

2024 New York Oxford Small Business (1-100) Plans

New York
Small Business (1-100) Oxford Products
Effective Jan. 1, 2024

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.

2023 Plan Name	2024 Plan Name	Network	Out of Area Network ⁷	Care Cash	Vision Plan	UHC Rewards	Deductible		Coinsurance		Out-of-Pocket Maximum		Benefits										Med/Ded Type ⁴	Rx Plans ⁵ Mail Order is 2.5 x retail copay	Retail Pharmacy Network		
							Network Individual (2x family)	Out-of-Network Individual (2x family)	Network	Out-of-Network	Network Individual (2x family)	Out-of-Network Individual (2x family)	24/7 Virtual Visit	PCP ^{3,1}	Specialist ³	Urgent Care	Emergency Room	Lab Oxford PLN ⁶ FS/HOSP	Xray FS/HOSP	MRI, CT FS/HOSP	Outpatient Surgery FS/HOSP	Inpatient Hospital					
Platinum Plans																											
NY P FRDM NG 20/40/100 EPO 23	NY P FRDM NG 20/40/100 EPO 24	Freedom	Choice Plus	N/A	Included	Core	N/A	N/A	100%	N/A	\$3,250	N/A	100%	\$20	\$40	\$50	\$250	Oxford PLN: 100% FS: \$60 HOSP: \$60	FS: \$90 HOSP: \$90	FS: 100% HOSP: \$100	FS: \$100 HOSP: \$300	\$400	Emb	\$100 D T2/3 then \$5/\$35/\$70	Broad		
NY P FRDM NG 20/40/100 PPO 23	NY P FRDM NG 20/40/100 PPO 24	Freedom	Choice Plus	N/A	Included	Core	N/A	\$3,000	100%	70%	\$3,250	\$8,000	100%	\$20	\$40	\$50	\$250	Oxford PLN: 100% FS: \$60 HOSP: \$60	FS: \$90 HOSP: \$90	FS: 100% HOSP: \$100	FS: \$100 HOSP: \$300	\$400	Emb	\$100 D T2/3 then \$5/\$35/\$70	Broad		
NY P FRDM NG 5/15/100 EPO 23	NY P FRDM NG 5/15/100 EPO 24	Freedom	Choice Plus	N/A	Included	Core	N/A	N/A	100%	N/A	\$3,750	N/A	100%	\$5	\$15	\$50	\$250	Oxford PLN: 100% FS: \$60 HOSP: \$60	FS: \$90 HOSP: \$90	FS: 100% HOSP: \$100	FS: \$50 HOSP: \$100	\$200	Emb	\$100 D T2/3 then \$5/\$35/\$70	Broad		
NY P FRDM NG 5/15/100 PPO 23	NY P FRDM NG 5/15/100 PPO 24	Freedom	Choice Plus	N/A	Included	Core	N/A	\$2,000	100%	70%	\$3,750	\$5,500	100%	\$5	\$15	\$50	\$250	Oxford PLN: 100% FS: \$60 HOSP: \$60	FS: \$90 HOSP: \$90	FS: 100% HOSP: \$100	FS: \$50 HOSP: \$100	\$200	Emb	\$100 D T2/3 then \$5/\$35/\$70	Broad		
NY P FRDM NG 20/40/100 PPO FAIR 23	NY P FRDM NG 20/40/100 PPO FAIR 24	Freedom	Choice Plus	N/A	Included	Core	N/A	\$10,000	100%	80%	\$3,250	\$25,000	100%	\$20	\$40	\$50	\$250	Oxford PLN: 100% FS: \$60 HOSP: \$60	FS: \$90 HOSP: \$90	FS: 100% HOSP: \$100	FS: \$100 HOSP: \$300	\$400	Emb	\$100 D T2/3 then \$5/\$35/\$70	Broad		
NY P LBTY GT 10/25/250/90 EPO LA 23	NY P LBTY GT 10/25/250/90 EPO LA 24	Liberty	Core	N/A	N/A	Core	\$250	N/A	90%	N/A	\$2,750	N/A	100%	\$10	\$25	\$30	50% ¹	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: 90% ¹ HOSP: 90% ¹	FS: 90% ¹ HOSP: 90% ¹	FS: 90% ¹ HOSP: 90% ¹	90% ¹	Emb	\$200 D T2/3 then \$10/\$50/\$90	Broad		
