

Health Plan Product Offering

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 Oxford New York small group (1-100) products, please contact your sales representative.

2017 New York
Small Group (1-100)
Oxford Products
Effective January 1, 2017

2017 Plan Name	Network/ Access	Deductible		Coinsurance		Out-of-Pocket Limit		In-Network Benefits											Medical Deductible Type ²	Rx ³ Mail Order is 2.5x the Retail Copay Amount
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Inpatient Facility	Outpatient Services (Freestanding)	Outpatient Services (Hospital Setting)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)	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)													
Platinum Plans																				
Freedom® Plan PPO \$5/\$15	Freedom/Non-gated	N/A	\$2,000	100%	70%	\$3,000	\$5,000	\$5	\$15	\$50	\$200	\$200	\$50	\$100	100%	100%	\$100	\$90	Emb	\$100 ded. T2/T3, then \$5/\$30/\$60
Oxford® EPO \$5/\$15	Freedom/Non-gated	N/A	N/A	100%	N/A	\$3,000	N/A	\$5	\$15	\$50	\$200	\$200	\$50	\$100	100%	100%	\$100	\$90	Emb	\$100 ded. T2/T3, then \$5/\$30/\$60
Freedom® Plan PPO \$20/\$40	Freedom/Non-gated	N/A	\$3,000	100%	70%	\$3,000	\$7,500	\$20	\$40	\$50	\$200	\$500	\$100	\$300	100%	100%	\$100	\$90	Emb	\$100 ded. T2/T3, then \$5/\$30/\$60
Oxford® EPO \$20/\$40	Freedom/Non-gated	N/A	N/A	100%	N/A	\$3,000	N/A	\$20	\$40	\$50	\$200	\$500	\$100	\$300	100%	100%	\$100	\$90	Emb	\$100 ded. T2/T3, then \$5/\$30/\$60
Freedom® Plan PPO \$20/\$40 FAIR	Freedom/Non-gated	N/A	\$3,000	100%	80%	\$3,000	\$7,500	\$20	\$40	\$50	\$200	\$500	\$100	\$300	100%	100%	\$100	\$90	Emb	\$100 ded. T2/T3, then \$5/\$30/\$60
Oxford® EPO \$15/\$30	Metro ⁴ /Gated	N/A	N/A	100%	N/A	\$3,000	N/A	\$15	\$30	\$50	\$200	\$200 per day, up to a maximum of \$800 per admission	\$100	\$500	100%	\$120	\$120	\$20	Emb	\$5/\$65/50% to \$800
Gold Plans																				
Freedom® Plan PPO \$25/\$40	Freedom/Non-gated	\$1,000	\$3,000	80%	60%	\$4,000	\$7,500	\$25	\$40	\$75	\$300	80% after ded.	\$150 after ded.	\$250 after ded.	100%	\$100 after ded.	\$100 after ded.	\$25 after ded.	Emb	\$100 ded. T2/T3, then \$10/\$35/\$75
Oxford® EPO \$25/\$40	Freedom/Non-gated	\$1,250	N/A	80%	N/A	\$5,000	N/A	\$25	\$40	\$75	\$400	80% after ded.	\$150 after ded.	\$250 after ded.	100%	\$150 after ded.	\$150 after ded.	\$80 after ded.	Emb	\$100 ded. T2/T3, then \$15/\$35/\$75

