

2025 New York Oxford Small Business (1-100) Product Portfolio Updates

We have made some updates to our 2025 New York Small Group product portfolio. Below is an overview of changes that will be implemented upon renewal in 2025. Please note that not all plan designs will experience changes in 2025. Please use this information as a guide to help explain changes your clients may experience when they renew in 2025.

| 2024 Plan Name | 2025 Plan Name | Benefit | | |
|-------------------------------------|-------------------------------------|---|------------------------------------|-------------------------------------|
| | | Description | 2024 Cost-Share Amount | 2025 Cost-Share Amount Upon Renewal |
| Platinum | | | | |
| NY P FRDM NG 20/40/100 EPO 24 | NY P FRDM NG 20/40/100 EPO 25 | Outpatient Therapy ABA - All Other | \$20 | 100% |
| | | MRI, CT & PET | 100% Freestanding; Hospital \$100 | \$100 |
| | | Outpatient Mental Health Care | \$20 | \$40 |
| | | Outpatient Surgery | \$100 Freestanding; Hospital \$300 | \$300 |
| NY P FRDM NG 20/40/100 PPO 24 | NY P FRDM NG 20/40/100 PPO 25 | Outpatient Therapy ABA - All Other | \$20 | 100% |
| | | MRI, CT & PET | 100% Freestanding; Hospital \$100 | \$100 |
| | | Outpatient Mental Health Care | \$20 | \$40 |
| | | Outpatient Surgery | \$100 Freestanding; Hospital \$300 | \$300 |
| NY P FRDM NG 20/40/100 PPO FAIR 24 | NY P FRDM NG 20/40/100 PPO FAIR 25 | Outpatient Therapy ABA - All Other | \$20 | 100% |
| | | MRI, CT & PET | 100% Freestanding; Hospital \$100 | \$100 |
| | | Outpatient Mental Health Care | \$20 | \$40 |
| | | Outpatient Surgery | \$100 Freestanding; Hospital \$300 | \$300 |
| NY P FRDM NG 5/15/100 EPO 24 | NY P FRDM NG 5/15/100 EPO 25 | Outpatient Therapy ABA - All Other | \$5 | 100% |
| | | MRI, CT & PET | 100% Freestanding; Hospital \$100 | \$100 |
| | | Outpatient Mental Health Care | \$5 | \$15 |
| | | Outpatient Surgery | \$50 Freestanding; Hospital \$100 | \$100 |
| NY P FRDM NG 5/15/100 PPO 24 | NY P FRDM NG 5/15/100 PPO 25 | Outpatient Therapy ABA - All Other | \$5 | 100% |
| | | MRI, CT & PET | 100% Freestanding; Hospital \$100 | \$100 |
| | | Outpatient Mental Health Care | \$5 | \$15 |
| | | Outpatient Surgery | \$50 Freestanding; Hospital \$100 | \$100 |
| Gold | | | | |
| NY G FRDM NG 15/35/1750/90 EPO 24 | NY G FRDM NG 15/35/1750/90 EPO 25 | Outpatient Therapy ABA - All Other | \$15 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$15 | \$35 |
| | | Outpatient Surgery | \$150 Freestanding; Hospital \$300 | \$150 |
| NY G FRDM NG 1600/90 EPO HSA 24 | NY G FRDM NG 1650/90 EPO HSA 25 | In-Network Individual Deductible | \$1,600 | \$1,650 |
| | | In-Network Family Deductible | \$3,200 | \$3,300 |
| | | 24/7 Virtual Visits Subject to Deductible | No | Yes |
| NY G FRDM NG 1600/90 PPO HSA 24 | NY G FRDM NG 1650/90 PPO HSA 25 | In-Network Individual Deductible | \$1,600 | \$1,650 |
| | | In-Network Family Deductible | \$3,200 | \$3,300 |
| | | 24/7 Virtual Visits Subject to Deductible | No | Yes |
| NY G FRDM NG 2000/100 EPO HSA PR 24 | NY G FRDM NG 2000/100 EPO HSA PR 25 | 24/7 Virtual Visits Subject to Deductible | No | Yes |
| NY G FRDM NG 25/40/1500/80 PPO 24 | NY G FRDM NG 25/40/1500/80 PPO 25 | Outpatient Therapy ABA - All Other | \$25 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$25 | \$40 |
| | | Outpatient Surgery | \$150 Freestanding; Hospital \$250 | \$150 |