NY P LBTY NG 5/35/500/100 EPO 23 PD	NY P LBTY NG 5/35/500/100 EPO PD 24	Liberty	Core	Included	N/A	Core	\$500	N/A	100%	N/A	\$2,450	N/A	100%	\$5/\$25	\$35/\$70	\$75	\$250	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: 100% ¹ HOSP: 100% ¹	FS: 100% ¹ HOSP: 100% ¹	FS: 100% ¹ HOSP: 100% ¹	100% ¹	Emb	\$200 D T2/3 then \$10/\$50/\$90	Broad		
NY P MTRO GT 15/25/100 EPO 23	NY P MTRO GT 15/25/100 EPO 24	Metro	N/A	N/A	N/A	Core	N/A	N/A	100%	N/A	\$3,500	N/A	100%	\$15	\$25	\$50	\$250	Oxford PLN: 100% FS: \$60 HOSP: \$60	FS: \$20 HOSP: \$20	FS: \$120 HOSP: \$120	FS: \$100 HOSP: \$500	\$200/Day \$800/Max	Emb	\$150 D T2/3 then \$10/\$65/\$95	Standard Select		
Gold Plans																											
NY G FRDM NG 25/50/100 EPO ZD 23	NY G FRDM NG 25/50/100 EPO ZD 24	Freedom	Choice Plus	Included	Included	Core	N/A	N/A	100%	N/A	\$7,000	N/A	100%	\$5 < Age 19 \$25 Age 19+	\$50	\$50	\$750	Oxford PLN: 100% FS: \$60 HOSP: \$60	FS: \$50 HOSP: \$50	FS: \$150 HOSP: \$150	FS: \$150 HOSP: \$500	\$500	Emb	\$150 D T2/3 then \$10/\$65/\$95	Broad		
NY G FRDM NG 50/50/1000/90 EPO 23	NY G FRDM NG 50/50/1000/90 EPO 24	Freedom	Choice Plus	Included	Included	Core	\$1,000	N/A	90%	N/A	\$6,700	N/A	100%	\$50	\$50	\$75	\$500	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: \$80 ¹ HOSP: \$80 ¹	FS: \$150 ¹ HOSP: \$150 ¹	FS: \$150 ¹ HOSP: \$250 ¹	\$250/Day \$2,500/Max ¹	Emb	\$150 D T2/3 then \$10/\$40/\$80	Broad		
NY G FRDM NG 25/40/1500/80 PPO 23	NY G FRDM NG 25/40/1500/80 PPO 24	Freedom	Choice Plus	Included	Included	Core	\$1,500	\$4,000	80%	60%	\$7,250	\$10,500	100%	\$25	\$40	\$75	\$500	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: \$25 ¹ HOSP: \$25 ¹	FS: \$100 ¹ HOSP: \$100 ¹	FS: \$150 ¹ HOSP: \$250 ¹	80% ¹	Emb	\$150 D T2/3 then \$10/\$40/\$80	Broad		
NY G FRDM NG 1500/90 PPO HSA 23	NY G FRDM NG 1600/90 PPO HSA 24	Freedom	Choice Plus	N/A	Included	Core	\$1,600	\$4,000	90%	60%	\$5,750	\$10,500	100%	90% ¹	90% ¹	90% ¹	50% ¹	FS: 90% ¹ HOSP: 90% ¹	FS: 90% ¹ HOSP: 90% ¹	FS: 90% ¹ HOSP: 90% ¹	FS: 90% ¹ HOSP: 90% ¹	90% ¹	Ded NonEmb/OOPM Emb	\$10/\$40/\$80 ¹	Broad		
NY G FRDM NG 1500/90 EPO HSA 23	NY G FRDM NG 1600/90 EPO HSA 24	Freedom	Choice Plus	N/A	Included	Core	\$1,600	N/A	90%	N/A	\$5,750	N/A	100%	90% ¹	90% ¹	90% ¹	50% ¹	FS: 90% ¹ HOSP: 90% ¹	FS: 90% ¹ HOSP: 90% ¹	FS: 90% ¹ HOSP: 90% ¹	FS: 90% ¹ HOSP: 90% ¹	90% ¹	Ded NonEmb/OOPM Emb	\$10/\$40/\$80 ¹	Broad		
NY G FRDM NG 25/40/1750/80 EPO 23	NY G FRDM NG 25/40/1750/80 EPO 24	Freedom	Choice Plus	Included	Included	Core	\$1,750	N/A	80%	N/A	\$6,500	N/A	100%	\$25	\$40	\$75	\$500	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: \$80 ¹ HOSP: \$80 ¹	FS: \$150 ¹ HOSP: \$150 ¹	FS: \$150 ¹ HOSP: \$250 ¹	80% ¹	Emb	\$150 D T2/3 then \$10/\$40/\$80	Broad		

