

# 2021 New York Oxford Small Business (1-100) Plans

New York  
Small Business (1-100) Oxford Products  
Effective Jan. 1, 2021

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.

2020 Plan Name	2021 Plan Name	Deductible		Coinsurance		Out-of-Pocket Limit		In-Network Benefits														Medical Ded. Type *	Rx Plans † (Mail Order is 2.5X Retail Copy Amount)		
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Primary Care Physician †, ‡	Virtual Visits	Specialist†	Urgent Care	Emergency Room	Inpatient Facility	Inpatient Surgeon	Outpatient Services				Lab Services	Major Diagnostic				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)								Free-standing	Free-standing Surgeon	Hospital Setting	Hospital Surgeon		Free-standing	Hospital Setting				
<b>Platinum Plans*</b>																									
NY P FRDM NG 20/40/100 EPO 20	NY P FRDM NG 20/40/100 EPO 21	N/A	N/A	100%	N/A	\$3,000	N/A	\$20	100%	\$40	\$50	\$250	\$400	N/A	\$100	N/A	\$300	N/A	100%	100%	\$100	\$90	Emb	\$100D T2/3 then \$5/\$35/\$70	
NY P FRDM NG 20/40/100 PPO 20	NY P FRDM NG 20/40/100 PPO 21	N/A	\$3,000	100%	70%	\$3,000	\$7,500	\$20	100%	\$40	\$50	\$250	\$400	N/A	\$100	N/A	\$300	N/A	100%	100%	\$100	\$90	Emb	\$100D T2/3 then \$5/\$35/\$70	
NY P FRDM NG 20/40/100 PPO FAIR 20	NY P FRDM NG 20/40/100 PPO FAIR 21	N/A	\$5,000	100%	80%	\$3,000	\$7,500	\$20	100%	\$40	\$50	\$250	\$400	N/A	\$100	N/A	\$300	N/A	100%	100%	\$100	\$90	Emb	\$100D T2/3 then \$5/\$35/\$70	
NY P FRDM NG 5/15/100 EPO 20	NY P FRDM NG 5/15/100 EPO 21	N/A	N/A	100%	N/A	\$3,000	N/A	\$5	100%	\$15	\$50	\$250	\$200	N/A	\$50	N/A	\$100	N/A	100%	100%	\$100	\$90	Emb	\$100D T2/3 then \$5/\$35/\$70	
NY P FRDM NG 5/15/100 PPO 20	NY P FRDM NG 5/15/100 PPO 21	N/A	\$2,000	100%	70%	\$3,000	\$5,000	\$5	100%	\$15	\$50	\$250	\$200	N/A	\$50	N/A	\$100	N/A	100%	100%	\$100	\$90	Emb	\$100D T2/3 then \$5/\$35/\$70	
NY P LBTY GT 15/35/250/90 EPO LA 20	NY P LBTY GT 15/35/250/90 EPO LA 21	\$250	N/A	90%	N/A	\$3,000	N/A	\$15	100%	\$35	\$35	50% after ded	90% after ded	N/A	90% after ded	N/A	90% after ded	N/A	90% after ded	90% after ded	90% after ded	90% after ded	90% after ded	Emb	\$200D T2/T3 then \$10/\$50/\$90
NY P MTRO GT 15/30/100 EPO 20	NY P MTRO GT 15/30/100 EPO 21	N/A	N/A	100%	N/A	\$3,000	N/A	\$15	100%	\$30	\$50	\$250	\$200 per day/ \$800 max per admission	N/A	\$100	N/A	\$500	N/A	\$15	\$120	\$120	\$20	Emb	\$150D T2/T3 then \$10/\$65/\$95	
New	NY P LBTY NG 25/70/500/100 EPO 21	\$500	N/A	100%	N/A	\$2,800	N/A	\$5/\$25†	100%	\$35/\$70†	\$75	\$250	100% after ded	N/A	100% after ded	N/A	100% after ded	N/A	100% after ded	100% after ded	100% after ded	100% after ded	Emb	\$200D T2/T3 then \$10/\$50/\$90	
