

2024 New York Oxford Small Business (1-100) Product Portfolio Updates

We have made some updates to our 2024 New York Small Group product portfolio. Below is an overview of changes that will be implemented upon renewal in 2024. Please note that not all plan designs will experience changes in 2024. Please use the information as a guide to help explain changes your clients may experience when they renew in 2024.

2023 Plan Name	2024 Plan Name	Benefit		
		Description	2023 Cost-Share Amount	2024 Cost-Share Amount Upon Renewal
24/7 Virtual Visits covered on all plans at 100%				
Platinum Plan Designs				
NY P FRDM NG 5/15/100 PPO 23	NY P FRDM NG 5/15/100 PPO 24	In-Network Out-of-Pocket-Limit	\$3,500	\$3,750
		Out of Network Out of Pocket Limit	\$5,250	\$5,500
NY P FRDM NG 20/40/100 EPO 23	NY P FRDM NG 20/40/100 EPO 24	In-Network Out-of-Pocket-Limit	\$3,000	\$3,250
NY P FRDM NG 20/40/100 PPO 23	NY P FRDM NG 20/40/100 PPO 24	In-Network Out-of-Pocket-Limit	\$3,000	\$3,250
		Out of Network Out of Pocket Limit	\$7,750	\$8,000
NY P FRDM NG 5/15/100 EPO 23	NY P FRDM NG 5/15/100 EPO 24	In-Network Out-of-Pocket-Limit	\$3,500	\$3,750
NY P FRDM NG 20/40/100 PPO FAIR 23	NY P FRDM NG 20/40/100 PPO FAIR 24	In-Network Out-of-Pocket-Limit	\$3,000	\$3,250
NY P LBTY NG 5/35/500/100 EPO PD 23	NY P LBTY NG 5/35/500/100 EPO PD 24	Prescription Plan	Standard Select Network	Broad Network
NY P MTRO GT 15/25/100 EPO 23	NY P MTRO GT 15/25/100 EPO 24	In-Network Out-of-Pocket-Limit	\$3,250	\$3,500
NY P LBTY GT 10/25/250/90 EPO LA 23	NY P LBTY GT 10/25/250/90 EPO LA 24	In-Network Out-of-Pocket-Limit	\$2,500	\$2,750
		Prescription Plan	Standard Select Network	Broad Network
Gold Plan Designs				
NY G LBTY GT 30/60/1250/100 EPO 23	NY G LBTY GT 30/60/1250/100 EPO 24	In-Network Out-of-Pocket-Limit	\$6,650	\$7,000
		Prescription Plan	Standard Select Network	Broad Network
NY G FRDM NG 25/40/1750/80 EPO 23	NY G FRDM NG 25/40/1750/80 EPO 24	In-Network Out-of-Pocket-Limit	\$6,250	\$6,500
		Care Cash	N/A	Included
NY G FRDM NG 15/35/1750/90 EPO 23	NY G FRDM NG 15/35/1750/90 EPO 24	In-Network Out-of-Pocket-Limit	\$7,750	\$8,000
		Care Cash	N/A	Included
NY G FRDM NG 25/40/1500/80 PPO 23	NY G FRDM NG 25/40/1500/80 PPO 24	In-Network Out-of-Pocket-Limit	\$7,050	\$7,250
		Out of Network Out of Pocket Limit	\$10,000	\$10,500
		Care Cash	N/A	Included
NY G FRDM NG 50/50/1000/90 EPO 23	NY G FRDM NG 50/50/1000/90 EPO 24	In-Network Out-of-Pocket-Limit	\$6,450	\$6,700
		Care Cash	N/A	Included
NY G LBTY NG 25/50/100 EPO ZD 23	NY G LBTY NG 25/50/100 EPO ZD 24	In-Network Out-of-Pocket-Limit	\$6,250	\$7,000
		Prescription Plan	Standard Select Network	Broad Network
NY G LBTY NG 30/60/2000/70 EPO 23	NY G LBTY NG 30/60/1800/70 EPO 24	In-Network Deductible	\$2,000	\$1,800
		Prescription Plan	Standard Select Network	Broad Network
NY G FRDM NG 1500/90 PPO HSA 23	NY G FRDM NG 1600/90 PPO HSA 24	In-Network Deductible	\$1,500	\$1,600
		Out of Network Out of Pocket Limit	\$10,000	\$10,500
NY G FRDM NG 1500/90 EPO HSA 23	NY G FRDM NG 1600/90 EPO HSA 24	In-Network Deductible	\$1,500	\$1,600
NY G MTRO GT 25/40/1250/80 EPO 23	NY G MTRO GT 25/40/1250/80 EPO 24	In-Network Out-of-Pocket-Limit	\$6,250	\$6,500
NY G FRDM NG 30/60/2250/70 EPO 23	NY G FRDM NG 30/60/2250/70 EPO 24	In-Network Out-of-Pocket-Limit	\$8,000	\$8,250
		Care Cash	N/A	Included