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2023 Plan Name	2024 Plan Name	Network	Out of Area Network ⁷	Care Cash	Vision Plan	UHC Rewards	Deductible		Coinsurance		Out-of-Pocket Maximum		Benefits										Med Ded Type ⁴	Rx Plans ⁶ Mail Order is 2.5 x retail copay	Retail Pharmacy Network		
							Network Individual (2x family)	Out-of-Network Individual (2x family)	Network	Out-of-Network	Network Individual (2x family)	Out-of-Network Individual (2x family)	24/7 Virtual Visit	PCP ^{1,2}	Specialist ³	Urgent Care	Emergency Room	Lab Oxford PLN ¹ FS/HOSP	Xray FS/HOSP	MRI, CT FS/HOSP	Outpatient Surgery FS/HOSP	Inpatient Hospital					
NY G FRDM NG 15/35/1750/90 EPO 23	NY G FRDM NG 15/35/1750/90 EPO 24	Freedom	Choice Plus	Included	Included	Core	\$1,750	N/A	90%	N/A	\$8,000	N/A	100%	\$15	\$35	\$75	\$500	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: \$80 ¹ HOSP: \$80 ¹	FS: \$150 ¹ HOSP: \$150 ¹	FS: \$150 ¹ HOSP: \$300 ¹	90% ¹	Emb	\$150 D T2/3 then \$10/\$40/\$80	Broad		
NY G FRDM NG 1750/100 EPO HSA 23	NY G FRDM NG 2000/100 EPO HSA PR 24	Freedom	Choice Plus	N/A	Included	Premium	\$2,000	N/A	100%	N/A	\$7,050	N/A	100%	100% ¹	100% ¹	100% ¹	50% ¹	FS: 100% ¹ HOSP: 100% ¹	FS: 100% ¹ HOSP: 100% ¹	FS: 100% ¹ HOSP: 100% ¹	FS: 100% ¹ HOSP: 100% ¹	100% ¹	Ded NonEmb/OOPM Emb	\$10/\$40/\$80 ¹	Broad		
NY G FRDM NG 30/60/2250/70 EPO 23	NY G FRDM NG 30/60/2250/70 EPO 24	Freedom	Choice Plus	Included	Included	Core	\$2,250	N/A	70%	N/A	\$8,250	N/A	100%	\$30	\$60	\$75	\$500	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: 70% ¹ HOSP: 70% ¹	FS: 70% ¹ HOSP: 70% ¹	FS: 70% ¹ HOSP: 70% ¹	70% ¹	Emb	\$150 D T2/3 then \$10/\$40/\$80	Broad		
NY G LBTY NG 25/50/100 EPO ZD 23	NY G LBTY NG 25/50/100 EPO ZD 24	Liberty	Core	N/A	N/A	Core	N/A	N/A	100%	N/A	\$7,000	N/A	100%	\$5 < Age 19 \$25 Age 19+	\$50	\$50	\$750	Oxford PLN: 100% FS: \$60 HOSP: \$60	FS: \$50 HOSP: \$50	FS: \$150 HOSP: \$150	FS: \$150 HOSP: \$500	\$500	Emb	\$200 D T2/3 then \$10/\$50/\$90	Broad		
