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		Benefit		
	2021 Plan Name	Description	2020 Cost-Share Amount	2021 Cost-Share Amount Upon Renewal
	Virtual Visits covered on all plans at 100% (ap	oplicable for HSA plans after the deduc	tible is satisfied)	
latinum Plan Designs				
		Emergency Room	\$200	\$250
NY P FRDM NG 5/15/100 PPO 20	NY P FRDM NG 5/15/100 PPO 21	Pharmacy	\$100D T2/T3 \$15/\$35/\$75	\$100D \$5/\$35/\$70
		Out-of-Pocket-Limit	\$2,500 \$3,000 \$200 \$250 \$50D T2/T3 \$5/\$30/\$60 \$100D \$5/\$35/\$70 \$200 \$250 \$50D T2/T3 \$5/\$30/\$60 \$100D \$5/\$35/\$70 \$50D T2/T3 \$5/\$30/\$60 \$100D \$5/\$35/\$70 \$50D T2/T3 \$5/\$30/\$60 \$100D \$5/\$35/\$70 \$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
NT P FRDM NG 20/40/100 EPO 20	NT P FRDM NG 20/40/100 EPO 21	Pharmacy	\$50D T2/T3 \$5/\$30/\$60	\$100D \$5/\$35/\$70
		Emergency Room	\$200	\$250
NY P FRDM NG 5/15/100 EPO 20	NY P FRDM NG 5/15/100 EPO 21	Pharmacy	\$50D T2/T3 \$5/\$30/\$60	Share Amount 2021 Cost-Share Amount Upon Renewal 200 \$250 3 \$15/\$35/\$75 \$100D \$5/\$35/\$70 2,500 \$3,000 2200 \$250 2,500 \$100D \$5/\$35/\$70 2,500 \$100D \$5/\$35/\$70 2,500 \$100D \$5/\$35/\$70 2,00 \$250 3 \$5/\$30/\$60 \$100D \$5/\$35/\$70 2,00 \$250 2,500 \$100D \$5/\$35/\$70 2,500 \$3,000 2,500 \$100D \$5/\$35/\$70 3 \$10/\$65/\$90 \$150D T2/T3 \$10/\$65/\$95 2,500 \$3,000 2,500 \$3,000 2,500 \$3,000 2,500 \$3,000 2,500 \$3,000 2,500 \$3,000 2,500 \$3,000
		Out-of-Pocket-Limit	\$2,500	\$3,000
		Emergency Room	\$200 \$250	\$250
NY P FRDM NG 20/40/100 PPO 20	NY P FRDM NG 20/40/100 PPO 21	Pharmacy	\$50D T2/T3 \$5/\$30/\$60	\$100D \$5/\$35/\$70
		Out-of-Pocket-Limit	\$2,500	DD T2/T3 \$15/\$35/\$75 \$100D \$5/\$35/\$70 \$2,500 \$3,000 \$200 \$3,000 \$200 \$3,000 \$200 \$250 \$200 \$100D \$5/\$35/\$70 \$200 \$100D \$5/\$35/\$70 \$200 \$100D \$5/\$35/\$70 \$200 \$250 \$200 \$250 \$200 \$100D \$5/\$35/\$70 \$2,500 \$3,000 \$200 \$250 \$200 \$3,000 \$200 \$100D \$5/\$35/\$70 \$2,500 \$3,000 \$200 \$3,000 \$200 \$250 \$2,500 \$3,000 \$2,500 \$3,000 \$2,500 \$3,000 \$200 \$250 \$2,500 \$100D \$5/\$35/\$70 \$2,500 \$150D T2/T3 \$10/\$65/\$90 \$150D T2/T3 \$10/\$65/\$90 \$150D T2/T3 \$10/\$65/\$90
		Emergency Room	\$200	\$250
NY P FRDM NG 20/40/100 PPO FAIR 20	NY P FRDM NG 20/40/100 PPO FAIR 21	Pharmacy	\$50D T2/T3 \$5/\$30/\$60	Init Renewal Renewal \$250 \$100D \$5/\$35/\$70 \$3,000 \$575 \$100D \$5/\$35/\$70 \$60 \$100D \$5/\$35/\$70
		Out-of-Pocket-Limit	\$2,500	
NY P MTRO GT 15/30/100 EPO 20		Emergency Room	\$200	\$250
	NY P MTRO GT 15/30/100 EPO 21	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
