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

**Connecticut**
Small Group (1-50) Products
Effective January 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.

| Plan Name | Network/Access | Deductible | | Coinsurance | | Out-of-Pocket Maximum | | Copayment | | | | | | | | | | | Deductible Type [3] | Pharmacy (Standard Select Rx Network) [4] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Network | Out-of-Network | | | Network | Out-of-Network | | | | | | | | | | | | | |
| | | Single (Family is 2X) | Single (Family is 2X) | Network | Out-of-Network | Single (Family is 2X) | Single (Family is 2X) | Telehealth | T1 PCP/[1] T2 PCP[1] | T1 SPEC/[2] T2 SPEC[1] | 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) | | |
| **Gold Plans** | | | | | | | | | | | | | | | | | | | | |
| CT G LBTY GT 25/70/2500/80 PRO HMO 21 | Liberty/Gated | $2,500 | N/A | 80% | N/A | $7,500 | N/A | No charge | $0/$25 | $45/$70 | $70 | 50% 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 G LBTY GT 25/70/3000/100 HMO 21 | Liberty/Gated | $3,000 | N/A | 100% | N/A | $6,500 | N/A | No charge | $0/$25 | $45/$70 | $70 | $300 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 | $5/$60/50% to $500/50% to $750; $250 ded. T3/T4 |
| CT G LBTY GT 25/70/3000/90 HMO 21 | Liberty/Gated | $3,000 | N/A | 90% | N/A | $7,000 | N/A | No charge | $0/$25 | $45/$70 | $70 | 10% after ded. | 10% after ded. | 10% after ded. | 10% after ded. | 10% after ded. | 10% after ded. | 10% after ded. | Emb | $5/$60/50% to $500/50% to $750; $250 ded. T3/T4 |
| CT G LBTY GT 25/70/3500/100 HMO 21 | Liberty/Gated | $3,500 | N/A | 100% | N/A | $7,500 | N/A | No charge | $0/$25 | $45/$70 | $70 | $300 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 | $5/$60/50% to $500/50% to $750; $250 ded. T3/T4 |
| **Silver Plans** | | | | | | | | | | | | | | | | | | | | |
| CT S LBTY GT 30/80/2500/100 HMO HSA 21 | Liberty/Gated | $2,500 | N/A | 100% | N/A | $6,950 | N/A | No charge after ded. | $0/$30 after ded. | $50/$80 after ded. | $80 after ded. | $300 after ded. | $750 after ded. | $500 after ded. | $500 after ded. | $30/$60 after ded. | $75 after ded. | $75 after ded. | Non-Emb Ded/Emb OOP | $5/$60/50% to $500/50% to $750 after med ded. |
| CT S LBTY GT 3000/80 HMO HSA 21 | Liberty/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. | 20% after ded. | Emb | $5/$60/50% to $500/50% to $750 after med ded. |
| CT S LBTY GT 4000/100 HMO HSA 21 | Liberty/Gated | $4,000 | N/A | 100% | N/A | $6,950 | N/A | No charge after ded. | No charge after ded. | No charge after ded. | No charge after ded. | $300 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 | $5/$60/50% to $500/50% to $750 after med ded. |



UnitedHealthcare® Oxford

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

**Connecticut**
Small Group (1-50) Products
Effective January 1, 2021

| Plan Name | Network/Access | Deductible | | Coinsurance | | Out-of-Pocket Maximum | | Copayment | | | | | | | | | | | Deductible Type [3] | Pharmacy (Standard Select Rx Network) [4] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Network | Out-of-Network | | | Network | Out-of-Network | | | | | | | | | | | | | |
| | | Single (Family is 2X) | Single (Family is 2X) | Network | Out-of-Network | Single (Family is 2X) | Single (Family is 2X) | Telehealth | T1 PCP/[1] T2 PCP[1] | T1 SPEC/[2] T2 SPEC[1] | 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) | | |
| CT S LBTY GT 30/80/5000/100 HMO 21 | Liberty/Gated | $5,000 | N/A | 100% | N/A | $8,350 | N/A | No charge | $0/$30 | $50/$80 after ded. | $80 | $300 after ded. | $750 day/ $3,000 max 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 LBTY GT 30/80/5500/80 PRO HMO 21 | Liberty/Gated | $5,500 | N/A | 80% | N/A | $8,500 | N/A | No charge | $0/$30 | $50/$80 | $80 | 50% 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 LBTY GT 35/80/7500/100 HMO 21 | Liberty/Gated | $7,500 | N/A | 100% | N/A | $8,500 | N/A | No charge | $0/$35 | $60/$80 | $80 | 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 | $5/$60/50% to $500/50% to $750; $250 ded. T3/T4 |
| **Bronze Plans** | | | | | | | | | | | | | | | | | | | | |
| CT B LBTY GT 6250/80 HMO HSA 21 | Liberty/Gated | $6,250 | 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. | 20% after ded. | Emb | $5/$60/50% to $500/50% to $750 after med ded. |

[1] Primary care physicians (PCP) include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics. Member must select a PCP and obtain referrals from their PCP to see a specialist.

[2] Members must retain a referral from their PCP to see a specialist.

[3] 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.

[4] Liberty plan members must utilize the Standard Select Rx Network for services.

Note: Pharmacy mail order is 2.5x.
Note: For plans with a separate pharmacy deductible, the deductible is waived for Tier 1 and Tier 2.
Note: For Health Savings Accounts (HSAs), copayments will not apply until after the deductible has been satisfied.
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.





UnitedHealthcare® Oxford