NY G LBTY GT 30/60/1250/100 EPO 23	NY G LBTY GT 30/60/1250/100 EPO 24	Liberty	Core	N/A	N/A	Core	\$1,250	N/A	100%	N/A	\$7,000	N/A	100%	\$30	\$60	\$75	\$500	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: \$35 ¹ HOSP: \$35 ¹	FS: \$100 ¹ HOSP: \$100 ¹	FS: \$150 ¹ HOSP: \$250 ¹	\$500/Day \$2,000/Max ¹	Emb	\$200 D T2/3 then \$10/\$50/\$90	Broad		
NY G LBTY NG 1500/90 EPO HSA 23	NY G LBTY NG 1600/90 EPO HSA PR 24	Liberty	Core	N/A	N/A	Premium	\$1,600	N/A	90%	N/A	\$5,750	N/A	100%	90% ¹	90% ¹	90% ¹	50% ¹	FS: 90% ¹ HOSP: 90% ¹	FS: 90% ¹ HOSP: 90% ¹	FS: 90% ¹ HOSP: 90% ¹	FS: 90% ¹ HOSP: 90% ¹	90% ¹	Ded NonEmb/OOPM Emb	\$10/\$50/\$90 ¹	Broad		
NY G LBTY NG 30/60/2000/70 EPO 23	NY G LBTY NG 30/60/1800/70 EPO 24	Liberty	Core	N/A	N/A	Core	\$1,800	N/A	70%	N/A	\$8,000	N/A	100%	\$30	\$60	\$75	\$500	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: 70% ¹ HOSP: 70% ¹	FS: 70% ¹ HOSP: 70% ¹	FS: 70% ¹ HOSP: 70% ¹	70% ¹	Emb	\$200 D T2/3 then \$10/\$50/\$90	Broad		
NY G LBTY NG 20/40/2000/80 EPO 23 PD	NY G LBTY NG 20/40/1500/80 EPO PD 24	Liberty	Core	Included	N/A	Core	\$1,500	N/A	80%	N/A	\$8,750	N/A	100%	\$20/\$40	\$40/\$80	\$75	\$500	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: 80% ¹ HOSP: 80% ¹	FS: 80% ¹ HOSP: 80% ¹	FS: 80% ¹ HOSP: 80% ¹	80% ¹	Emb	\$200 D T2/3 then \$10/\$50/\$90	Broad		
NY G MTRO GT 25/40/600/80 EPO HNY 23	NY G MTRO GT 25/40/600/80 EPO HNY 24	Metro	N/A	N/A	N/A	Core	\$600	N/A	80%	N/A	\$5,900	N/A	100%	\$25 ¹	\$40 ¹	\$60 ¹	\$150 ¹	FS: \$40 ¹ HOSP: \$40 ¹	FS: \$40 ¹ HOSP: \$40 ¹	FS: \$40 ¹ HOSP: \$40 ¹	FS: \$100 ¹ HOSP: \$100 ¹	\$1,000 ¹	Emb	\$10/\$35/\$70	Standard Select		
NY G MTRO GT 25/40/1250/80 EPO 23	NY G MTRO GT 25/40/1250/80 EPO 24	Metro	N/A	N/A	N/A	Core	\$1,250	N/A	80%	N/A	\$6,500	N/A	100%	\$25	\$40	\$65	\$500	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: \$50 ¹ HOSP: \$50 ¹	FS: \$150 ¹ HOSP: \$150 ¹	FS: \$200 ¹ HOSP: \$500 ¹	80% ¹	Emb	\$150 D T2/3 then \$10/\$65/\$95	Standard Select		