111 EDTT GT 15/35/230/30 EFO EA 20	NT F LBTT GT 15/35/250/90 EPO LA 21	Pharmacy	\$150D T2/T3 \$5/\$30/\$30	\$200D T2/T3 \$10/\$50/\$90

2020 Plan name 2021 Plan Name -			
	Description	2020 Cost-Share Amount	2021 Cost-Share Amount Upon Renewal
Gold Plan Designs			
	Pharmacy	\$100D T2/T3 \$15/\$35/\$75	
NY G LBTY GT 30/60/1000/100 EPO 20 NY G LBTY GT 30/60/1250/100 EPO 21	Deductible	\$1,000	\$1,250
	Out-of-Pocket-Limit	\$4,000	\$5,900
	Pharmacy	\$100D T2/T3 \$15/\$35/\$75	\$150D T2/T3 \$10/\$40/\$80
NY G FRDM NG 15/35/1000/90 EPO 20 NY G FRDM NG 15/35/1750/90 EPO 21	Deductible	\$1,000	\$1,750
	Out-of-Pocket-Limit	\$6,500	\$7,000
	Emergency Room	\$400	\$500
	Pharmacy	\$100D T2/T3 \$15/\$35/\$75	\$150D T2/T3 \$10/\$40/\$80
NY G FRDM NG 25/40/1250/80 EPO 20 NY G FRDM NG 25/40/1750/80 EPO 21	Deductible	\$1,250	\$1,000 \$1,250 \$4,000 \$5,900 /T3 \$15/\$35/\$75 \$150D T2/T3 \$10/\$40/\$80 \$1,000 \$1,750 \$6,500 \$7,000 \$400 \$500 /T3 \$15/\$35/\$75 \$150D T2/T3 \$10/\$40/\$80 \$400 \$500 /T3 \$15/\$35/\$75 \$150D T2/T3 \$10/\$40/\$80 \$1,250 \$1,750 \$5,000 \$1,750 \$5,000 \$1,750 \$1,250 \$11,050 \$1,250 \$1,750 \$5,000 \$5,500 /T3 \$15/\$35/\$75 \$150D T2/T3 \$10/\$40/\$80 \$750 \$1,000 \$6,500 \$5,700 fter deductible 50% after deductible 5/\$35/\$75 \$10/\$40/\$80 \$4,000 \$5,000 \$4,000 \$5,000 \$4,000 \$5,000 \$4,000 \$5,000 \$4,000 \$5,000 \$4,000 \$5,000 \$4,000 \$5,000 \$4,000 \$5,000 \$4,000 \$5,000
	Out-of-Pocket-Limit	\$5,000	\$5,500
	Pharmacy	\$100D T2/T3 \$15/\$35/\$75	Amount Renewal \$35/\$75 \$200D T2/T3 \$10/\$50/\$90 \$35/\$75 \$120D T2/T3 \$10/\$40/\$80 \$35/\$75 \$150D T2/T3 \$10/\$40/\$80 \$5,700 \$5,700 \$10/\$40/\$80 \$5,700 \$10/\$40/\$80 \$5,000 \$10/\$40/\$80 \$5,000 \$10/\$40/\$80 \$5,000 \$10/\$40/\$80 \$5,000 \$10/\$40/\$80 \$5,000 \$55,900 \$150D T2/T3 \$10/\$65/\$95 \$45/\$75 \$200D T2/T3 \$10/\$50/\$90 \$65/\$90 \$150D T2/T3 \$10/\$65/\$95 \$65/\$90 \$150D T2/T3 \$10/\$65/\$95 \$65/\$90 \$150D T2/T3 \$10/\$40/\$80
NY G FRDM NG 50/50/750/90 EPO 20 NY G FRDM NG 50/50/1000/90 EPO 21	Deductible	\$750	
	Out-of-Pocket-Limit	\$6,500	
	Emergency Room	90% after deductible 50% after deductil	50% after deductible
NY G FRDM NG 1500/90 PPO HSA 20 NY G FRDM NG 1500/90 PPO HSA 21	Pharmacy	\$15/\$35/\$75	Share Amount Renewal 3 \$15/\$35/\$75 \$200D T2/T3 \$10/\$50/\$90 ,000 \$1,250 ,000 \$1,250 ,000 \$1,250 ,000 \$1,250 ,000 \$1,250 ,000 \$1,250 ,000 \$1,250 ,000 \$1,00 3 \$15/\$35/\$75 \$150D T2/T3 \$10/\$40/\$80 ,000 \$7,000 400 \$500 400 \$1,750 ,250 \$1,750 ,250 \$1,750 ,250 \$1,750 ,000 \$5,500 3 \$15/\$35/\$75 \$150D T2/T3 \$10/\$40/\$80 ,500 \$5,700 ,500 \$5,700 ,600 \$5,000 ,600 \$5,000 ,000 \$5,000 ,000 \$10/\$40/\$80 ,000 \$150D T2/T3 \$10/\$65/\$95 ,000 \$150D T2/T3 \$10/\$65/\$95 ,000 \$150D T2/T3 \$10/\$65/\$95 ,000 \$150D T2/T3 \$10/\$65/\$95
