

2021 Oxford New York Small Group Product Portfolio Updates



We have made some updates to our 2021 New York Small Group product portfolio. Below is an overview of changes that will be implemented upon renewal in 2021. Please note that not all plan designs will experience changes in 2021. Please use the information as a guide to help explain changes your clients may experience when they renew in 2021.

2020 Plan name	2021 Plan Name	Benefit		
		Description	2020 Cost-Share Amount	2021 Cost-Share Amount Upon Renewal
<i>Virtual Visits covered on all plans at 100% (applicable for HSA plans after the deductible is satisfied)</i>				
Platinum Plan Designs				
NY P FRDM NG 5/15/100 PPO 20	NY P FRDM NG 5/15/100 PPO 21	Emergency Room	\$200	\$250
		Pharmacy	\$100D T2/T3 \$15/\$35/\$75	\$100D \$5/\$35/\$70
		Out-of-Pocket-Limit	\$2,500	\$3,000
NY P FRDM NG 20/40/100 EPO 20	NY P FRDM NG 20/40/100 EPO 21	Emergency Room	\$200	\$250
		Pharmacy	\$50D T2/T3 \$5/\$30/\$60	\$100D \$5/\$35/\$70
		Out-of-Pocket-Limit	\$2,500	\$3,000
NY P FRDM NG 5/15/100 EPO 20	NY P FRDM NG 5/15/100 EPO 21	Emergency Room	\$200	\$250
		Pharmacy	\$50D T2/T3 \$5/\$30/\$60	\$100D \$5/\$35/\$70
		Out-of-Pocket-Limit	\$2,500	\$3,000
NY P FRDM NG 20/40/100 PPO 20	NY P FRDM NG 20/40/100 PPO 21	Emergency Room	\$200	\$250
		Pharmacy	\$50D T2/T3 \$5/\$30/\$60	\$100D \$5/\$35/\$70
		Out-of-Pocket-Limit	\$2,500	\$3,000
NY P FRDM NG 20/40/100 PPO FAIR 20	NY P FRDM NG 20/40/100 PPO FAIR 21	Emergency Room	\$200	\$250
		Pharmacy	\$50D T2/T3 \$5/\$30/\$60	\$100D \$5/\$35/\$70
		Out-of-Pocket-Limit	\$2,500	\$3,000
NY P MTRO GT 15/30/100 EPO 20	NY P MTRO GT 15/30/100 EPO 21	Emergency Room	\$200	\$250
		Pharmacy	\$100D T2/T3 \$10/\$65/\$90	\$150D T2/T3 \$10/\$65/\$95
		Out-of-Pocket-Limit	\$2,500	\$3,000
NY P LBTY GT 15/35/250/90 EPO LA 20	NY P LBTY GT 15/35/250/90 EPO LA 21	Emergency Room	90% after deductible	50% after deductible
		Pharmacy	\$150D T2/T3 \$5/\$30/\$30	\$200D T2/T3 \$10/\$50/\$90

2020 Plan name	2021 Plan Name	Benefit		
		Description	2020 Cost-Share Amount	2021 Cost-Share Amount Upon Renewal
Gold Plan Designs				
NY G LBTY GT 30/60/1000/100 EPO 20	NY G LBTY GT 30/60/1250/100 EPO 21	Pharmacy	\$100D T2/T3 \$15/\$35/\$75	\$200D T2/T3 \$10/\$50/\$90
		Deductible	\$1,000	\$1,250
		Out-of-Pocket-Limit	\$4,000	\$5,900
NY G FRDM NG 15/35/1000/90 EPO 20	NY G FRDM NG 15/35/1750/90 EPO 21	Pharmacy	\$100D T2/T3 \$15/\$35/\$75	\$150D T2/T3 \$10/\$40/\$80
		Deductible	\$1,000	\$1,750
		Out-of-Pocket-Limit	\$6,500	\$7,000
NY G FRDM NG 25/40/1250/80 EPO 20	NY G FRDM NG 25/40/1750/80 EPO 21	Emergency Room	\$400	\$500
		Pharmacy	\$100D T2/T3 \$15/\$35/\$75	\$150D T2/T3 \$10/\$40/\$80
		Deductible	\$1,250	\$1,750
		Out-of-Pocket-Limit	\$5,000	\$5,500
NY G FRDM NG 50/50/750/90 EPO 20	NY G FRDM NG 50/50/1000/90 EPO 21	Pharmacy	\$100D T2/T3 \$15/\$35/\$75	\$150D T2/T3 \$10/\$40/\$80
		Deductible	\$750	\$1,000
		Out-of-Pocket-Limit	\$6,500	\$5,700
NY G FRDM NG 1500/90 PPO HSA 20	NY G FRDM NG 1500/90 PPO HSA 21	Emergency Room	90% after deductible	50% after deductible
		Pharmacy	\$15/\$35/\$75	\$10/\$40/\$80
		Out-of-Pocket-Limit	\$4,000	\$5,000
NY G FRDM NG 1500/90 EPO HSA 20	NY G FRDM NG 1500/90 EPO HSA 21	Emergency Room	90% after deductible	50% after deductible
		Pharmacy	\$15/\$35/\$75	\$10/\$40/\$80
		Out-of-Pocket-Limit	\$4,000	\$5,000
NY G MTRO GT 25/40/1250/80 EPO 20	NY G MTRO GT 25/40/1250/80 EPO 21	Pharmacy	\$100D T2/T3 \$15/\$65/\$90	\$150D T2/T3 \$10/\$65/\$95
NY G LBTY NG 30/60/2000/70 EPO 20	NY G LBTY NG 30/60/2000/70 EPO 21	Pharmacy	\$100D T2/T3 \$15/\$45/\$75	\$200D T2/T3 \$10/\$50/\$90
NY G MTRO NG 25/40/1250/80 EPO ME 20	NY G MTRO NG 25/40/1250/80 EPO ME 21	Emergency Room	\$400	\$500
		Pharmacy	\$100D T2/T3 \$15/\$65/\$90	\$150D T2/T3 \$10/\$65/\$95
		Out-of-Pocket-Limit	\$5,000	\$5,500
NY G FRDM NG 30/60/2250/70 EPO 20	NY G FRDM NG 30/60/2250/70 EPO 21	Pharmacy	\$150D T2/T3 \$15/\$35/\$75	\$150D T2/T3 \$10/\$40/\$80
		Out-of-Pocket-Limit	\$8,150	\$8,550

