

2021 Connecticut Small Group (1-50) Oxford Freedom Network Plans

Connecticut
Small Group (1-50) Oxford Products
Effective Jan. 1, 2021

Please be advised that this guide is for informational purposes only. Premium rates and/or product forms included herein have been filed and are subject to approval by regulators. 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 Connecticut small group (1-50) products, please contact your sales representative.

2021 Plan Name	Network/Access	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type ²	Pharmacy
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Telehealth/PCP ¹	Spec	Urgent Care	ER	Inpatient Hospital	Freestanding Outpatient Facility	Hospital-Based Outpatient Facility	Lab/X-Ray	Major Diagnostic MRI, CAT Freestanding	Major Diagnostic MRI, CAT Hospital		
		Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)												
Platinum Plans																			
CT P FRDM NG 20/45/100 PPO 21	Freedom/Non-Gated	\$0	\$4,000	100%	80%	\$4,000	\$8,000	\$0/\$20	\$45	\$45	\$300	\$750 admit	\$350	\$350	No charge	No charge	No charge	Emb	\$5/\$60/50% to \$500/50% to \$750
CT P FRDM NG 20/45/1000/100 PPO 21	Freedom/Non-Gated	\$1,000	\$4,000	100%	80%	\$4,000	\$8,000	\$0/\$20	\$45	\$45	\$300	No charge after ded.	No charge after ded.	No charge after ded.	\$20/\$40	\$75	\$75	Emb	\$5/\$60/50% to \$500/50% to \$750
Gold Plans																			
CT G FRDM NG 25/50/1000/100 HMO 21	Freedom/Non-Gated	\$1,000	N/A	100%	N/A	\$7,900	N/A	\$0/\$25	\$50	\$50	\$350 after ded.	\$750 day/\$1,500 max admit after ded.	\$500	\$500	\$25/\$50	\$75	\$75 after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750
CT G FRDM NG 1500/90 PPO HSA 21	Freedom/Non-Gated	\$1,500	\$5,000	90%	50%	\$6,000	\$10,000	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	Non-Emb Ded./ Emb OOP	\$10/\$60/50% to \$500/50% to \$750 after med ded.
CT G FRDM NG 25/50/1500/100 PPO 21	Freedom/Non-Gated	\$1,500	\$4,000	100%	80%	\$7,000	\$8,000	\$0/\$25	\$50	\$50	\$350	No charge after ded.	\$500	\$500 after ded.	\$25/\$50 Freestanding, \$25/\$50 after ded. Hosp.	\$75	\$75 after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750
CT G FRDM NG 2000/100 PPO HSA 21	Freedom/Non-Gated	\$2,000	\$5,000	100%	70%	\$6,950	\$10,000	No charge after ded.	No charge after ded.	No charge after ded.	\$350 after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	Non-Emb Ded./ Emb OOP	\$10/\$60/50% to \$500/50% to \$750 after med ded.

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		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Telehealth/PCP ¹	Spec	Urgent Care	ER	Inpatient Hospital	Freestanding Outpatient Facility	Hospital-Based Outpatient Facility	Lab/X-Ray	Major Diagnostic MRI, CAT Freestanding	Major Diagnostic MRI, CAT Hospital		
		Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)												
CT G FRDM NG 25/60/2000/100 PPO 21	Freedom/Non-Gated	\$2,000	\$5,000	100%	50%	\$6,000	\$12,500	\$0/\$25	\$60	\$60	\$350	\$750 after ded.	\$500	\$500 after ded.	\$25/\$50 Freestanding, \$25/\$50 after ded. Hosp.	\$75	\$75 after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750
CT G FRDM NG 25/50/2500/50 HMO 21	Freedom/Non-Gated	\$2,500	N/A	50%	N/A	\$6,000	N/A	\$0/\$25	\$50	\$50	50% after ded.	50% after ded.	50% after ded.	50% after ded.	\$25/\$50 Freestanding, 50% after ded. Hosp.	\$75	50% after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750
CT G FRDM NG 25/50/2500/100 HMO 21	Freedom/Non-Gated	\$2,500	N/A	100%	N/A	\$6,500	N/A	\$0/\$25	\$50	\$50	\$350 after ded.	\$750 after ded.	\$350 after ded.	\$350 after ded.	\$25/\$50	\$75	\$75 after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750
CT G FRDM NG 25/65/2500/100 PPO 21	Freedom/Non-Gated	\$2,500	\$7,500	100%	50%	\$7,850	\$15,000	\$0/\$25	\$65	\$65	\$400	No charge after ded.	No charge after ded.	No charge after ded.	\$30/\$50	\$75	No charge after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750
CT G FRDM NG 25/60/3000/80 PPO 21	Freedom/Non-Gated	\$3,000	\$7,500	80%	50%	\$7,000	\$15,000	\$0/\$25	\$60	\$60	20% after ded.	20% after ded.	20% after ded.	20% after ded.	\$25/\$50	\$75	20% after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750
CT G FRDM NG 25/60/3500/100 PPO 21	Freedom/Non-Gated	\$3,500	\$7,500	100%	70%	\$7,250	\$15,000	\$0/\$25	\$60	\$60	\$350	No charge after ded.	\$500	No charge after ded.	\$25/\$50	\$75	No charge after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750
CT G FRDM NG 25/60/4000/100 PPO 21	Freedom/Non-Gated	\$4,000	\$7,500	100%	70%	\$7,500	\$15,000	\$0/\$25	\$60	\$60	\$350	No charge after ded.	No charge after ded.	No charge after ded.	\$25/\$50	\$75	No charge after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750
CT G FRDM NG 30/50/4000/80 PPO 21	Freedom/Non-Gated	\$4,000	\$9,000	80%	60%	\$7,750	\$17,500	\$0/\$30	\$50	\$50	\$400	20% after ded.	20% after ded.	20% after ded.	\$25/\$50	\$75	\$75	Emb	\$10/\$60/50% to \$500/50% to \$750
CT G FRDM NG 30/50/5000/80 PPO 21	Freedom/Non-Gated	\$5,000	\$9,000	80%	60%	\$7,750	\$17,500	\$0/\$30	\$50	\$50	\$400	20% after ded.	20% after ded.	20% after ded.	\$25/\$50	\$75	\$75	Emb	\$10/\$60/50% to \$500/50% to \$750