	Out-of-Pocket-Limit		\$5,000
	Emergency Room	90% after deductible 50% after deductible	50% after deductible
NY G FRDM NG 1500/90 EPO HSA 20 NY G FRDM NG 1500/90 EPO HSA 21	Pharmacy	\$15/\$35/\$75	\$10/\$40/\$80
	Out-of-Pocket-Limit	\$4,000	\$5,000 50% after deductible \$10/\$40/\$80 \$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
	Emergency Room	\$400	Renewal U \$200D T2/T3 \$10/\$50/\$90 \$200D T2/T3 \$10/\$40/\$80 \$1,250 \$150D T2/T3 \$10/\$40/\$80 \$10,\$40/\$80 \$10,\$40/\$80 \$10,\$40/\$80 \$10,\$40/\$80 \$10,\$40/\$80 \$10,\$40/\$80 \$10,\$40/\$80 \$10,\$40,\$80 \$10,\$40,\$80 \$10,\$40,\$80 \$10,\$40,\$80 \$10,\$40,\$80 \$10,\$40,\$80 \$10,\$40,\$80 \$10,\$40,\$80 \$10,\$40,\$80 \$10,\$40,\$80 \$10,\$40,\$80 \$10,\$40,\$80 \$10,\$5,000 \$10,\$5,000 \$10,\$5,000 \$10,\$5,000 \$10,\$5,000 \$10,\$5,000 \$10,\$5,000 <
NY G MTRO NG 25/40/1250/80 EPO ME 20 NY G MTRO NG 25/40/1250/80 EPO ME 21	Pharmacy	\$100D T2/T3 \$15/\$65/\$90	\$150D T2/T3 \$10/\$65/\$95
	Out-of-Pocket-Limit	\$5,000	\$5,500
	Pharmacy	\$150D T2/T3 \$15/\$35/\$75	\$150D T2/T3 \$10/\$40/\$80
NY G FRDM NG 30/60/2250/70 EPO 20 NY G FRDM NG 30/60/2250/70 EPO 21	Out-of-Pocket-Limit	\$8,150	\$8,550

2020 Plan name		Benefit		
	2021 Plan Name	Description	2020 Cost-Share Amount	2021 Cost-Share Amount Upon Renewal \$500 \$150 \$200D T2/T3 \$10/\$50/\$90 \$5,500 \$200D T2/T3 \$10/\$50/\$90 \$5,500 \$3,000 \$8,550 \$150D T2/T3 \$10/\$65/\$95 \$3,500 \$3,500 \$3,500 \$10/\$40/\$80 \$200D T2/T3 \$10/\$40/\$80 \$200D T2/T3 \$10/\$40/\$80 \$200D T2/T3 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80
		Inpatient Surgeon	\$250	\$500
		Outpatient Surgeon (Freestanding)	\$75	\$150
NY G LBTY NG 25/50/100 EPO ZD 20	NY G LBTY NG 25/50/100 EPO ZD 21	Pharmacy	\$100D T2/T3 \$15/\$65/\$90	Renewal \$500 \$150 \$200D T2/T3 \$10/\$50/\$90 \$5,500 \$200D T2/T3 \$10/\$40/\$80 \$200D T2/T3 \$10/\$65/\$95 \$3,000 \$8,550 \$150D T2/T3 \$10/\$65/\$95 \$3,500 \$8,550 \$10/\$40/\$80 \$200D T2/T3 \$10/\$40/\$80 \$8,550 \$10/\$40/\$80 \$8,550 \$0% after deductible \$10/\$40/\$80 \$8,550 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$10/\$40/\$80 \$2,250 \$150D T2/T3 \$10/\$65/\$95 \$3,500 \$2,250 \$150D T2/T3 \$10/\$65/\$95 \$3,500 \$8,550 \$200D T2/T3 \$10/\$65/\$95
		Out-of-Pocket-Limit	\$5,000	\$5,500
Silver Plan Designs				
		Pharmacy	\$200D T2/T3 \$15/\$45/\$75	\$200D T2/T3 \$10/\$40/\$80
NY S FRDM NG 40/70/2500/65 EPO 20	NY S FRDM NG 40/70/3000/65 EPO 21	Deductible	\$3,000	\$3,000
		Out-of-Pocket-Limit		\$8,550
		Pharmacy	\$100D T2/T3 \$10/\$65/\$90	\$150D T2/T3 \$10/\$65/\$95