<b>Gold Plans*</b>																									
NY G FRDM NG 15/35/1000/90 EPO 20	NY G FRDM NG 15/35/1750/90 EPO 21	\$1,750	N/A	90%	N/A	\$7,000	N/A	\$15	100%	\$35	\$75	\$500	90% after ded	N/A	\$150 after ded	N/A	\$300 after ded	N/A	100%	\$150 after ded	\$150 after ded	\$80 after ded	Emb	\$150D T2/T3 then \$10/\$40/\$80	
NY G FRDM NG 1500/90 EPO HSA 20	NY G FRDM NG 1500/90 EPO HSA 21	\$1,500	N/A	90%	N/A	\$5,000	N/A	90% after ded	100% after ded	90% after ded	90% after ded	50% after ded	90% after ded	N/A	90% after ded	N/A	90% after ded	N/A	90% after ded	90% after ded	90% after ded	90% after ded	Ded NonEmb/ OOPM Emb	Comb Med/ Rx Ded. then \$10/\$40/\$80	
NY G FRDM NG 1500/90 PPO HSA 20	NY G FRDM NG 1500/90 PPO HSA 21	\$1,500	\$3,000	90%	60%	\$5,000	\$7,500	90% after ded	100% after ded	90% after ded	90% after ded	50% after ded	90% after ded	N/A	90% after ded	N/A	90% after ded	N/A	90% after ded	90% after ded	90% after ded	90% after ded	Ded NonEmb/ OOPM Emb	Comb Med/ Rx Ded. then \$10/\$40/\$80	
NY G FRDM NG 25/40/1000/80 PPO 20	NY G FRDM NG 25/40/1500/80 PPO 21	\$1,500	\$3,000	80%	60%	\$6,300	\$7,500	\$25	100%	\$40	\$75	\$500	80% after ded	N/A	\$150 after ded	N/A	\$250 after ded	N/A	100%	\$100 after ded	\$100 after ded	\$25 after ded	Emb	\$150D T2/T3 then \$10/\$40/\$80	
NY G FRDM NG 25/40/1250/80 EPO 20	NY G FRDM NG 25/40/1750/80 EPO 21	\$1,750	N/A	80%	N/A	\$5,500	N/A	\$25	100%	\$40	\$75	\$500	80% after ded	N/A	\$150 after ded	N/A	\$250 after ded	N/A	100%	\$150 after ded	\$150 after ded	\$80 after ded	Emb	\$150D T2/T3 then \$10/\$40/\$80	
NY G FRDM NG 30/60/2250/70 EPO 20	NY G FRDM NG 30/60/2250/70 EPO 21	\$2,250	N/A	70%	N/A	\$8,550	N/A	\$30	100%	\$60	\$75	\$500	70% after ded	N/A	70% after ded	N/A	70% after ded	N/A	100%	70% after ded	70% after ded	70% after ded	Emb	\$150D T2/T3 then \$10/\$40/\$80	
NY G FRDM NG 50/50/750/90 EPO 20	NY G FRDM NG 50/50/1000/90 EPO 21	\$1,000	N/A	90%	N/A	\$5,700	N/A	\$50	100%	\$50	\$75	\$500	\$250 per day/ \$2,500 annual max after ded	N/A	\$150 after ded	N/A	\$250 after ded	N/A	100%	\$150 after ded	\$150 after ded	\$80 after ded	Emb	\$150D T2/T3 then \$10/\$40/\$80	
NY G LBTY GT 30/60/1000/100 EPO 20	NY G LBTY GT 30/60/1250/100 EPO 21	\$1,250	N/A	100%	N/A	\$5,900	N/A	\$30	100%	\$60	\$75	\$500	\$500 per day/ \$2,000 max after ded	N/A	\$150 after ded	N/A	\$250 after ded	N/A	100%	\$100 after ded	\$100 after ded	\$35 after ded	Emb	\$200D T2/T3 then \$10/\$50/\$90	
NY G LBTY NG 25/50/100 EPO ZD 20	NY G LBTY NG 25/50/100 EPO ZD 21	N/A	N/A	100%	N/A	\$5,500	N/A	\$25	100%	\$50	\$50	\$750	\$500	\$500	\$150	\$150	\$500	\$250	\$20	\$150	\$150	\$50	Emb	\$200D T2/T3 then \$10/\$50/\$90	