NY G MTRO NG 25/40/1250/80 EPO ME 23	NY G MTRO NG 25/40/1250/80 EPO ME 24	Metro	N/A	N/A	N/A	Core	\$1,250	N/A	80%	N/A	\$6,500	N/A	100%	\$25	\$40	\$65	\$500	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: \$50 ¹ HOSP: \$50 ¹	FS: \$150 ¹ HOSP: \$150 ¹	FS: \$200 ¹ HOSP: \$500 ¹	80% ¹	Emb	\$150 D T2/3 then \$10/\$65/\$95	Standard Select		
Silver Plans																											
NY S FRDM NG 50/100/100 EPO ZD 23	NY S FRDM NG 50/100/100 EPO ZD 24	Freedom	Choice Plus	N/A	Included	Core	N/A	N/A	100%	N/A	\$9,450	N/A	100%	\$5 < Age 19 \$50 Age 19+	\$100	\$100	\$1,500	Oxford PLN: 100% FS: \$60 HOSP: \$60	FS: \$200 HOSP: \$200	FS: \$300 HOSP: \$300	FS: \$250 HOSP: \$500	\$2,800	Emb	\$200 D T2/3 then \$15/\$65/\$95	Broad		
NY S FRDM NG 30/60/2250/70 PPO HSA 23	NY S FRDM NG 30/60/2250/70 PPO HSA 24	Freedom	Choice Plus	N/A	Included	Core	\$2,250	\$6,000	70%	50%	\$8,000	\$15,500	100%	\$30 ¹	\$60 ¹	\$75 ¹	50% ¹	FS: 70% ¹ HOSP: 70% ¹	FS: 70% ¹ HOSP: 70% ¹	FS: 70% ¹ HOSP: 70% ¹	FS: \$150 ¹ HOSP: \$250 ¹	70% ¹	Ded NonEmb/OOPM Emb	\$10/\$40/\$80 ¹	Broad		
NY S FRDM NG 2500/60 EPO HSA 23	NY S FRDM NG 2500/60 EPO HSA 24	Freedom	Choice Plus	N/A	Included	Core	\$2,500	N/A	60%	N/A	\$8,000	N/A	100%	60% ¹	60% ¹	60% ¹	50% ¹	FS: 60% ¹ HOSP: 60% ¹	FS: 60% ¹ HOSP: 60% ¹	FS: 60% ¹ HOSP: 60% ¹	FS: 60% ¹ HOSP: 60% ¹	60% ¹	Ded NonEmb/OOPM Emb	\$10/\$40/\$80 ¹	Broad		
NY S FRDM NG 30/60/3000/80 EPO HSA 23	NY S FRDM NG 30/60/3000/80 EPO HSA 24	Freedom	Choice Plus	N/A	Included	Core	\$3,000	N/A	80%	N/A	\$7,150	N/A	100%	\$30 ¹	\$60 ¹	\$75 ¹	\$500 ¹	FS: 80% ¹ HOSP: 80% ¹	FS: \$90 ¹ HOSP: \$90 ¹	FS: 100% ¹ HOSP: \$100 ¹	FS: \$150 ¹ HOSP: \$250 ¹	80% ¹	Ded NonEmb/OOPM Emb	\$10/\$40/\$80 ¹	Broad		
NY S FRDM NG 40/80/3250/60 EPO 23	NY S FRDM NG 40/80/3250/60 EPO 24	Freedom	Choice Plus	N/A	Included	Core	\$3,250	N/A	60%	N/A	\$9,450	N/A	100%	\$40	\$80	\$75	50% ¹	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: 60% ¹ HOSP: 60% ¹	FS: 60% ¹ HOSP: 60% ¹	FS: 60% ¹ HOSP: 60% ¹	60% ¹	Emb	\$200 D T2/3 then \$10/\$50/\$90	Broad		