NY S MTRO GT 30/80/3000/70 EPO 20	NY S MTRO GT 30/80/3500/70 EPO 21	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 Room80% after deductible50% a	50% after deductible	
NT 3 TRUM NG 30/00/2000/00 FFO TISA 20	NT 3 FRDWING 30/00/2000/00 FFO HSA 21	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
		Emergency Room	70% after deductible	50% after deductible
NY S FRDM NG 2000/70 EPO HSA 20	NY S FRDM NG 2000/70 EPO HSA 21	Pharmacy	\$15/\$35/\$75	\$10/\$40/\$80 \$200D T2/T3 \$10/\$40/\$80 \$8,550 50% after deductible \$10/\$40/\$80 \$6,900 \$10/\$40/\$80
		Out-of-Pocket-Limit \$6,750 \$6,9	\$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	Pharmacy \$15/\$35/\$75 \$10/\$4	\$10/\$40/\$80
NT 3 T NDM NG 23/30/2000/00 EFO 113A 20	NT 3 TRUM NG 23/30/2230/00 EFO TISK 21	Deductible	\$2,000	\$2,250
NY S MTRO NG 30/80/3000/70 EPO ME 20		Pharmacy	\$100D T2/T3 \$10/\$65/\$90	\$150D T2/T3 \$10/\$65/\$95
	NY S MTRO NG 30/80/3500/70 EPO ME 21	Deductible	\$3,000	\$3,500
		Out-of-Pocket-Limit	\$8,150	\$8,550
		Pharmacy	\$200D T2/T3 \$15/\$45/\$75	\$200D T2/T3 \$10/\$50/\$90
NY S LBTY NG 40/70/2500/65 EPO 20	NY S LBTY NG 40/70/3000/65 EPO 21	Deductible	\$2,500	\$3,000
		Out-of-Pocket-Limit	\$8,150	\$8,550

		Benefit			
2020 Plan name	2021 Plan Name	Description	2020 Cost-Share Amount Up 2021 Cost-Share Amount Up Renewal		
		Pharmacy	\$100D T2/T3 \$15/\$65/50% to \$800	\$200D T2/T3 \$10/\$50/50% to \$800	
		Lab	\$15	\$20	
NY S LBTY NG 30/75/3000/60 EPO 20	NY S LBTY NG 30/75/3500/60 EPO 21	Deductible	\$3,000	2020 Cost-Share Amount 2021 Cost-Share Amount Upon Renewal D T2/T3 \$15/\$65/50% to \$800 \$200D T2/T3 \$10/\$50/50% to \$80 \$15 \$20 \$15 \$20 \$3,000 \$3,500 \$8,150 \$8,550 \$1,000 \$1,350 \$400 \$1,350 \$200 \$250 \$200 \$250 \$200 \$250 \$200 \$250 \$200 \$250 \$200 \$250 \$200 \$250 \$200 \$250 \$200 \$250 \$200 \$250 \$200 \$250 \$200 \$250 \$200 \$250 \$200 \$250 \$100 \$150 \$100 \$150 \$100 \$150 \$8,150 \$200D T2/T3 \$10/\$50/\$90 \$100D T2/T3 \$15/\$65/\$85 \$200D T2/T3 \$10/\$50/\$90 \$15/\$35/\$75 \$10/\$50/\$90	
		Out-of-Pocket-Limit	\$8,150	\$8,550	
		Emergency Room	\$1,000	\$1,350	
			\$500		
		Outpatient Surgeon (Freestanding)	\$200	Renewal \$200D T2/T3 \$10/\$50/50% to \$800 \$200D T2/T3 \$10/\$50/50% to \$800 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$150 \$150 \$200D T2/T3 \$10/\$50/\$90 \$200D T2/T3 \$10/\$50/\$90 \$200D \$10/\$50/\$90	
		Major Diagnostic (Freestanding)	\$200	\$250	
NY S MTRO NG 50/100/100 EPO ZD 20	NY S MTRO NG 50/100/100 EPO ZD 21	Major Diagnostic (Hospital)	\$200	\$250	
		Lab	\$20	\$40	