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2020 Plan Name	2021 Plan Name	Deductible		Coinsurance		Out-of-Pocket Limit		In-Network Benefits														Medical Ded. Type *	Rx Plans *	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Primary Care Physician <sup>1,2</sup>	Virtual Visits	Specialist <sup>†</sup>	Urgent Care	Emergency Room	Inpatient Facility	Inpatient Surgeon	Outpatient Services				Lab Services	Major Diagnostic			All Other Radiology	(Mail Order is 2.5X Retail Copay Amount)
		Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)								Free-standing	Free-standing Surgeon	Hospital Setting	Hospital Surgeon		Free-standing	Hospital Setting			
<b>Gold Plans<sup>††</sup> (continued)</b>																								
NY G LBTY NG 30/60/2000/70 EPO 20	NY G LBTY NG 30/60/2000/70 EPO 21	\$2,000	N/A	70%	N/A	\$7,900	N/A	\$30	100%	\$60	\$75	\$500	70% after ded	N/A	70% after ded	N/A	70% after ded	N/A	100%	70% after ded	70% after ded	70% after ded	Emb	\$200 T2/T3 then \$10/\$50/\$90
NY G MTRO GT 25/40/1250/80 EPO 20	NY G MTRO GT 25/40/1250/80 EPO 21	\$1,250	N/A	80%	N/A	\$5,500	N/A	\$25	100%	\$40	\$65	\$500	80% after ded	N/A	\$200 after ded	N/A	\$500 after ded	N/A	\$15	\$150 after ded	\$150 after ded	\$50 after ded	Emb	\$1500 T2/T3 then \$10/\$65/\$95
NY G MTRO GT 25/40/600/80 EPO HNY 20	NY G MTRO GT 25/40/600/80 EPO HNY 21	\$600	N/A	80%	N/A	\$4,000	N/A	\$25 after ded	\$25 after ded	\$40 after ded	\$60 after ded	\$150 after ded	\$1,000 after ded	N/A	\$100 after ded	N/A	\$100 after ded	N/A	\$40 after ded	\$40 after ded	\$40 after ded	Emb	\$10/\$35/\$70	
NY G MTRO NG 25/40/1250/80 EPO ME 20	NY G MTRO NG 25/40/1250/80 EPO ME 21	\$1,250	N/A	80%	N/A	\$5,500	N/A	\$25	100%	\$40	\$65	\$500	80% after ded	N/A	\$200 after ded	N/A	\$500 after ded	N/A	\$15	\$150 after ded	\$150 after ded	\$50 after ded	Emb	\$1500 T2/T3 then \$10/\$65/\$95
New	NY G LBTY NG 1500/90 EPO HSAM 21 <sup>7</sup>	\$1,500	N/A	90%	N/A	\$5,000	N/A	90% after ded	100% after ded	90% after ded	90% after ded	50% after ded	90% after ded	N/A	90% after ded	N/A	90% after ded	N/A	90% after ded	90% after ded	90% after ded	90% after ded	Ded NonEmb/OOPM Emb	Comb Med Rx Ded. Then \$10/\$50/\$90
New	NY G LBTY NG 40/80/2000/80 EPO 21	\$2,000	N/A	80%	N/A	\$8,000	N/A	\$20/\$40 <sup>*</sup>	100%	\$40/\$80 <sup>*</sup>	\$75	\$500	80% after ded	N/A	80% after ded	N/A	80% after ded	N/A	80% after ded	90% after ded	80% after ded	80% after ded	Emb	\$2000 T2/T3 then \$10/\$50/\$90
<b>Silver Plans<sup>†††</sup></b>																								
NY S FRDM NG 2000/70 EPO HSA 20	NY S FRDM NG 2000/70 EPO HSA 21	\$2,000	N/A	70%	N/A	\$6,900	N/A	70% after ded	100% after ded	70% after ded	70% after ded	50% after ded	70% after ded	N/A	70% after ded	N/A	70% after ded	N/A	70% after ded	70% after ded	70% after ded	70% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$10/\$40/\$80