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|--------------------------------------|--------------------------------------|---|------------------------------------|-------------------------------------|
| | | Description | 2024 Cost-Share Amount | 2025 Cost-Share Amount Upon Renewal |
| NY G FRDM NG 25/40/1750/80 EPO 24 | NY G FRDM NG 25/40/1750/80 EPO 25 | Outpatient Therapy ABA - All Other | \$25 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$25 | \$40 |
| | | Outpatient Surgery | \$150 Freestanding; Hospital \$250 | \$150 |
| NY G FRDM NG 25/50/100 EPO ZD 24 | NY G FRDM NG 25/50/100 EPO ZD 25 | Outpatient Therapy ABA - All Other | \$25 | 100% |
| | | Outpatient Mental Health Care | \$25 | \$50 |
| | | Outpatient Surgery | \$150 Freestanding; Hospital \$500 | \$250 |
| | | Urgent Care Copay | \$50 | \$75 |
| NY G FRDM NG 30/60/2250/70 EPO 24 | NY G FRDM NG 30/60/2250/70 EPO 25 | In-Network Individual Out of Pocket Max | \$8,250 | \$7,250 |
| | | In-Network Family Out of Pocket Max | \$16,500 | \$14,500 |
| | | Outpatient Therapy ABA - All Other | \$30 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$30 | \$60 |
| NY G FRDM NG 50/50/1000/90 EPO 24 | NY G FRDM NG 50/50/1000/90 EPO 25 | Outpatient Therapy ABA - All Other | \$50 | 100% After Deductible |
| | | Outpatient Surgery | \$150 Freestanding; Hospital \$250 | \$150 |
| NY G LBTY NG 1600/90 EPO HSA PR 24 | NY G LBTY NG 1650/90 EPO HSA PR 25 | In-Network Individual Deductible | \$1,600 | \$1,650 |
| | | In-Network Family Deductible | \$3,200 | \$3,300 |
| | | 24/7 Virtual Visits Subject to Deductible | No | Yes |
| NY G LBTY NG 25/50/100 EPO ZD 24 | NY G LBTY NG 25/50/100 EPO ZD 25 | Outpatient Therapy ABA - All Other | \$25 | 100% |
| | | Outpatient Mental Health Care | \$25 | \$50 |
| | | Outpatient Surgery | \$150 Freestanding; Hospital \$500 | \$250 |
| | | Urgent Care Copay | \$50 | \$75 |
| NY G LBTY NG 30/60/1800/70 EPO 24 | NY G LBTY NG 30/60/1800/70 EPO 25 | In-Network Individual Out of Pocket Max | \$8,000 | \$7,500 |
| | | In-Network Family Out of Pocket Max | \$16,000 | \$15,000 |
| | | Outpatient Therapy ABA - All Other | \$30 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$30 | \$60 |
| NY G MTRO GT 25/40/1250/80 EPO 24 | NY G MTRO GT 25/40/1250/80 EPO 25 | Outpatient Therapy ABA - All Other | \$25 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$25 | \$40 |
| | | Outpatient Surgery | \$200 Freestanding; Hospital \$500 | \$200 |
| | | Urgent Care Copay | \$65 | \$75 |
| NY G MTRO GT 25/40/600/80 EPO HNY 24 | NY G MTRO GT 25/40/600/80 EPO HNY 25 | In-Network Individual Out of Pocket Max | \$5,900 | \$7,900 |
| | | In-Network Family Out of Pocket Max | \$11,800 | \$15,800 |
| NY G MTRO NG 25/40/1250/80 EPO ME 24 | NY G MTRO NG 25/40/1250/80 EPO ME 25 | Outpatient Therapy ABA - All Other | \$25 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$25 | \$40 |
| | | Outpatient Surgery | \$200 Freestanding; Hospital \$500 | \$200 |
| | | Urgent Care Copay | \$65 | \$75 |
| Silver | | | | |
| NY S FRDM NG 2500/60 EPO HSA 24 | NY S FRDM NG 2500/60 EPO HSA 25 | 24/7 Virtual Visits Subject to Deductible | No | Yes |