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							Network Individual (2x family)	Out-of-Network Individual (2x family)	Network	Out-of-Network	Network Individual (2x family)	Out-of-Network Individual (2x family)	24/7 Virtual Visit	PCP ^{1,2}	Specialist ³	Urgent Care	Emergency Room	Lab Oxford PLN ¹ FS/HOSP	Xray FS/HOSP	MRI, CT FS/HOSP	Outpatient Surgery FS/HOSP	Inpatient Hospital					
NY S FRDM NG 40/80/3250/60 PPO 23	NY S FRDM NG 40/80/3250/60 PPO 24	Freedom	Choice Plus	N/A	Included	Core	\$3,250	\$6,000	60%	50%	\$9,450	\$15,500	100%	\$40	\$80	\$75	50% ¹	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: 60% ¹ HOSP: 60% ¹	FS: 60% ¹ HOSP: 60% ¹	FS: 60% ¹ HOSP: 60% ¹	60% ¹	Emb	\$200 D T2/3 then \$10/\$50/\$90	Broad		
NY S LBTY NG 50/100/100 EPO ZD 23	NY S LBTY NG 50/100/100 EPO ZD 24	Liberty	Core	N/A	N/A	Core	N/A	N/A	100%	N/A	\$9,450	N/A	100%	\$5 < Age 19 \$50 Age 19+	\$100	\$100	\$1,500	Oxford PLN: 100% FS: \$60 HOSP: \$60	FS: \$200 HOSP: \$200	FS: \$300 HOSP: \$300	FS: \$250 HOSP: \$500	\$2,800	Emb	\$200 D T2/3 then \$15/\$65/\$95	Broad		
NY S LBTY NG 30/60/3000/80 EPO HSA 23	NY S LBTY NG 30/60/3000/80 EPO HSA 24	Liberty	Core	N/A	N/A	Core	\$3,000	N/A	80%	N/A	\$7,150	N/A	100%	\$30 ¹	\$60 ¹	\$75 ¹	\$500 ¹	FS: 80% ¹ HOSP: 80% ¹	FS: \$90 ¹ HOSP: \$90 ¹	FS: 100% ¹ HOSP: \$100 ¹	FS: \$150 ¹ HOSP: \$250 ¹	80% ¹	Ded NonEmb/OOPM Emb	\$10/\$50/\$90 ¹	Broad		
NY S LBTY NG 40/80/3250/60 EPO 23	NY S LBTY NG 40/80/3250/60 EPO 24	Liberty	Core	N/A	N/A	Core	\$3,250	N/A	60%	N/A	\$9,450	N/A	100%	\$40	\$80	\$75	50% ¹	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: 60% ¹ HOSP: 60% ¹	FS: 60% ¹ HOSP: 60% ¹	FS: 60% ¹ HOSP: 60% ¹	60% ¹	Emb	\$200 D T2/3 then \$10/\$50/\$90	Broad		
NY S LBTY NG 4000/80 EPO HSA 23	NY S LBTY NG 4000/80 EPO HSA PR 24	Liberty	Core	N/A	N/A	Premium	\$4,000	N/A	80%	N/A	\$8,000	N/A	100%	80% ¹	80% ¹	80% ¹	50% ¹	FS: 80% ¹ HOSP: 80% ¹	FS: 80% ¹ HOSP: 80% ¹	FS: 80% ¹ HOSP: 80% ¹	FS: 80% ¹ HOSP: 80% ¹	80% ¹	Ded NonEmb/OOPM Emb	\$10/\$50/\$90 ¹	Broad		
NY S LBTY NG 30/75/4000/50 EPO 23	NY S LBTY NG 30/75/4000/50 EPO 24	Liberty	Core	N/A	N/A	Core	\$4,000	N/A	50%	N/A	\$9,450	N/A	100%	\$30	\$75	\$80	\$600 ¹	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: 50% ¹ HOSP: 50% ¹	FS: 50% ¹ HOSP: 50% ¹	FS: 50% ¹ HOSP: 50% ¹	50% ¹	Emb	\$200 D T2/3 then \$10/\$50/50% to \$800	Broad		
NY S LBTY GT 30/60/4500/50 EPO 23	NY S LBTY GT 30/60/4500/50 EPO 24	Liberty	Core	N/A	N/A	Core	\$4,500	N/A	50%	N/A	\$9,450	N/A	100%	\$30	\$60	\$80	50% ¹	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: 50% ¹ HOSP: 50% ¹	FS: 50% ¹ HOSP: 50% ¹	FS: 50% ¹ HOSP: 50% ¹	50% ¹	Emb	\$200 D T2/3 then \$10/\$50/\$90	Broad		