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2021 Plan Name	Network/Access	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type ²	Pharmacy
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Telehealth/PCP ¹	Spec	Urgent Care	ER	Inpatient Hospital	Freestanding Outpatient Facility	Hospital-Based Outpatient Facility	Lab/X-Ray	Major Diagnostic MRI, CAT Freestanding	Major Diagnostic MRI, CAT Hospital		
		Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)												
Silver Plans																			
CT S FRDM NG 30/60/2500/100 PPO HSA 21	Freedom/Non-Gated	\$2,500	\$7,500	100%	70%	\$6,950	\$15,000	\$0/\$30 after ded.	\$60 after ded.	\$60 after ded.	\$350 after ded.	\$500 day/\$2,000 max admit after ded.	\$300 after ded.	\$600 after ded.	\$30/\$60 after ded.	\$75 after ded.	\$75 after ded.	Non-Emb Ded./ Emb OOP	\$10/\$60/50% to \$500/50% to \$750 after med ded.
CT S FRDM NG 3000/90 PPO HSA 21	Freedom/Non-Gated	\$3,000	\$7,500	90%	50%	\$6,950	\$15,000	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded.
CT S FRDM NG 30/50/3000/100 HMO HSA 21	Freedom/Non-Gated	\$3,000	N/A	100%	N/A	\$6,950	N/A	\$0/\$30 after ded.	\$60 after ded.	\$60 after ded.	\$350 after ded.	No charge after ded.	No charge after ded.	No charge after ded.	\$30/\$60 after ded.	No charge after ded.	No charge after ded.	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded.
CT S FRDM NG 3000/80 HMO HSAM 21	Freedom/Non-Gated	\$3,000	N/A	80%	N/A	\$6,950	N/A	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded.
CT S FRDM NG 3000/80 PPO HSA 21	Freedom/Non-Gated	\$3,000	\$10,000	80%	50%	\$6,950	\$20,000	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded.
CT S FRDM NG 4000/100 PPO HSA 21	Freedom/Non-Gated	\$4,000	\$10,000	100%	50%	\$6,950	\$20,000	No charge after ded.	No charge after ded.	No charge after ded.	\$350 after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded.
CT S FRDM NG 30/75/4750/75 PPO 21	Freedom/Non-Gated	\$4,750	\$10,000	75%	50%	\$8,500	\$20,000	\$0/\$30	\$75	\$75	25% after ded.	25% after ded.	25% after ded.	25% after ded.	\$35/\$75 Freestanding; 25% after ded. Hosp	25% after ded.	25% after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750; \$250 ded. T3/T4