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| 2024 Plan Name | 2025 Plan Name | Benefit | | |
|---------------------------------------|---------------------------------------|---|------------------------------------|-------------------------------------|
| | | Description | 2024 Cost-Share Amount | 2025 Cost-Share Amount Upon Renewal |
| NY S FRDM NG 30/60/2250/70 PPO HSA 24 | NY S FRDM NG 30/60/2250/70 PPO HSA 25 | Outpatient Therapy ABA - All Other | \$30 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$30 | \$60 |
| | | Outpatient Surgery | \$150 Freestanding; Hospital \$250 | \$150 |
| | | Urgent Care Copay | \$75 | \$100 |
| | | 24/7 Virtual Visits Subject to Deductible | No | Yes |
| NY S FRDM NG 30/60/3000/80 EPO HSA 24 | NY S FRDM NG 30/60/3000/80 EPO HSA 25 | Outpatient Therapy ABA - All Other | \$30 | 100% After Deductible |
| | | MRI, CT & PET | 100% Freestanding; Hospital \$100 | \$100 |
| | | Outpatient Mental Health Care | \$30 | \$60 |
| | | Outpatient Surgery | \$150 Freestanding; Hospital \$250 | \$250 |
| | | Urgent Care Copay | \$75 | \$100 |
| NY S FRDM NG 40/80/3250/60 EPO 24 | NY S FRDM NG 40/80/3250/60 EPO 25 | 24/7 Virtual Visits Subject to Deductible | No | Yes |
| | | In-Network Individual Out of Pocket Max | \$9,450 | \$9,200 |
| | | In-Network Family Out of Pocket Max | \$18,900 | \$18,400 |
| | | Outpatient Therapy ABA - All Other | \$40 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$40 | \$80 |
| NY S FRDM NG 40/80/3250/60 PPO 24 | NY S FRDM NG 40/80/3250/60 PPO 25 | Urgent Care Copay | \$75 | \$100 |
| | | In-Network Individual Out of Pocket Max | \$9,450 | \$9,200 |
| | | In-Network Family Out of Pocket Max | \$18,900 | \$18,400 |
| | | Outpatient Therapy ABA - All Other | \$40 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$40 | \$80 |
| NY S FRDM NG 50/100/100 EPO ZD 24 | NY S FRDM NG 50/100/100 EPO ZD 25 | Urgent Care Copay | \$75 | \$100 |
| | | In-Network Individual Out of Pocket Max | \$9,450 | \$9,200 |
| | | In-Network Family Out of Pocket Max | \$18,900 | \$18,400 |
| | | IP Copay | \$2,800 | \$1,500 |
| | | Outpatient Therapy ABA - All Other | \$50 | 100% |
| NY S LBTY NG 30/60/3000/80 EPO HSA 24 | NY S LBTY NG 30/60/3000/80 EPO HSA 25 | Outpatient Mental Health Care | \$50 | \$100 |
| | | Outpatient Surgery | \$250 Freestanding; Hospital \$500 | \$250 |
| | | Outpatient Therapy ABA - All Other | \$30 | 100% After Deductible |
| | | MRI, CT & PET | 100% Freestanding; Hospital \$100 | \$100 |
| | | Outpatient Mental Health Care | \$30 | \$60 |
| NY S LBTY NG 30/60/3000/80 EPO HSA 24 | NY S LBTY NG 30/60/3000/80 EPO HSA 25 | Outpatient Surgery | \$150 Freestanding; Hospital \$250 | \$250 |
| | | Urgent Care Copay | \$75 | \$100 |
| | | 24/7 Virtual Visits Subject to Deductible | No | Yes |

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| 2024 Plan Name | 2025 Plan Name | Benefit | | |
|---------------------------------------|---------------------------------------|---|------------------------------------|-------------------------------------|
| | | Description | 2024 Cost-Share Amount | 2025 Cost-Share Amount Upon Renewal |
| NY S LBTY NG 30/75/4000/50 EPO 24 | NY S LBTY NG 30/75/4000/50 EPO 25 | In-Network Individual Out of Pocket Max | \$9,450 | \$9,200 |
| | | In-Network Family Out of Pocket Max | \$18,900 | \$18,400 |
| | | Outpatient Therapy ABA - All Other | \$30 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$30 | \$75 |
| | | Urgent Care Copay | \$80 | \$100 |
| NY S LBTY NG 40/80/3250/60 EPO 24 | NY S LBTY NG 40/80/3250/60 EPO 25 | In-Network Individual Out of Pocket Max | \$9,450 | \$9,200 |
| | | In-Network Family Out of Pocket Max | \$18,900 | \$18,400 |
| | | Outpatient Therapy ABA - All Other | \$40 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$40 | \$80 |
| | | Urgent Care Copay | \$75 | \$100 |
| NY S LBTY NG 4000/80 EPO HSA PR 24 | NY S LBTY NG 4000/80 EPO HSA PR 25 | 24/7 Virtual Visits Subject to Deductible | No | Yes |
| NY S LBTY NG 50/100/100 EPO ZD 24 | NY S LBTY NG 50/100/100 EPO ZD 25 | In-Network Individual Out of Pocket Max | \$9,450 | \$9,200 |
| | | In-Network Family Out of Pocket Max | \$18,900 | \$18,400 |
| | | IP Copay | \$2,800 | \$1,500 |
| | | Outpatient Therapy ABA - All Other | \$50 | 100% |
| | | Outpatient Mental Health Care | \$50 | \$100 |
| | | Outpatient Surgery | \$250 Freestanding; Hospital \$500 | \$250 |
| NY S MTRO GT 30/80/3750/60 EPO 24 | NY S MTRO GT 30/80/3750/60 EPO 25 | In-Network Individual Out of Pocket Max | \$9,450 | \$9,200 |
| | | In-Network Family Out of Pocket Max | \$18,900 | \$18,400 |
| | | Outpatient Therapy ABA - All Other | \$30 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$30 | \$80 |
| | | Urgent Care Copay | \$80 | \$100 |
| NY S MTRO GT 35/50/4000/70 EPO HSA 24 | NY S MTRO GT 35/50/4000/70 EPO HSA 25 | Outpatient Therapy ABA - All Other | \$35 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$35 | \$50 |
| | | Outpatient Surgery | \$300 Freestanding; Hospital \$750 | \$300 |
| | | Urgent Care Copay | \$80 | \$100 |
| | | 24/7 Virtual Visits Subject to Deductible | No | Yes |
| NY S MTRO NG 30/80/3750/60 EPO ME 24 | NY S MTRO NG 30/80/3750/60 EPO ME 25 | In-Network Individual Out of Pocket Max | \$9,450 | \$9,200 |
| | | In-Network Family Out of Pocket Max | \$18,900 | \$18,400 |
| | | Outpatient Therapy ABA - All Other | \$30 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$30 | \$80 |
| | | Urgent Care Copay | \$80 | \$100 |