NY S FRDM NG 25/50/2000/80 EPO HSA 20	NY S FRDM NG 25/50/2250/80 EPO HSA 21	\$2,250	N/A	80%	N/A	\$6,400	N/A	\$25 after ded	100% after ded	\$50 after ded	\$75 after ded	\$500 after ded	80% after ded	N/A	\$150 after ded	N/A	\$250 after ded	N/A	80% after ded	100% after ded	\$100 after ded	\$90 after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$10/\$40/\$80
NY S FRDM NG 30/60/2000/80 PPO HSA 20	NY S FRDM NG 30/60/2000/80 PPO HSA 21	\$2,000	\$4,000	80%	50%	\$6,400	\$10,000	\$30 after ded	100% after ded	\$60 after ded	\$75 after ded	50% after ded	80% after ded	N/A	\$150 after ded	N/A	\$250 after ded	N/A	80% after ded	80% after ded	80% after ded	80% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then \$10/\$40/\$80
NY S FRDM NG 40/70/2500/65 EPO 20	NY S FRDM NG 40/70/3000/65 EPO 21	\$3,000	N/A	65%	N/A	\$8,550	N/A	\$40	100%	\$70	\$75	50% after ded	65% after ded	N/A	65% after ded	N/A	65% after ded	N/A	\$25	65% after ded	65% after ded	65% after ded	Emb	\$2000 T2/T3 then \$10/\$40/\$80
NY S FRDM NG 40/70/2500/65 PPO 20	NY S FRDM NG 40/70/3000/65 PPO 21	\$3,000	\$4,000	65%	50%	\$8,550	\$10,000	\$40	100%	\$70	\$75	50% after ded	65% after ded	N/A	65% after ded	N/A	65% after ded	N/A	\$25	65% after ded	65% after ded	65% after ded	Emb	\$2000 T2/T3 then \$10/\$40/\$80
NY S LBTY GT 25/50/3500/50 EPO 20	NY S LBTY GT 25/50/4500/50 EPO 21	\$4,500	N/A	50%	N/A	\$8,550	N/A	\$25	100%	\$50	\$80	50% after ded	50% after ded	N/A	50% after ded	N/A	50% after ded	N/A	\$15	50% after ded	50% after ded	50% after ded	Emb	\$2000 T2/T3 then \$10/\$50/\$90
NY S LBTY NG 25/50/2000/80 EPO HSA 20	NY S LBTY NG 25/50/2500/80 EPO HSA 21	\$2,500	N/A	80%	N/A	\$6,400	N/A	\$25 after ded	100% after ded	\$50 after ded	\$75 after ded	\$500 after ded	80% after ded	N/A	\$150 after ded	N/A	\$250 after ded	N/A	80% after ded	100% after ded	\$100 after ded	\$90 after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. Then \$10/\$50/\$90
NY S LBTY NG 30/75/3000/60 EPO 20	NY S LBTY NG 30/75/3500/60 EPO 21	\$3,500	N/A	60%	N/A	\$8,550	N/A	\$30	100%	\$75	\$80	\$600 after ded	60% after ded	N/A	60% after ded	N/A	60% after ded	N/A	\$20	60% after ded	60% after ded	60% after ded	Emb	\$2000 T2/T3 then \$10/\$50/50% to 800%
NY S LBTY NG 40/70/2500/65 EPO 20	NY S LBTY NG 40/70/3000/65 EPO 21	\$3,000	N/A	65%	N/A	\$8,550	N/A	\$40	100%	\$70	\$75	50% after ded	65% after ded	N/A	65% after ded	N/A	65% after ded	N/A	\$25	65% after ded	65% after ded	65% after ded	Emb	\$2000 T2/T3 then \$10/\$50/\$90
NY S MTRO GT 30/80/3000/70 EPO 20	NY S MTRO GT 30/80/3500/70 EPO 21	\$3,500	N/A	70%	N/A	\$8,550	N/A	\$30	100%	\$80	\$80	50% after ded	70% after ded	N/A	70% after ded	N/A	70% after ded	N/A	\$20	70% after ded	70% after ded	70% after ded	Emb	\$1500 T2/T3 then \$10/\$65/\$95
NY S MTRO GT 35/50/3500/70 EPO HSA 20	NY S MTRO GT 35/50/3500/70 EPO HSA 21	\$3,500	N/A	70%	N/A	\$6,750	N/A	\$35 after ded	100% after ded	\$50 after ded	\$80 after ded	\$500 after ded	70% after ded	N/A	\$300 after ded	N/A	\$750 after ded	N/A	\$15 after ded	\$150 after ded	\$150 after ded	\$50 after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. Then \$10/\$65/50% to \$800