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

2017 Plan Name	Network/ Access	Deductible		Coinsurance		Out-of-Pocket Limit		In-Network Benefits											Medical Deductible Type ²	Rx ³ Mail Order is 2.5x the Retail Copay Amount
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Inpatient Facility	Outpatient Services (Freestanding)	Outpatient Services (Hospital Setting)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)	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)													
Gold Plans (continued)																				
Oxford® EPO \$15/\$30	Freedom/Non-gated	\$800	N/A	90%	N/A	\$4,000	N/A	\$15	\$30	\$75	\$400	90% after ded.	\$150 after ded.	\$300 after ded.	100%	\$150 after ded.	\$150 after ded.	\$80 after ded.	Emb	\$100 ded. T2/T3, then \$15/\$35/\$75
Oxford® PPO HSA \$1,500	Freedom/Non-gated	\$1,500	\$3,000	90%	60%	\$4,000	\$7,500	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	Non-Emb	Ded. Med/Rx then \$15/\$35/\$75
Oxford® EPO HSA \$1,500	Freedom/Non-gated	\$1,500	N/A	90%	N/A	\$4,000	N/A	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	90% after ded.	Non-Emb	Ded. Med/Rx then \$15/\$35/\$75
Oxford® EPO \$50	Freedom/Non-gated	\$750	N/A	90%	N/A	\$4,000	N/A	\$50	\$50	\$75	\$300	\$250 per day, up to a maximum of \$2,500 per calendar year after ded.	\$150 after ded.	\$250 after ded.	100%	\$150 after ded.	\$150 after ded.	\$80 after ded.	Emb	\$100 ded. T2/T3 then, \$15/\$35/\$75
Liberty SM Plan EPO \$30/\$60	Liberty/Gated	\$1,000	N/A	100%	N/A	\$4,000	N/A	\$30	\$60	\$75	\$200	\$500 per day, up to maximum of \$2,000 per admission after ded.	\$150 after ded.	\$250 after ded.	100%	\$100 after ded.	\$100 after ded.	\$35 after ded.	Emb	\$100 ded. T2/T3 then, \$15/\$35/\$75
Oxford® EPO \$15/\$30	Metro ⁴ /Gated	\$750	N/A	80%	N/A	\$4,000	N/A	\$15	\$30	\$65	\$400	80% after ded.	\$200 after ded.	\$500 after ded.	100%	\$150 after ded.	\$150 after ded.	\$50 after ded.	Emb	\$10/65/50% to \$800
Oxford® EPO \$25/\$40	Metro ⁴ /Gated	\$1,250	N/A	80%	N/A	\$4,500	N/A	\$25	\$40	\$65	\$500	80% after ded.	\$200 after ded.	\$500 after ded.	100%	\$150 after ded.	\$150 after ded.	\$50 after ded.	Emb	\$10/65/50% to \$800
Oxford® EPO \$25/\$40	Metro ⁴ /Non-gated	\$1,250	N/A	80%	N/A	\$5,000	N/A	\$25	\$40	\$65	\$400	80% after ded.	\$200 after ded.	\$500 after ded.	100%	\$150 after ded.	\$150 after ded.	\$50 after ded.	Emb	\$100 ded. T2/T3 then, \$10/\$65/\$90

