacement Plan
NY B LBTY NG 5500/70 EPO HSA 20	NY B FRDM NG 5800/50 EPO HSA 21
NY P LBTY NG 40/80/80 EPO 411 20	NY P FRDM NG 5/15/100 EPO 21
NY G LBTY NG 40/80/2000/80 EPO 411 20	NY G FRDM NG 50/50/1000/90 EPO 21

Plans with No Changes in 2021	
2020 Plan Name	2021 Plan Name
NY G MTRO GT 25/40/600/80 EPO HNY 20	NY G MTRO GT 25/40/600/80 EPO HNY 21
NY S MTRO GT 35/50/3500/70 EPO HSA 20	NY S MTRO GT 35/50/3500/70 EPO HSA 21

New Plan Designs in 2021
NY P LBTY NG 25/70/500/100 EPO 21
NY G LBTY NG 1500/90 EPO HSAM 21
NY G LBTY NG 40/80/2000/80 EPO 21
NY S LBTY NG 4000/80 EPO HSAM 21
NY S LBTY NG 45/75/5000/50 EPO 21
NY S LBTY NG 50/100/100 EPO ZD 21

Please be advised that 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.

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