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		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Telehealth/PCP ¹	Spec	Urgent Care	ER	Inpatient Hospital	Freestanding Outpatient Facility	Hospital-Based Outpatient Facility	Lab/X-Ray	Major Diagnostic MRI, CAT Freestanding	Major Diagnostic MRI, CAT Hospital		
		Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)												
CT S FRDM NG 30/60/5000/50 HMO 21	Freedom/Non-Gated	\$5,000	N/A	50%	N/A	\$8,300	N/A	\$0/\$30	\$60	\$60	50% after ded.	50% after ded.	50% after ded.	50% after ded.	\$25/\$50 Freestanding, 50% after ded. Hosp.	\$75	50% after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750
CT S FRDM NG 30/75/5000/100 PPO 21	Freedom/Non-Gated	\$5,000	\$10,000	100%	50%	\$8,350	\$15,000	\$0/\$30	\$75	\$75	\$350 after ded.	\$750 day/\$3,000 max admit after ded.	\$500 after ded.	\$500 after ded.	\$35/\$75 Freestanding; No charge after ded. Hosp	\$75 after ded.	\$75 after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750; \$250 ded. T3/T4
CT S FRDM NG 30/70/5000/80 PPO 21	Freedom/Non-Gated	\$5,000	\$10,000	80%	60%	\$8,500	\$15,000	\$0/\$30	\$70	\$70	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750; \$250 ded. T3/T4
CT S FRDM NG 30/75/5750/90 PPO 21	Freedom/Non-Gated	\$5,750	\$10,000	90%	60%	\$8,500	\$15,000	\$0/\$30	\$75	\$75	10% after ded.	10% after ded.	10% after ded.	10% after ded.	\$35/\$75 Freestanding; 10% after ded. Hosp	10% after ded.	10% after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750; \$250 ded. T3/T4
CT S FRDM NG 35/75/6000/100 HMO 21	Freedom/Non-Gated	\$6,000	N/A	100%	N/A	\$8,500	N/A	\$0/\$35	\$75	\$75	\$350 after ded.	\$750 day/\$2250 max admit after ded.	\$500 after ded.	\$500 after ded.	\$30/\$60 Freestanding; No charge after ded. Hosp	\$75	No charge after ded.	Emb	\$10/\$60/50% to \$500/50% to \$750
CT S FRDM NG 20/75/6500/80 PRO PPO 21	Freedom/Non-Gated	\$6,500	\$10,000	80%	50%	\$8,250	\$20,000	\$0/\$20	\$75	\$75	50% after ded.	20% after ded.	20% after ded.	20% after ded.	\$30/\$60 Freestanding; 20% after ded. Hosp	\$75	20% after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750; \$250 ded. T3/T4
CT S FRDM NG 35/75/7500/100 PPO 21	Freedom/Non-Gated	\$7,500	\$14,000	100%	70%	\$8,500	\$20,000	\$0/\$35	\$75	\$75	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	\$35/\$70 Freestanding; No charge after ded. Hosp	No charge after ded.	No charge after ded.	Emb	\$10/\$60/50% to \$500/50% to \$750

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		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Telehealth/PCP ¹	Spec	Urgent Care	ER	Inpatient Hospital	Freestanding Outpatient Facility	Hospital-Based Outpatient Facility	Lab/X-Ray	Major Diagnostic MRI, CAT Freestanding	Major Diagnostic MRI, CAT Hospital			
		Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)													
Bronze Plans																				
CT B FRDM NG 6000/50 PPO HSA 21	Freedom/Non-Gated	\$6,000	\$10,000	50%	50%	\$6,950	\$20,000	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded.
CT B FRDM NG 6250/100 HMO HSA 21	Freedom/Non-Gated	\$6,250	N/A	100%	70%	\$6,950	N/A	\$0/\$40 after ded.	\$60 after ded.	\$60 after ded.	\$350 after ded.	\$700 after ded.	\$500 after ded.	\$500 after ded.	\$30/\$65 after ded.	\$75 after ded.	\$75 after ded.	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded.	
CT B FRDM NG 6700/100 PPO HSA 21	Freedom/Non-Gated	\$6,700	\$10,000	100%	70%	\$6,950	\$20,000	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	Emb	\$10/\$60/50% to \$500/50% to \$750 after med ded.	
CT B FRDM NG 7000/70 PPO 21	Freedom/Non-Gated	\$7,000	\$10,000	70%	50%	\$8,500	\$20,000	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	Emb	\$5/\$60/50% to \$500/50% to \$750; \$250 ded. T3/T4	

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

² Plans listed as non-embedded/embedded reflect non-embedded deductibles and embedded out-of-pocket maximums meaning no individual in the family has satisfied the deductible until the entire family amount has been met. An individual will not have to pay more than the individual out-of-pocket maximum amount.

Note: Pharmacy mail order is 2.5x.

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

Note: For plans with a separate pharmacy deductible, the deductible is waived for Tier 1 and Tier 2.

Note: All plans include Preferred Generics (also known as Mac-A).

In 2021, maximum HSA contribution is \$3,600 single/\$7,200 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers ages 55 and over. The Oxford HSA high-deductible health plans (HDHP) are designed to comply with IRS requirements so eligible enrollees may open an HSA with a bank of their choice or through Optum Bank®, Member FDIC. "Oxford HSA" refers generally to the Oxford HSA products, which include an HDHP, although at times "Oxford HSA" may refer only and specifically to the Oxford HSA, provided in conjunction with Optum Bank and not to the associated HDHP.

Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (CT), Inc.

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