2023 Plan Name	2024 Plan Name	Benefit		
		Description	2023 Cost-Share Amount	2024 Cost-Share Amount Upon Renewal
NY G MTRO GT 25/40/600/80 EPO HNY 23	NY G MTRO GT 25/40/600/80 EPO HNY 24	In-Network Out-of-Pocket-Limit	\$4,750	\$5,900
NY G MTRO NG 25/40/1250/80 EPO ME 23	NY G MTRO NG 25/40/1250/80 EPO ME 24	In-Network Out-of-Pocket-Limit	\$6,250	\$6,500
NY G LBTY NG 20/40/2000/80 EPO PD 23	NY G LBTY NG 20/40/1500/80 EPO PD 24	In-Network Deductible	\$2,000	\$1,500
		Prescription Plan	Standard Select Network	Broad Network
NY G FRDM NG 25/50/100 EPO ZD 23	NY G FRDM NG 25/50/100 EPO ZD 24	In-Network Out-of-Pocket-Limit	\$6,250	\$7,000
		Care Cash	N/A	Included
NY G FRDM NG 1750/100 EPO HSA 23	NY G FRDM NG 2000/100 EPO HSA PR 24	In-Network Deductible	\$1,750	\$2,000
NY G LBTY NG 1500/90 EPO HSA 23	NY G LBTY NG 1600/90 EPO HSA PR 24	In-Network Deductible	\$1,500	\$1,600
		Prescription Plan	Standard Select Network	Broad Network
Silver Plan Designs				
NY S LBTY NG 40/80/3250/60 EPO 23	NY S LBTY NG 40/80/3250/60 EPO 24	OP Surgery Per-Occur Deductible (Hospital)	\$500	N/A
		In-Network Out-of-Pocket-Limit	\$9,100	\$9,450
		Prescription Plan	Standard Select Network	Broad Network
NY S FRDM NG 40/80/3250/60 EPO 23	NY S FRDM NG 40/80/3250/60 EPO 24	OP Surgery Per-Occur Deductible (Hospital)	\$500	N/A
		In-Network Out-of-Pocket-Limit	\$9,100	\$9,450
		OP Surgery Per-Occur Deductible (Hospital)	\$500	N/A
NY S LBTY NG 30/75/4000/50 EPO 23	NY S LBTY NG 30/75/4000/50 EPO 24	In-Network Out-of-Pocket-Limit	\$9,100	\$9,450
		Prescription Plan	Standard Select Network	Broad Network
		OP Surgery Per-Occur Deductible (Hospital)	\$500	N/A
NY S MTRO GT 30/80/3750/60 EPO 23	NY S MTRO GT 30/80/3750/60 EPO 24	In-Network Out-of-Pocket-Limit	\$9,100	\$9,450
		In-Network Out-of-Pocket-Limit	\$7,350	\$8,000
		Out of Network Out of Pocket Limit	\$15,000	\$15,500
NY S FRDM NG 30/60/2250/70 PPO HSA 23	NY S FRDM NG 30/60/2250/70 PPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		OP Surgery Per-Occur Deductible (Hospital)	\$500	N/A
		In-Network Out-of-Pocket-Limit	\$9,100	\$9,450
NY S FRDM NG 40/80/3250/60 PPO 23	NY S FRDM NG 40/80/3250/60 PPO 24	Out of Network Out of Pocket Limit	\$15,000	\$15,500
		OP Surgery Per-Occur Deductible (Hospital)	\$500	N/A
		In-Network Out-of-Pocket-Limit	\$9,100	\$9,450
NY S MTRO NG 30/80/3750/60 EPO ME 23	NY S MTRO NG 30/80/3750/60 EPO ME 24	OP Surgery Per-Occur Deductible (Hospital)	\$250	N/A
		In-Network Out-of-Pocket-Limit	\$9,100	\$9,450
		Prescription Plan	Standard Select Network	Broad Network
NY S LBTY GT 30/60/4500/50 EPO 23	NY S LBTY GT 30/60/4500/50 EPO 24	OP Surgery Per-Occur Deductible (Hospital)	\$250	N/A
		In-Network Out-of-Pocket-Limit	\$9,100	\$9,450
		Prescription Plan	Standard Select Network	Broad Network
NY S FRDM NG 2500/60 EPO HSA 23	NY S FRDM NG 2500/60 EPO HSA 24	In-Network Out-of-Pocket-Limit	\$7,350	\$8,000
		24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
NY S LBTY NG 30/60/3000/80 EPO HSA 23	NY S LBTY NG 30/60/3000/80 EPO HSA 24	Prescription Plan	Standard Select Network	Broad Network
		24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
NY S FRDM NG 30/60/3000/80 EPO HSA 23	NY S FRDM NG 30/60/3000/80 EPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		In-Network Out-of-Pocket-Limit	\$9,100	\$9,450
		Emergency Room Copay	\$1,400	\$1,500
		OP Surgery Freestanding	\$500	\$250

