



Now is a great time to explore your options with Oxford.¹

Although there are lots of changes happening in the New York market, what has not changed is UnitedHealthcare's commitment to New York.

You can find savings opportunities on many Oxford plans from UnitedHealthcare, with our Oxford Metro NetworkSM plans among the most competitively priced small plans in the Oxford New York service area.²

The next few pages compare popular CareConnectSM plans to similar Oxford plans with Metro, Liberty and Freedom Network options, and include fourth quarter 2017 rates, to help you successfully transition your clients to a new plan. Getting a quote is easy through our online enrollment tool, IDEA. Contact your Account Executive or General Agent to get started.

Benefits of the Oxford Metro Network.

Lower-cost options.

- Lowest-priced Oxford plans of all three of our networks available in the New York service area.
- Set as a dual-option to allow employees to choose what is best for them and their families.

Access to nearby doctors, hospitals and pharmacies.

- Over 29,000 physicians and 75 hospitals in New York,³ including:
 - Hospital for Special Surgery, Long Island Health Network, Memorial Sloan Kettering Cancer Center, Montefiore Medical Center, Mount Sinai Health System, New York Presbyterian Health System, Westchester Medical Center.
- Access to an additional 14,500 physicians and 62 hospitals in New Jersey.⁴
- Access to retail pharmacies including major chains, mass merchants and supermarkets. Examples include Duane Reade,TM Walgreens and Walmart.[®]

Flexible plan designs.

- Ten plan designs, including options with a health savings account (HSA) and a variety of deductible and coinsurance amounts:
 - Oxford EPO, Oxford EPO HSA, Primary Advantage.
- Referral and non-referral plan designs to help employers better manage costs.

CareConnect Platinum Plans

Note: Single deductible and Out-of-Pocket Limit are illustrated in the charts below. Family deductibles and family Out-of-Pocket Limits are 2x the single amount. These policies have exclusions, limitations and terms under which the policies may be continued in force or discontinued. Rates are based on approved 2017 rate manuals, which can be found www.dfs.ny.gov. For costs and complete details of the coverage please contact your UnitedHealthcare sales representative.

	CareConnect Plan	Suggested Oxford Plan Equivalents		
Product Name	Platinum Standard	Gold EPO 30/60 Gated	Platinum EPO 15/30 Gated	Gold EPO 25/40 Non-Gated
Product Type	EPO	EPO	EPO	EPO
Network Access	In-network	In-network	In-network	In-network
Network	Northwell	Liberty	Metro	Metro
Office Visit Copayment	\$15/\$35	\$30/\$60	\$15/\$30	\$25/\$40
Deductible	NA	\$1,000	N/A	\$1,250
Coinsurance	100%	N/A	100%	80%
Out-of-Pocket Limit	\$2,000	\$4,000	\$3,000	\$5,000
Hospital Copayment	\$500 per admit	\$500 per day (max of \$2,000 per admit after ded.)	\$200 per day (max of \$800 per admit)	D&C
Emergency Room Copayment	\$100	\$200	\$200	\$400
Urgent Care	\$55	\$75	\$50	\$65
Pharmacy	\$10/\$30/\$60	\$15/\$35/\$75 after \$100 ded. (T2&T3)	\$5/\$65/50% (max \$800)	\$10/\$65/\$90 after \$100 ded. (T2&T3)
NYC Q4 2017 Single Rate	\$745.00	\$822.07	\$838.52	\$742.92
LI Q4 2017 Single Rate	\$780.00	\$822.07	\$838.52	\$742.92

	CareConnect Plan	Suggested Oxford Plan Equivalents	
Product Name	Platinum Tradition	Gold EPO 30/60 Gated	Platinum EPO 15/30 Gated
Product Type	EPO	EPO	EPO
Network Access	In-network	In-network	In-network
Network	Northwell	Liberty	Metro
Office Visit Copayment	\$30/\$30	\$30/\$60	\$15/\$30
Deductible	\$0	\$1,000	\$0
Coinsurance	100%	100%	100%
Out-of-Pocket Limit	\$1,000	\$4,000	\$3,000
Hospital Copayment	\$500 per admit	\$500 per day (max of \$2,000 per admit after ded.)	\$200/day to a max of \$800 per admit
Emergency Room Copayment	\$200	\$200	\$200
Urgent Care	\$30	\$75	\$50
Pharmacy	\$15/\$35/\$75 after \$100 Rx deductible (T2/T3)	\$15/\$35/\$75 after \$100 ded. (T2&T3)	\$5/\$65/50% to \$800
NYC Q4 2017 Single Rate	\$756.00	\$822.07	\$838.52
LI Q4 2017 Single Rate	\$790.00	\$822.07	\$838.52