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		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Primary Care Physician <sup>1,2</sup>	Virtual Visits	Specialist <sup>†</sup>	Urgent Care	Emergency Room	Inpatient Facility	Inpatient Surgeon	Outpatient Services				Lab Services	Major Diagnostic				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)								Free-standing	Free-standing Surgeon	Hospital Setting	Hospital Surgeon		Free-standing	Hospital Setting			
Silver Plans <sup>***</sup> (continued)																								
NY S MTRO NG 30/80/3000/70 EPO ME 20	NY S MTRO NG 30/80/3500/70 EPO ME 21	\$3,500	N/A	70%	N/A	\$8,550	N/A	\$30	100%	\$80	\$80	50% after ded	70% after ded	N/A	70% after ded	N/A	70% after ded	N/A	\$20	70% after ded	70% after ded	70% after ded	Emb	\$150D T2/T3 then \$10/\$65/\$95
NY S MTRO NG 50/100/100 EPO ZD 20	NY S MTRO NG 50/100/100 EPO ZD 21	N/A	N/A	100%	N/A	\$8,550	N/A	\$50	100%	\$100	\$100	\$1,350	\$1,000	\$500	\$500	\$250	\$700	\$350	\$40	\$250	\$250	\$150	Emb	\$150D T2/T3 then \$10/\$65/\$95
New	NY S LBTY NG 4000/80 EPO HSAM 21 <sup>7</sup>	\$4,000	N/A	80%	N/A	\$6,650	N/A	80% after ded	100% after ded	80% after ded	80% after ded	50% after ded	80% after ded	N/A	80% after ded	N/A	80% after ded	N/A	80% after ded	80% after ded	80% after ded	80% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. Then \$10/\$50/\$90
New	NY S LBTY NG 50/100/100 EPO ZD 21	N/A	N/A	100%	N/A	\$8,550	N/A	\$50	100%	\$100	\$100	\$1,350	\$1,000	\$500	\$500	\$250	\$700	\$350	\$40	\$250	\$250	\$150	Emb	\$150D T2/T3 then \$10/\$65/\$95
New	NY S LBTY NG 45/75/5000/50 EPO 21	\$5,000	N/A	50%	N/A	\$8,550	N/A	\$25/\$45 <sup>†</sup>	100%	\$45/\$75 <sup>†</sup>	\$75	50% after ded	50% after ded	N/A	50% after ded	N/A	50% after ded	N/A	50% after ded	50% after ded	50% after ded	50% after ded	Emb	\$200D T2/T3 then \$10/\$50/\$90
Bronze Plans <sup>***</sup>																								
NY B FRDM NG 5500/70 EPO HSA 20	NY B FRDM NG 5800/50 EPO HSA 21	\$5,800	N/A	50%	N/A	\$7,000	N/A	50% after ded	100% after ded	50% after ded	50% after ded	50% after ded	50% after ded	N/A	50% after ded	N/A	50% after ded	N/A	50% after ded	50% after ded	50% after ded	50% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. Then \$10/\$40/\$80
NY B LBTY NG 25/75/4000/70 EPO HSA 20	NY B LBTY NG 25/75/5750/70 EPO HSA 21	\$5,750	N/A	70%	N/A	\$7,000	N/A	\$25 after ded	100% after ded	\$75 after ded	70% after ded	50% after ded	70% after ded	N/A	70% after ded	N/A	70% after ded	N/A	70% after ded	70% after ded	70% after ded	70% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. Then 70%
NY B LBTY NG 30/60/6000/80 PPO HSA 20	NY B LBTY NG 30/60/6750/80 PPO HSA 21	\$6,750	\$10,000	80%	80%	\$7,000	\$25,000	\$30 after ded	100% after ded	\$60 after ded	80% after ded	50% after ded	80% after ded	N/A	80% after ded	N/A	80% after ded	N/A	80% after ded	80% after ded	80% after ded	80% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. Then \$10/\$50/\$90
NY B LBTY NG 6750/100 EPO HSA 20	NY B LBTY NG 7000/100 EPO HSA 21	\$7,000	N/A	100%	N/A	\$7,000	N/A	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	N/A	100% after ded	N/A	100% after ded	N/A	100% after ded	100% after ded	100% after ded	100% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then 100%
NY B MTRO GT 40/75/5750/50 EPO HSA 20	NY B MTRO GT 40/75/6500/50 EPO HSA 21	\$6,500	N/A	50%	N/A	\$7,000	N/A	\$40 after ded	100% after ded	\$75 after ded	\$80 after ded	\$500 after ded	50% after ded	N/A	\$500 after ded	N/A	\$1,000 after ded	N/A	\$15 after ded	50% after ded	50% after ded	50% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. Then \$10/\$65/\$95
NY B MTRO GT 6750/100 EPO HSA 20	NY B MTRO GT 7000/100 EPO HSA 21	\$7,000	N/A	100%	N/A	\$7,000	N/A	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	N/A	100% after ded	N/A	100% after ded	N/A	100% after ded	100% after ded	100% after ded	100% after ded	Ded NonEmb/OOPM Emb	Comb Med/Rx Ded. then 100%

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

<sup>2</sup>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.

<sup>3</sup>Non-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.

<sup>4</sup>An 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.

<sup>5</sup>For Oxford MTRO 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.

<sup>6</sup>For Oxford MTRO 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.

<sup>7</sup>Denotes a UnitedHealthcare Motion® plan. UnitedHealthcare Motion® is a program designed to encourage a healthier lifestyle. An activity device records movement and shows goals reached and rewards earned. Completing goals earns daily incentives into a health savings account or prepaid debit card.

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.

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 aged 55 and over.

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

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