2020 Plan name	2021 Plan Name	Benefit		
		Description	2020 Cost-Share Amount	2021 Cost-Share Amount Upon Renewal
NY G LBTY NG 25/50/100 EPO ZD 20	NY G LBTY NG 25/50/100 EPO ZD 21	Inpatient Surgeon	\$250	\$500
		Outpatient Surgeon (Freestanding)	\$75	\$150
		Pharmacy	\$100D T2/T3 \$15/\$65/\$90	\$200D T2/T3 \$10/\$50/\$90
		Out-of-Pocket-Limit	\$5,000	\$5,500
Silver Plan Designs				
NY S FRDM NG 40/70/2500/65 EPO 20	NY S FRDM NG 40/70/3000/65 EPO 21	Pharmacy	\$200D T2/T3 \$15/\$45/\$75	\$200D T2/T3 \$10/\$40/\$80
		Deductible	\$3,000	\$3,000
		Out-of-Pocket-Limit	\$8,150	\$8,550
NY S MTRO GT 30/80/3000/70 EPO 20	NY S MTRO GT 30/80/3500/70 EPO 21	Pharmacy	\$100D T2/T3 \$10/\$65/\$90	\$150D T2/T3 \$10/\$65/\$95
		Deductible	\$2,500	\$3,500
		Out-of-Pocket-Limit	\$8,150	\$8,550
NY S FRDM NG 30/60/2000/80 PPO HSA 20	NY S FRDM NG 30/60/2000/80 PPO HSA 21	Emergency Room	80% after deductible	50% after deductible
		Pharmacy	\$15/\$35/\$75	\$10/\$40/\$80
NY S FRDM NG 40/70/2500/65 PPO 20	NY S FRDM NG 40/70/3000/65 PPO 21	Pharmacy	\$200D T2/T3 \$15/\$45/\$75	\$200D T2/T3 \$10/\$40/\$80
		Out-of-Pocket-Limit	\$8,150	\$8,550
NY S FRDM NG 2000/70 EPO HSA 20	NY S FRDM NG 2000/70 EPO HSA 21	Emergency Room	70% after deductible	50% after deductible
		Pharmacy	\$15/\$35/\$75	\$10/\$40/\$80
		Out-of-Pocket-Limit	\$6,750	\$6,900
NY S FRDM NG 25/50/2000/80 EPO HSA 20	NY S FRDM NG 25/50/2250/80 EPO HSA 21	Pharmacy	\$15/\$35/\$75	\$10/\$40/\$80
		Deductible	\$2,000	\$2,250
NY S MTRO NG 30/80/3000/70 EPO ME 20	NY S MTRO NG 30/80/3500/70 EPO ME 21	Pharmacy	\$100D T2/T3 \$10/\$65/\$90	\$150D T2/T3 \$10/\$65/\$95
		Deductible	\$3,000	\$3,500
		Out-of-Pocket-Limit	\$8,150	\$8,550
NY S LBTY NG 40/70/2500/65 EPO 20	NY S LBTY NG 40/70/3000/65 EPO 21	Pharmacy	\$200D T2/T3 \$15/\$45/\$75	\$200D T2/T3 \$10/\$50/\$90
		Deductible	\$2,500	\$3,000
		Out-of-Pocket-Limit	\$8,150	\$8,550