	CareConnect Plan	Suggested Oxford Plan Equivalents	
Product Name	Platinum Value	Gold EPO 30/60 Gated	Platinum EPO 15/30 Gated
Product Type	EPO	EPO	EPO
Network Access	In-network	In-network	In-network
Network	Northwell	Liberty	Metro
Office Visit Copayment	\$20/\$30	\$30/\$60	\$15/\$30
Deductible	\$0	\$1,000	\$0
Coinsurance	90%	100%	100%
Out-of-Pocket Limit	\$3,000	\$4,000	\$3,000
Hospital Copayment	D&C	\$500 per day (max of \$2,000 per admit after ded)	\$200/day to a max of \$800 per admit
Emergency Room Copayment	\$250	\$200	\$200
Urgent Care	\$75	\$75	\$50
Pharmacy	\$0/\$50/50% coinsurance (up to max \$500)	\$15/\$35/\$75 after \$100 ded. (T2&T3)	\$5/\$65/50% to \$800
NYC Q4 2017 Single Rate	\$719.00	\$822.07	\$838.52
LI Q4 2017 Single Rate	\$753.00	\$822.07	\$838.52

CareConnect Gold Plans

Note: Single deductible and Out-of-Pocket Limit are illustrated in the charts below. Family deductibles and family Out-of-Pocket Limits are 2x the single amount. These policies have exclusions, limitations and terms under which the policies may be continued in force or discontinued. Rates are based on approved 2017 rate manuals, which can be found www.dfs.ny.gov. For costs and complete details of the coverage please contact your UnitedHealthcare sales representative.

	CareConnect Plan	Suggested Oxford Plan Equivalents		
Product Name	Gold Tradition	Gold EPO 15/30 Non-Gated	Platinum EPO 15/30 Gated	Gold EPO 25/40 Non-Gated
Product Type	EPO	EPO	EPO	EPO
Network Access	In-network	In-network	In-network	In-network
Network	Northwell	Freedom	Metro	Metro
Office Visit Copayment	\$30/\$50	\$15/\$30	\$15/\$30	\$25/\$40
Deductible	\$0	\$800	\$0	\$1,250
Coinsurance	N/A	90%	100%	80%
Out-of-Pocket Limit	\$7,150	\$4,000	\$3,000	\$5,000
Hospital Copayment	\$500/day up to \$1,500 max/admission	D&C	\$200/day to a max of \$800 per admit	D&C
Emergency Room Copayment	\$350	\$400	\$200	\$400
Urgent Care	\$50	\$75	\$50	\$65
Pharmacy	\$15/\$35/\$75 after \$100 ded. (T2&T3)	\$15/\$35/\$75 after \$100 ded. (T2&T3)	\$5/\$65/50% to \$800	\$10/\$65/\$90 after \$100 ded. (T2&T3)
NYC Q4 2017 Single Rate	\$634.00	\$880.31	\$838.52	\$742.92
LI Q4 2017 Single Rate	\$663.00	\$880.31	\$838.52	\$742.92