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2017 Plan Name	Network/ Access	Deductible		Coinsurance		Out-of-Pocket Limit		In-Network Benefits												Medical Deductible Type ²	Rx ³ Mail Order is 2.5x the Retail Copay Amount
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Inpatient Facility	Outpatient Services (Freestanding)	Outpatient Services (Hospital Setting)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)	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)														
Silver Plans																					
Oxford® PPO HSA \$2,000 \$30/\$60	Freedom/Non-gated	\$2,000	\$4,000	80%	50%	\$5,500	\$10,000	\$30 after ded.	\$60 after ded.	\$75 after ded.	80% after ded.	80% after ded.	\$150 after ded.	\$250 after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Non-Emb	Ded. Med/Rx then \$15/\$35/\$75	
Oxford® Primary Advantage SM \$25/\$50	Liberty/Non-gated	\$2,000	N/A	70%	N/A	\$5,500	N/A	\$25	\$50 after ded.	\$75 after ded.	70% after ded.	\$250 per day, up to a maximum of \$1,250 per admission after ded.	\$150 after ded.	\$250 after ded.	\$50 after ded.	100% after ded.	\$100 after ded.	\$90 after ded.	Non-Emb	Ded. Med/Rx T2/T3 then, \$15/\$35/\$75	
Oxford® EPO HSA \$2,000	Freedom/Non-gated	\$2,000	N/A	70%	N/A	\$6,550	N/A	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	Non-Emb	Ded. Med/Rx then \$15/\$35/\$75	
Freedom® Plan PPO \$40/\$70	Freedom/Non-gated	\$2,500	\$4,000	70%	50%	\$6,850	\$10,000	\$40	\$70	\$75	\$500	70% after ded.	70% after ded.	70% after ded.	100%	70% after ded.	70% after ded.	70% after ded.	Emb	\$100 ded. T2/T3, then \$15/\$45/\$75	
Oxford® EPO HSA \$2,000 \$25/\$50	Freedom/Non-gated	\$2,000	N/A	80%	N/A	\$5,500	N/A	\$25 after ded.	\$50 after ded.	\$75 after ded.	\$250 after ded.	80% after ded.	\$150 after ded.	\$250 after ded.	80% after ded.	100% after ded.	\$100 after ded.	\$90 after ded.	Non-Emb	Ded. Med/Rx then \$15/\$35/\$75	
Oxford® EPO HSA \$2,000 \$25/\$50	Liberty/Non-gated	\$2,000	N/A	80%	N/A	\$5,500	N/A	\$25 after ded.	\$50 after ded.	\$75 after ded.	\$250 after ded.	80% after ded.	\$150 after ded.	\$250 after ded.	80% after ded.	100% after ded.	\$100 after ded.	\$90 after ded.	Non-Emb	Ded. Med/Rx then \$15/\$35/\$75	
Oxford® EPO \$40/\$70	Freedom/Non-gated	\$2,500	N/A	70%	N/A	\$6,850	N/A	\$40	\$70	\$75	\$500	70% after ded.	70% after ded.	70% after ded.	100%	70% after ded.	70% after ded.	70% after ded.	Emb	\$100 ded. T2/T3, then \$15/\$45/\$75	
Liberty SM Plan EPO \$40/\$70	Liberty/Non-gated	\$2,500	N/A	70%	N/A	\$6,850	N/A	\$40	\$70	\$75	\$500	70% after ded.	70% after ded.	70% after ded.	100%	70% after ded.	70% after ded.	70% after ded.	Emb	\$100 ded. T2/T3, then \$15/\$45/\$75	

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		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Inpatient Facility	Outpatient Services (Freestanding)	Outpatient Services (Hospital Setting)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)	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)													
Silver Plans (continued)																				
Liberty SM Plan Gated EPO \$25/\$50	Liberty/ Gated	\$3,000	N/A	50%	N/A	\$6,600	N/A	\$25	\$50	\$80	\$500	50% after ded.	50% after ded.	50% after ded.	100%	50% after ded.	50% after ded.	50% after ded.	Emb	\$100 ded. T2/T3, then \$15/\$65/\$85
Liberty SM Plan EPO \$30/\$75	Liberty/ Non-gated	\$3,000	N/A	60%	N/A	\$6,850	N/A	\$30	\$75	\$80	\$500 after ded.	60% after ded.	60% after ded.	60% after ded.	100%	60% after ded.	60% after ded.	60% after ded.	Emb	\$100 ded. T2/T3, then \$15/\$65/50% to \$800
Oxford [®] Primary Advantage SM \$30/\$60	Metro ⁵ / Gated	\$2,000	N/A	70%	N/A	\$6,500	N/A	\$30	\$60 after ded.	\$80 after ded.	\$500 after ded.	\$400 per day, up to a maximum of \$1,600 per admission after ded.	\$300 after ded.	\$750 after ded.	\$60 after ded.	\$150 after ded.	\$150 after ded.	\$50 after ded.	Non-Emb	Ded. Med/Rx T2/T3, then \$15/\$65/50% to \$800
Oxford [®] EPO HSA \$2,000 \$35/\$50	Metro ⁶ / Gated	\$2,000	N/A	70%	N/A	\$6,550	N/A	\$35 after ded.	\$50 after ded.	\$80 after ded.	\$500 after ded.	70% after ded.	\$300 after ded.	\$750 after ded.	70% after ded.	\$150 after ded.	\$150 after ded.	\$50 after ded.	Non-Emb	Med/Rx, then \$10/\$65/50% to \$800
Oxford [®] EPO \$30/\$60	Metro ⁴ / Gated	\$2,500	N/A	70%	N/A	\$6,850	N/A	\$30	\$60	\$80	70% after ded.	70% after ded.	70% after ded.	70% after ded.	100%	70% after ded.	70% after ded.	70% after ded.	Emb	\$10/65/50% to \$800
Oxford [®] EPO \$30/\$60	Metro ⁴ / Non-gated	\$2,500	N/A	70%	N/A	\$6,850	N/A	\$30	\$60	\$80	70% after ded.	70% after ded.	70% after ded.	70% after ded.	100%	70% after ded.	70% after ded.	70% after ded.	Emb	\$100 ded. T2/T3 then, \$10/\$65/\$90
Bronze Plans																				
Oxford [®] EPO HSA \$5,500	Freedom/ Non-gated	\$5,500	N/A	70%	N/A	\$6,550	N/A	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	Non-Emb	Ded Med/Rx, then \$10/\$40/\$80
Oxford [®] EPO HSA \$5,500	Liberty/ Non-gated	\$5,500	N/A	70%	N/A	\$6,550	N/A	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	Non-Emb	Ded Med/Rx, then \$10/\$40/\$80