NY S LBTY NG 25/45/5000/50 EPO 23 PD	NY S LBTY NG 25/45/5000/50 EPO PD 24	Liberty	Core	Included	N/A	Core	\$5,000	N/A	50%	N/A	\$9,450	N/A	100%	\$25/\$45	\$45/\$75	\$75	50% ¹	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: 50% ¹ HOSP: 50% ¹	FS: 50% ¹ HOSP: 50% ¹	FS: 50% ¹ HOSP: 50% ¹	50% ¹	Emb	\$200 D T2/3 then \$10/\$50/\$90	Broad		
NY S MTRO NG 50/100/100 EPO ZD 23	NY S MTRO NG 50/100/100 EPO ZD 24	Metro	N/A	N/A	N/A	Core	N/A	N/A	100%	N/A	\$9,450	N/A	100%	\$5 < Age 19 \$50 Age 19+	\$100	\$100	\$1,500	Oxford PLN: 100% FS: \$60 HOSP: \$60	FS: \$200 HOSP: \$200	FS: \$300 HOSP: \$300	FS: \$250 HOSP: \$500	\$2,800	Emb	\$200 D T2/3 then \$15/\$65/\$95	Standard Select		
NY S MTRO NG 30/80/3750/60 EPO ME 23	NY S MTRO NG 30/80/3750/60 EPO ME 24	Metro	N/A	N/A	N/A	Core	\$3,750	N/A	60%	N/A	\$9,450	N/A	100%	\$30	\$80	\$80	50% ¹	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: 60% ¹ HOSP: 60% ¹	FS: 60% ¹ HOSP: 60% ¹	FS: 60% ¹ HOSP: 60% ¹	60% ¹	Emb	\$200 D T2/3 then \$10/\$65/\$95	Standard Select		
NY S MTRO GT 30/80/3750/60 EPO 23	NY S MTRO GT 30/80/3750/60 EPO 24	Metro	N/A	N/A	N/A	Core	\$3,750	N/A	60%	N/A	\$9,450	N/A	100%	\$30	\$80	\$80	50% ¹	Oxford PLN: 100% FS: 50% ¹ HOSP: 50% ¹	FS: 60% ¹ HOSP: 60% ¹	FS: 60% ¹ HOSP: 60% ¹	FS: 60% ¹ HOSP: 60% ¹	60% ¹	Emb	\$200 D T2/3 then \$10/\$65/\$95	Standard Select		
NY S MTRO GT 35/50/4000/70 EPO HSA 23	NY S MTRO GT 35/50/4000/70 EPO HSA 24	Metro	N/A	N/A	N/A	Core	\$4,000	N/A	70%	N/A	\$7,200	N/A	100%	\$35 ¹	\$50 ¹	\$80 ¹	\$500 ¹	FS: \$15 ¹ HOSP: \$15 ¹	FS: \$50 ¹ HOSP: \$50 ¹	FS: \$150 ¹ HOSP: \$150 ¹	FS: \$300 ¹ HOSP: \$750 ¹	70% ¹	Ded NonEmb/OOPM Emb	\$10/\$65/50% to \$800 ¹	Standard Select		
Bronze Plans																											
NY B FRDM NG 5000/50 EPO HSA 23	NY B FRDM NG 5000/50 EPO HSA 24	Freedom	Choice Plus	N/A	Included	Core	\$5,000	N/A	50%	N/A	\$8,000	N/A	100%	50% ¹	50% ¹	50% ¹	50% ¹	FS: 50% ¹ HOSP: 50% ¹	FS: 50% ¹ HOSP: 50% ¹	FS: 50% ¹ HOSP: 50% ¹	FS: 50% ¹ HOSP: 50% ¹	50% ¹	Ded NonEmb/OOPM Emb	\$10/\$40/\$80 ¹	Broad		
NY B LBTY NG 25/75/5750/70 EPO HSA 23	NY B LBTY NG 25/75/5750/70 EPO HSA 24	Liberty	Core	N/A	N/A	Core	\$5,750	N/A	70%	N/A	\$8,000	N/A	100%	\$25 ¹	\$75 ¹	70% ¹	50% ¹	FS: 70% ¹ HOSP: 70% ¹	FS: 70% ¹ HOSP: 70% ¹	FS: 70% ¹ HOSP: 70% ¹	FS: 70% ¹ HOSP: 70% ¹	70% ¹	Ded NonEmb/OOPM Emb	70% ¹	Broad		
NY B LBTY NG 30/60/6750/80 PPO HSA 23	NY B LBTY NG 30/60/6750/80 PPO HSA 24	Liberty	Core	N/A	N/A	Core	\$6,750	\$12,500	80%	80%	\$8,000	\$31,250	100%	\$30 ¹	\$60 ¹	80% ¹	50% ¹	FS: 80% ¹ HOSP: 80% ¹	FS: 80% ¹ HOSP: 80% ¹	FS: 80% ¹ HOSP: 80% ¹	FS: 80% ¹ HOSP: 80% ¹	80% ¹	Ded NonEmb/OOPM Emb	\$10/\$50/\$90 ¹	Broad		
NY B LBTY NG 7000/100 EPO HSA 23	NY B LBTY NG 7250/100 EPO HSA 24	Liberty	Core	N/A	N/A	Core	\$7,250	N/A	100%	N/A	\$7,250	N/A	100%	100% ¹	100% ¹	100% ¹	100% ¹	FS: 100% ¹ HOSP: 100% ¹	FS: 100% ¹ HOSP: 100% ¹	FS: 100% ¹ HOSP: 100% ¹	FS: 100% ¹ HOSP: 100% ¹	100% ¹	Ded NonEmb/OOPM Emb	100% ¹	Broad		