	CareConnect Plan	Suggested Oxford Plan Equivalents		
Product Name	Gold Value 20/50	Gold EPO 30/60 Gated	Gold EPO 25/40 Gated	Silver EPO 30/60 Non-Gated
Product Type	EPO	EPO	EPO	EPO
Network Access	In-network	In-network	In-network	In-network
Network	Northwell	Liberty	Metro	Metro
Office Visit Copayment	\$20/\$50	\$30/\$60	\$25/\$40	\$30/\$60
Deductible	\$500	\$1,000	\$1,250	\$2,500
Coinsurance	80%	100%	80%	70%
Out-of-Pocket Limit	\$3,750	\$4,000	\$4,500	\$6,850
Hospital Copayment	D&C	\$500 per day (max of \$2,000 per admit after ded.)	D&C	D&C
Emergency Room Copayment	\$250	\$200	\$500	D&C
Urgent Care	\$75	\$75	\$65	\$80
Pharmacy	\$0/\$50/50% coinsurance to max \$500	\$15/\$35/\$75 after \$100 ded. (T2&T3)	\$10/\$65/50% to a max \$800	\$10/\$65/\$90 after \$100 ded. (T2/T3)
NYC Q4 2017 Single Rate	\$612.00	\$822.07	\$708.30	\$645.43
LI Q4 2017 Single Rate	\$640.00	\$822.07	\$708.30	\$645.43

CareConnect Silver Plans

Note: Single deductible and Out-of-Pocket Limit are illustrated in the charts below. Family deductibles and family Out-of-Pocket Limits are 2x the single amount. These policies have exclusions, limitations and terms under which the policies may be continued in force or discontinued. Rates are based on approved 2017 rate manuals, which can be found www.dfs.ny.gov. For costs and complete details of the coverage please contact your UnitedHealthcare sales representative.

	CareConnect Plan	Suggested Oxford Plan Equivalents	
Product Name	Silver Value	Silver EPO 40/70 Non-Gated	Silver EPO 30/60 Gated
Product Type	EPO	EPO	EPO
Network Access	In-network	In-network	In-network
Network	Northwell	Liberty	Metro
Office Visit Copayment	\$35/\$65	\$40/\$70	\$30/\$60
Deductible	\$2,500	\$2,500	\$2,500
Coinsurance	80%	70%	70%
Out-of-Pocket Limit	\$7,100	\$6,850	\$6,850
Hospital Copayment	D&C	D&C	D&C
Emergency Room Copayment	D&C	\$500	D&C
Urgent Care	\$75	\$75	\$80
Pharmacy	\$0/\$50/50% coinsurance (up to max \$500)	\$15/\$45/\$75 after \$100 ded. (T2/T3)	\$10/\$65/50% to a max \$800
NYC Q4 2017 Single Rate	\$544.00	\$721.14	\$613.47
LI Q4 2017 Single Rate	\$569.00	\$721.14	\$613.47

CareConnect Bronze Plans

Note: Single deductible and Out-of-Pocket Limit are illustrated in the charts below. Family deductibles and family Out-of-Pocket Limits are 2x the single amount. These policies have exclusions, limitations and terms under which the policies may be continued in force or discontinued. Rates are based on approved 2017 rate manuals, which can be found www.dfs.ny.gov. For costs and complete details of the coverage please contact your UnitedHealthcare sales representative.

	CareConnect Plan	Suggested Oxford Plan Equivalents	
Product Name	Bronze Traditional HSA	Bronze EPO HSA \$6,550 100% Non-Gated	Bronze EPO HSA \$6,550 100% Gated
Product Type	EPO	EPO	EPO
Network Access	In-network	In-network	In-network
Network	Northwell	Liberty	Metro
Office Visit Copayment	D&C	D&C	D&C
Deductible	\$6,360	\$6,550	\$6,550
Coinsurance	100%	100%	100%
Out-of-Pocket Limit	\$6,350	\$6,550	\$6,550
Hospital Copayment	D&C	D&C	D&C
Emergency Room Copayment	D&C	D&C	D&C
Urgent Care	D&C	D&C	D&C
Pharmacy	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
NYC Q4 2017 Single Rate	\$460.00	\$560.65	\$492.86
LI Q4 2017 Single Rate	\$482.00	\$560.65	\$492.86

¹ Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

² Oxford downstate New York service area includes the following counties: Ulster, Sullivan, Dutchess, Orange, Putnam, Rockland, Westchester, Bronx, New York, Queens, Kings, Richmond, Nassau and Suffolk.

³ Network 360 data as of March 2017. National network access is not available with the Oxford Metro Network.

⁴ UnitedHealth Networks Report as of Feb. 2017. National network access is not available with the Oxford Garden State Network.