2023 Plan Name	2024 Plan Name	Benefit		
		Description	2023 Cost-Share Amount	2024 Cost-Share Amount Upon Renewal
NY S LBTY NG 50/100/100 EPO ZD 23	NY S LBTY NG 50/100/100 EPO ZD 24	OP Surgery Hospital	\$700	\$500
		Minor X-Ray Copay	\$150	\$200
		MRI, CT & PET Copay	\$250	\$300
		Prescription Plan	Standard Select Network \$200D T2/3 then \$10/\$65/\$95	Broad Network \$200D T2/3 then \$15/\$65/\$95
NY S MTRO GT 35/50/4000/70 EPO HSA 23	NY S MTRO GT 35/50/4000/70 EPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
NY S LBTY NG 25/45/5000/50 EPO PD 23	NY S LBTY NG 25/45/5000/50 EPO PD 24	In-Network Out-of-Pocket-Limit	\$9,100	\$9,450
		Prescription Plan	Standard Select Network	Broad Network
NY S MTRO NG 50/100/100 EPO ZD 23	NY S MTRO NG 50/100/100 EPO ZD 24	In-Network Out-of-Pocket-Limit	\$9,100	\$9,450
		Emergency Room Copay	\$1,400	\$1,500
		OP Surgery Freestanding	\$500	\$250
		OP Surgery Hospital	\$700	\$500
		Minor X-Ray Copay	\$150	\$200
		MRI, CT & PET Copay	\$250	\$300
		Prescription Plan	\$200D T2/3 then \$10/\$65/\$95	\$200D T2/3 then \$15/\$65/\$95
NY S LBTY NG 4000/80 EPO HSA 23	NY S LBTY NG 4000/80 EPO HSA PR 24	In-Network Out-of-Pocket-Limit	\$7,350	\$8,000
		24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		Prescription Plan	Standard Select Network	Broad Network
NY S FRDM NG 50/100/100 EPO ZD 23	NY S FRDM NG 50/100/100 EPO ZD 24	In-Network Out-of-Pocket-Limit	\$9,100	\$9,450
		Emergency Room Copay	\$1,400	\$1,500
		OP Surgery Freestanding	\$500	\$250
		OP Surgery Hospital	\$700	\$500
		Minor X-Ray Copay	\$150	\$200
		MRI, CT & PET Copay	\$250	\$300
		Prescription Plan	\$200D T2/3 then \$10/\$65/\$95	\$200D T2/3 then \$15/\$65/\$95
Bronze Plan Designs				
NY B FRDM NG 5000/50 EPO HSA 23	NY B FRDM NG 5000/50 EPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		In-Network Out-of-Pocket-Limit	\$7,050	\$8,000
NY B LBTY NG 7000/100 EPO HSA 23	NY B LBTY NG 7250/100 EPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		In-Network Deductible	\$7,000	\$7,250
		In-Network Out-of-Pocket-Limit	\$7,000	\$7,250
		Prescription Plan	Standard Select Network	Broad Network
NY B LBTY NG 25/75/5750/70 EPO HSA 23	NY B LBTY NG 25/75/5750/70 EPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		In-Network Out-of-Pocket-Limit	\$7,350	\$8,000
		Prescription Plan	Standard Select Network	Broad Network
NY B MTRO GT 7000/100 EPO HSA 23	NY B MTRO GT 7250/100 EPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		In-Network Deductible	\$7,000	\$7,250
		In-Network Out-of-Pocket-Limit	\$7,000	\$7,250
NY B LBTY NG 30/60/6750/80 PPO HSA 23	NY B LBTY NG 30/60/6750/80 PPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		In-Network Out-of-Pocket-Limit	\$7,350	\$8,000
		Prescription Plan	Standard Select Network	Broad Network
NY B MTRO GT 40/75/6500/50 EPO HSA 23	NY B MTRO GT 40/75/6500/50 EPO HSA 24	24/7 Virtual Visits	100% After Deductible	100% Deductible Waived
		In-Network Out-of-Pocket-Limit	\$7,350	\$8,000
		Prescription Plan	Standard Select Network	Broad Network

2023 Plan Name	2024 Plan Name	Benefit		
		Description	2023 Cost-Share Amount	2024 Cost-Share Amount Upon Renewal
Plans Being Eliminated effective 1/1/24				
2023 Plan Name	2024 Proposed Replacement Plan			
NY S LBTY NG 40/80/5000/60 EPO 23	NY S LBTY NG 40/80/3250/60 EPO 24			
NY S MTRO GT 40/80/3250/60 EPO 23	NY S MTRO GT 30/80/3750/60 EPO 24			

Oxford Preferred Lab Network (PLN): For non-H.S.A plans, lab work has a \$0 member copay when preformed at an Oxford PLN location. Member cost share \$60 copay or deductible and 50% coinsurance based on plan design when preformed at a non-PLN location.

PD = Premium Designation. 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.

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.

Please be advised that 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.

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