2024 New York Oxford Small Business (1-100) Plans

New York
Small Business (1-100) Oxford Products
Effective Jan. 1, 2024

2023 Plan Name	2024 Plan Name	Network	Out of Area Network ⁷	Care Cash	Vision Plan	UHC Rewards	Deductible		Coinsurance		Out-of-Pocket Maximum		Benefits										Med Ded Type ⁴	Rx Plans ⁶ Mail Order is 2.5 x retail copay	Retail Pharmacy Network
							Network Individual (2x family)	Out-of-Network Individual (2x family)	Network	Out-of-Network	Network Individual (2x family)	Out-of-Network Individual (2x family)	24/7 Virtual Visit	PCP ^{1,2}	Specialist ³	Urgent Care	Emergency Room	Lab Oxford PLN ⁶ FS/HOSP	Xray FS/HOSP	MRI, CT FS/HOSP	Outpatient Surgery FS/HOSP	Inpatient Hospital			
NY B MTRO GT 40/75/6500/50 EPO HSA 23	NY B MTRO GT 40/75/6500/50 EPO HSA 24	Metro	N/A	N/A	N/A	Core	\$6,500	N/A	50%	N/A	\$8,000	N/A	100%	\$40 ¹	\$75 ¹	\$80 ¹	\$500 ¹	FS: \$15 ¹ HOSP: \$15 ¹	FS: 50% ¹ HOSP: 50% ¹	FS: 50% ¹ HOSP: 50% ¹	FS: \$500 ¹ HOSP: \$1,000 ¹	50% ¹	Ded NonEmb/ OOPM Emb	\$10/\$65/\$95 ¹	Standard Select
NY B MTRO GT 7000/100 EPO HSA 23	NY B MTRO GT 7250/100 EPO HSA 24	Metro	N/A	N/A	N/A	Core	\$7,250	N/A	100%	N/A	\$7,250	N/A	100%	100% ¹	100% ¹	100% ¹	100% ¹	FS: 100% ¹ HOSP: 100% ¹	FS: 100% ¹ HOSP: 100% ¹	FS: 100% ¹ HOSP: 100% ¹	FS: 100% ¹ HOSP: 100% ¹	100% ¹	Ded NonEmb/ OOPM Emb	100% ¹	Standard Select



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PR = Premium Rewards. Denotes a plan that includes UnitedHealthcare Rewards Premium. All other plans include UnitedHealthcare Rewards Core. With daily participation there is a potential to earn up to: \$300 with Rewards Core and up to \$1,000 with Rewards Premium. Earnings can be deposited directly into HSAs or used towards a Visa gift card.

¹After Deductible

²Primary care physicians (PCP) include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics.

³PD = Premium Designation. A plan with two separate cost shares indicates a tiered network structure for Primary Care Physician (PCP) and specialist care. While members can choose from any provider in their network, seeking care from high-value Tier 1 physicians will result in lower out-of-pocket costs. Members just need to log-on to myuhc.com[®], go to "Find a Doctor" and spot the dot with the Tier 1 symbol.

⁴Non-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.

⁵An 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.

⁶Oxford Preferred Lab Network (PLN): For non-H.S.A plans lab work has a \$0 member copay when performed at an Oxford PLN location.

⁷To find a network provider go to myuhc.com. If the plan has access to the UnitedHealthcare Core network outside of the tri-state area follow these steps: Select Find a Provider, Choose Medical Directory, select All UnitedHealthcare Plans, then Oxford Health Plans, then Liberty with Core Network

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.

Metro plans use the Standard Select Pharmacy Network. The network comprises 50,000 retail pharmacies nationwide, including major chains (e.g., Duane Reade[™], Walgreens[®], Walmart[®]). Please note that prescriptions cannot be filled at CVS.

In 2024, maximum HSA contribution is \$4,150 single/\$8,300 family. These amounts are subject to change by the IRS. The annual catch-up contribution amount for individuals ages 55 and over is \$1,000.

Care Cash is a preloaded debit card to help employees pay for UnitedHealth Premium[®] provider visits, network primary care provider visits, 24/7 Virtual Visits, urgent care visits and outpatient behavioral health visits. Eligible employees receive \$200 per year for individual coverage or \$500 for family coverage. Care Cash is included for NY Oxford Tiered (Premium Designated) plans effective or renewing Jan. 1, 2023 or after.

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

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