		X-Ray	\$100	Image: Renewal & to \$800 \$200D T2/T3 \$10/\$50/50% to \$800 & \$200 & \$200D T2/T3 \$10/\$50/50% to \$800 & \$20 & \$20 & \$20 & \$3,500 & \$8,550 & \$\$500 & \$\$250 & \$\$250 & \$\$250 & \$\$250 & \$\$250 & \$\$250 & \$\$250 & \$\$250 & \$\$1500 \$10/\$65/\$95 \$\$200D T2/T3 \$10/\$50/\$90 \$\$4,500 \$\$4,500	
		Pharmacy	\$150D T2/T3 \$15/\$65/\$90		
		Out-of-Pocket-Limit	\$8,150	\$8,550	
NY S LBTY GT 25/50/3500/50 EPO 20		Pharmacy	\$100D T2/T3 \$15/\$65/\$85	\$200D T2/T3 \$10/\$50/\$90	
	NY S LBTY GT 25/50/3500/50 EPO 20	NY S LBTY GT 25/50/4500/50 EPO 21	Deductible	\$3,500	\$4,500
		Out-of-Pocket-Limit	\$8,150	\$8,550	
NY S LBTY NG 25/50/2000/80 EPO HSA 20		Pharmacy	\$15/\$35/\$75	\$10/\$50/\$90	
	NY S LBTY NG 25/50/2500/80 EPO HSA 21	Deductible \$2,000 \$2	\$2,500		

	2021 Plan Name	Benefit			
2020 Plan name		Description	2020 Cost-Share Amount 2021 Cost-Share Amount U Renewal	2021 Cost-Share Amount Upon Renewal	
Bronze Plan Designs					
		Coinsurance	70%	50%	
NY B FRDM NG 5500/70 EPO HSA 20	NY B FRDM NG 5800/50 EPO HSA 21	Deductible	\$5,500	\$5,800	
		Out-of-Pocket-Limit	\$6,700		
NY B LBTY NG 6750/100 EPO HSA 20	NY B LBTY NG 7000/100 EPO HSA 21	Deductible	\$6,750	\$7,000	
NT B LBTT NG 0750/100 EFO H3A 20	NT B LBTT NG 7000/100 EFO HSA 21	Out-of-Pocket-Limit	\$6,700	\$7,000	
NY B MTRO GT 6750/100 EPO HSA 20	NY B MTRO GT 7000/100 EPO HSA 21	Deductible	\$6,750 \$7,000	\$7,000	
NT B MINO GI 0730/100 EPO 113A 20	NT BINTRO GT 7000/100 EFO TISA 21	Out-of-Pocket-Limit	\$6,700	\$7,000	
		Emergency Room	70% after deductible	50% after deductible	
NY B LBTY NG 25/75/4000/70 EPO HSA 20	NY B LBTY NG 25/75/5750/70 EPO HSA 21	Deductible	\$4,000	Cost-Share Amount 2021 Cost-Share Amount Upon Renewal 70% 50% \$5,500 \$5,800 \$6,700 \$7,000 \$6,750 \$7,000 \$6,700 \$7,000 \$6,700 \$7,000 \$6,700 \$7,000 \$6,700 \$7,000 \$6,700 \$7,000 \$6,750 \$7,000 \$6,700 \$7,000 \$6,700 \$7,000 \$6,700 \$7,000 \$6,750 \$7,000 \$6,700 \$5,750 \$6,750 \$7,000 \$6,750 \$7,000 \$6,750 \$7,000 \$6,750 \$7,000	
		Out-of-Pocket-Limit	\$6,750		
NY B LBTY NG 30/60/6000/80 PPO HSA 20		Emergency Room	80% after deductible	50% after deductible	
	NY B LBTY NG 30/60/6750/80 PPO HSA 21	Pharmacy	\$15/\$35/\$75	\$10/\$50/\$90	
		Deductible	\$6,000	\$6,750	
		Out-of-Pocket-Limit	\$6,550	\$7,000	
NY B MTRO GT 40/75/5750/50 EPO HSA 20	NY B MTRO GT 40/75/6500/50 EPO HSA 21	Deductible	\$5,750	\$6,500	
101 D 101 HU GT 40/15/5150/50 EPO HSA 20	11 B MITTO GT 40/10/0300/30 EFOTISA 21	Out-of-Pocket-Limit	\$6,700	\$7,000 \$7,000 \$7,000 \$7,000 50% after deductible \$5,750 \$7,000 50% after deductible \$10/\$50/\$90 \$6,750 \$7,000 \$6,500	

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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