2020 Plan name	2021 Plan Name	Benefit		
		Description	2020 Cost-Share Amount	2021 Cost-Share Amount Upon Renewal
NY S LBTY NG 30/75/3000/60 EPO 20	NY S LBTY NG 30/75/3500/60 EPO 21	Pharmacy	\$100D T2/T3 \$15/\$65/50% to \$800	\$200D T2/T3 \$10/\$50/50% to \$800
		Lab	\$15	\$20
		Deductible	\$3,000	\$3,500
		Out-of-Pocket-Limit	\$8,150	\$8,550
NY S MTRO NG 50/100/100 EPO ZD 20	NY S MTRO NG 50/100/100 EPO ZD 21	Emergency Room	\$1,000	\$1,350
		Outpatient Services (Freestanding)	\$400	\$500
		Outpatient Surgeon (Freestanding)	\$200	\$250
		Major Diagnostic (Freestanding)	\$200	\$250
		Major Diagnostic (Hospital)	\$200	\$250
		Lab	\$20	\$40
		X-Ray	\$100	\$150
		Pharmacy	\$150D T2/T3 \$15/\$65/\$90	\$150D \$10/\$65/\$95
NY S LBTY GT 25/50/3500/50 EPO 20	NY S LBTY GT 25/50/4500/50 EPO 21	Out-of-Pocket-Limit	\$8,150	\$8,550
		Pharmacy	\$100D T2/T3 \$15/\$65/\$85	\$200D T2/T3 \$10/\$50/\$90
		Deductible	\$3,500	\$4,500
NY S LBTY NG 25/50/2000/80 EPO HSA 20	NY S LBTY NG 25/50/2500/80 EPO HSA 21	Out-of-Pocket-Limit	\$8,150	\$8,550
		Pharmacy	\$15/\$35/\$75	\$10/\$50/\$90
		Deductible	\$2,000	\$2,500

2020 Plan name	2021 Plan Name	Benefit		
		Description	2020 Cost-Share Amount	2021 Cost-Share Amount Upon Renewal
Bronze Plan Designs				
NY B FRDM NG 5500/70 EPO HSA 20	NY B FRDM NG 5800/50 EPO HSA 21	Coinsurance	70%	50%
		Deductible	\$5,500	\$5,800
		Out-of-Pocket-Limit	\$6,700	\$7,000
NY B LBTY NG 6750/100 EPO HSA 20	NY B LBTY NG 7000/100 EPO HSA 21	Deductible	\$6,750	\$7,000
		Out-of-Pocket-Limit	\$6,700	\$7,000
		Deductible	\$6,750	\$7,000
NY B MTRO GT 6750/100 EPO HSA 20	NY B MTRO GT 7000/100 EPO HSA 21	Out-of-Pocket-Limit	\$6,700	\$7,000
		Emergency Room	70% after deductible	50% after deductible
		Deductible	\$4,000	\$5,750
NY B LBTY NG 25/75/4000/70 EPO HSA 20	NY B LBTY NG 25/75/5750/70 EPO HSA 21	Out-of-Pocket-Limit	\$6,750	\$7,000
		Emergency Room	80% after deductible	50% after deductible
		Pharmacy	\$15/\$35/\$75	\$10/\$50/\$90
NY B LBTY NG 30/60/6000/80 PPO HSA 20	NY B LBTY NG 30/60/6750/80 PPO HSA 21	Deductible	\$6,000	\$6,750
		Out-of-Pocket-Limit	\$6,550	\$7,000
		Deductible	\$5,750	\$6,500
NY B MTRO GT 40/75/5750/50 EPO HSA 20	NY B MTRO GT 40/75/6500/50 EPO HSA 21	Out-of-Pocket-Limit	\$6,700	\$7,000

Plans Being Eliminated	
2020 Plan Name	2021 Proposed Replacement Plan
NY B LBTY NG 5500/70 EPO HSA 20	NY B FRDM NG 5800/50 EPO HSA 21
NY P LBTY NG 40/80/80 EPO 411 20	NY P FRDM NG 5/15/100 EPO 21
NY G LBTY NG 40/80/2000/80 EPO 411 20	NY G FRDM NG 50/50/1000/90 EPO 21

Plans with No Changes in 2021	
2020 Plan Name	2021 Plan Name
NY G MTRO GT 25/40/600/80 EPO HNY 20	NY G MTRO GT 25/40/600/80 EPO HNY 21
NY S MTRO GT 35/50/3500/70 EPO HSA 20	NY S MTRO GT 35/50/3500/70 EPO HSA 21

New Plan Designs in 2021
NY P LBTY NG 25/70/500/100 EPO 21
NY G LBTY NG 1500/90 EPO HSA 21
NY G LBTY NG 40/80/2000/80 EPO 21
NY S LBTY NG 4000/80 EPO HSA 21
NY S LBTY NG 45/75/5000/50 EPO 21
NY S LBTY NG 45/75/5000/50 EPO 21

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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