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		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Inpatient Facility	Outpatient Services (Freestanding)	Outpatient Services (Hospital Setting)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)	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)														
Bronze Plans (continued)																					
Oxford® PPO HSA \$6,000 \$30/\$60	Liberty/ Non-gated	\$6,000	\$10,000	80%	80%	\$6,550	\$25,000	\$30 after ded.	\$60 after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	80% after ded.	Non-Emb	Ded Med/Rx, then \$15/\$35/\$75	
Oxford® EPO HSA \$5,500	Metro ⁶ / Gated	\$5,500	N/A	70%	N/A	\$6,550	N/A	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	Non-Emb	Ded Med/Rx, then \$10/\$65/50% to \$800	
Oxford® EPO HSA \$5,750 \$40/\$75	Metro ⁶ / Gated	\$5,750	N/A	50%	N/A	\$6,550	N/A	\$40 after ded.	\$75 after ded.	\$80 after ded.	\$500 after ded.	50% after ded.	\$500 after ded.	\$1,000 after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	Non-Emb	Ded Med/Rx, then \$10/\$65/50% to \$800	
Oxford® EPO HSA \$3,200	Metro ⁶ / Gated	\$3,200	N/A	50%	N/A	\$6,550	N/A	50% after ded.	50% after ded.	50% after ded.	50% after ded.	\$250 per day, up to a maximum of \$1,250 per admission after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	Non-Emb	Ded Med/ Rx, then 50%	
Oxford® EPO HSA \$6,550	Metro ⁶ / Gated	\$6,550	N/A	100%	N/A	\$6,550	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Non-Emb	Ded Med/ Rx, then 100%	
Oxford® EPO HSA \$6,550	Liberty/ Non-gated	\$6,550	N/A	100%	N/A	\$6,550	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Non-Emb	Ded Med/ Rx, then 100%	

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

² Plans with non-embedded deductibles reflect family deductibles, 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.

³ An additional charge may apply when a prescription drug on a higher tier 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 prescription drug on the higher tier and the cost of the prescription drug on the lower tier. 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.

⁴ For Oxford Metro Network 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.

⁵ For Oxford Metro Network Primary Advantage plan designs, once the deductible has been satisfied, the applicable medical coinsurance and prescription drug copayment 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 and prescription drug copayment will apply based on the selected plan.

⁶ For Oxford Metro Network 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 HSAs, 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 2017, the maximum HSA contribution is \$3,400 single/\$6,750 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over.

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