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| 2024 Plan Name | 2025 Plan Name | Benefit | | |
|--|---------------------------------------|---|--------------------------------------|-------------------------------------|
| | | Description | 2024 Cost-Share Amount | 2025 Cost-Share Amount Upon Renewal |
| NY S MTRO NG 50/100/100 EPO ZD 24 | NY S MTRO NG 50/100/100 EPO ZD 25 | In-Network Individual Out of Pocket Max | \$9,450 | \$9,200 |
| | | In-Network Family Out of Pocket Max | \$18,900 | \$18,400 |
| | | IP Copay | \$2,800 | \$1,500 |
| | | Outpatient Therapy ABA - All Other | \$50 | 100% |
| | | Outpatient Mental Health Care | \$50 | \$100 |
| | | Outpatient Surgery | \$250 Freestanding; Hospital \$500 | \$250 |
| Bronze | | | | |
| NY B FRDM NG 5000/50 EPO HSA 24 | NY B FRDM NG 5000/50 EPO HSA 25 | 24/7 Virtual Visits Subject to Deductible | No | Yes |
| NY B LBTY NG 25/75/5750/70 EPO HSA 24 | NY B LBTY NG 25/75/5750/70 EPO HSA 25 | Outpatient Therapy ABA - All Other | \$25 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$25 | \$75 |
| | | 24/7 Virtual Visits Subject to Deductible | No | Yes |
| NY B LBTY NG 7250/100 EPO HSA 24 | NY B LBTY NG 7250/100 EPO HSA 25 | 24/7 Virtual Visits Subject to Deductible | No | Yes |
| NY B MTRO GT 40/75/6500/50 EPO HSA 24 | NY B MTRO GT 40/75/6500/50 EPO HSA 25 | Available Rx Plans | \$10/\$65/\$95 After Deductible | \$10/\$40/\$80 After Deductible |
| | | Outpatient Therapy ABA - All Other | \$40 | 100% After Deductible |
| | | Outpatient Mental Health Care | \$40 | \$75 |
| | | Outpatient Surgery | \$500 Freestanding; Hospital \$1,000 | \$500 |
| | | Urgent Care Copay | \$80 | \$100 |
| | | 24/7 Virtual Visits Subject to Deductible | No | Yes |
| NY B MTRO GT 7250/100 EPO HSA 24 | NY B MTRO GT 7250/100 EPO HSA 25 | 24/7 Virtual Visits Subject to Deductible | No | Yes |
| Plans being eliminated effective 1/1/25 | | Proposed Replacement Plan | | |
| 2024 Plan Name | 2025 Plan Name | | | |
| NY P LBTY NG 5/35/500/100 EPO PD 24 | NY P FRDM NG 10/25/250/90 EPO 25 | | | |
| NY G LBTY NG 20/40/1500/80 EPO PD 24 | NY G LBTY NG 30/60/1800/70 EPO 25 | | | |
| NY S LBTY NG 25/45/5000/50 EPO PD 24 | NY S LBTY NG 40/80/3250/60 EPO 25 | | | |
| NY P MTRO GT 15/25/100 EPO 24 | NY P FRDM NG 15/25/100 EPO 25 | | | |
| NY P LBTY GT 10/25/250/90 EPO LA 24 | NY P FRDM NG 10/25/250/90 EPO 25 | | | |
| NY S LBTY GT 30/60/4500/50 EPO 24 | NY S LBTY NG 30/60/4500/50 EPO 25 | | | |
| NY B LBTY NG 30/60/6750/80 PPO HSA 24 | NY B FRDM NG 30/60/6750/80 PPO HSA 25 | | | |
| NY G LBTY GT 30/60/1250/100 EPO 24 | NY G LBTY NG 30/60/1250/100 EPO 25 | | | |

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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