



New York, 1-100 Fully Insured Plan Grid Oxford

Effective January 2025

This plan grid highlights benefits and should not be used to fully understand exact coverage. Review COC for an exact description, coverage details and other terms and conditions. Contact your UnitedHealthcare representative for more information.

Issued Date: 7/30/24

**United
Healthcare**

Health Plan Product Offering

New York Oxford
1-100 Fully Insured Eligible Employees

Oxford Freedom PPO Non-Gated with Care Cash

[Click for Plan Descriptions](#)

Plan Category	Med Plan	Deductible Single	OON Deductible Single	Network Coins	OON Coins	OOPM Single	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Bx Plan	Metallic Level
Oxford Freedom PPO NG	NY P FRDM NG 5/15/100 PPO 25	N/A	\$2,000	100%	70%	\$3,750	\$5,500	100%	\$5	\$15	\$50	\$250	PLN \$0 Non-PLN \$60	\$90	\$100	\$100	\$200 Admit	Emb	Sep	\$100 D on T2/3 then \$5/\$35/\$70	Platinum
Oxford Freedom PPO NG	NY P FRDM NG 20/40/100 PPO 25	N/A	\$3,000	100%	70%	\$3,250	\$8,000	100%	\$20	\$40	\$50	\$250	PLN \$0 Non-PLN \$60	\$90	\$100	\$300	\$400 Admit	Emb	Sep	\$100 D on T2/3 then \$5/\$35/\$70	Platinum
Oxford Freedom PPO NG	NY P FRDM NG 20/40/100 PPO FAIR 25	N/A	\$10,000	100%	80%	\$3,250	\$25,000	100%	\$20	\$40	\$50	\$250	PLN \$0 Non-PLN \$60	\$90	\$100	\$300	\$400 Admit	Emb	Sep	\$100 D on T2/3 then \$5/\$35/\$70	Platinum
Oxford Freedom PPO NG	NY G FRDM NG 25/40/1500/80 PPO 25	\$1,500	\$4,000	80%	60%	\$7,250	\$10,500	100%	\$25	\$40	\$75	\$500	PLN \$0 Non-PLN Ded + 50%	Ded + \$25	Ded + \$100	Ded + \$150	Ded + 80%	Emb	Sep	\$150 D on T2/3 then \$10/\$40/\$80	Gold
Oxford Freedom PPO NG	NY S FRDM NG 40/80/3250/60 PPO 25	\$3,250	\$6,000	60%	50%	\$9,200	\$15,500	100%	\$40	\$80	\$100	Ded + 50%	PLN \$0 Non-PLN Ded + 50%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	\$200 D on T2/3 then \$10/\$50/\$90	Silver

Oxford Freedom EPO ZD Non-Gated with Care Cash

[Click for Plan Descriptions](#)

Plan Category	Med Plan	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Bx Plan	Metallic Level
Oxford Freedom EPO ZD NG	NY G FRDM NG 25/50/100 EPO ZD 25*	N/A	100%	\$7,000	100%	\$25	\$50	\$75	\$750	PLN \$0 Non-PLN \$60	\$50	\$150	\$250	\$500 Admit	Emb	Sep	\$150 D on T2/3 then \$10/\$65/\$95	Gold
Oxford Freedom EPO ZD NG	NY S FRDM NG 50/100/100 EPO ZD 25*	N/A	100%	\$9,200	100%	\$50	\$100	\$100	\$1,500	PLN \$0 Non-PLN \$60	\$200	\$300	\$250	\$1,500 Admit	Emb	Sep	\$200 D on T2/3 then \$10/\$65/\$95	Silver

* These plans have a \$5 PCP Copay for kids 19 and under.

Family Deductible and MOOPs are 2x that of Single.

Unless identified above, the above member cost-shares show the richest level of network plan coverage. Please see benefit summaries for details at www.UHCeServices.com.



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Oxford Freedom EPO NG	NY P FRDM NG 5/15/100 EPO 25	N/A	100%	\$3,750	100%	\$5	\$15	\$50	\$250	PLN \$0 Non-PLN \$60	\$90	\$100	\$100	\$200 Admit	Emb	Sep	\$100 D on T2/3 then \$5/\$35/\$70	Platinum
Oxford Freedom EPO NG	NY P FRDM NG 15/25/100 EPO 25	N/A	100%	\$3,500	100%	\$15	\$25	\$50	\$250	PLN \$0 Non-PLN \$60	\$20	\$120	\$100	\$200/day up to \$800 max	Emb	Sep	\$150 D on T2/3 then \$10/\$65/\$95	Platinum
Oxford Freedom EPO NG	NY P FRDM NG 20/40/100 EPO 25	N/A	100%	\$3,250	100%	\$20	\$40	\$50	\$250	PLN \$0 Non-PLN \$60	\$90	\$100	\$300	\$400 Admit	Emb	Sep	\$100 D on T2/3 then \$5/\$35/\$70	Platinum
Oxford Freedom EPO NG	NY P FRDM NG 10/25/250/90 EPO 25	\$250	90%	\$2,750	100%	\$10	\$25	\$50	Ded + 50%	PLN \$0 Non-PLN Ded + 50%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Emb	Sep	\$100 D on T2/3 then \$5/\$35/\$70	Platinum
Oxford Freedom EPO NG	NY G FRDM NG 50/50/1000/90 EPO 25	\$1,000	90%	\$6,700	100%	\$50	\$50	\$75	\$500	PLN \$0 Non-PLN Ded + 50%	Ded + \$80	Ded + \$150	Ded + \$150	Ded + \$250	Emb	Sep	\$150 D on T2/3 then \$10/\$40/\$80	Gold
Oxford Freedom EPO NG	NY G FRDM NG 15/35/1750/90 EPO 25	\$1,750	90%	\$8,000	100%	\$15	\$35	\$75	\$500	PLN \$0 Non-PLN Ded + 50%	Ded + \$80	Ded + \$150	Ded + \$150	Ded + 90%	Emb	Sep	\$150 D on T2/3 then \$10/\$40/\$80	Gold
Oxford Freedom EPO NG	NY G FRDM NG 25/40/1750/80 EPO 25	\$1,750	80%	\$6,500	100%	\$25	\$40	\$75	\$500	PLN \$0 Non-PLN Ded + 50%	Ded + \$80	Ded + \$150	Ded + \$150	Ded + 80%	Emb	Sep	\$150 D on T2/3 then \$10/\$40/\$80	Gold
Oxford Freedom EPO NG	NY G FRDM NG 30/60/2250/70 EPO 25	\$2,250	70%	\$7,250	100%	\$30	\$60	\$75	\$500	PLN \$0 Non-PLN Ded + 50%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	\$150 D on T2/3 then \$10/\$40/\$80	Gold
Oxford Freedom PPO NG	NY S FRDM NG 40/80/3250/60 PPO 25	\$3,250	60%	\$9,200	100%	\$40	\$80	\$100	Ded + 50%	PLN \$0 Non-PLN Ded + 50%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	\$200 D on T2/3 then \$10/\$50/\$90	Silver



Health Plan Product Offering

New York Oxford
1-100 Fully Insured Eligible Employees

Oxford Freedom PPO Health Savings Account (HSA) Non-Gated

[Click for Plan Descriptions](#)

Plan Category	Med Plan	Deductible Single	OON Deductible Single	Network Coins	OON Coins	OOPM Single	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Rx Plan	Metallic Level
Oxford Freedom PPO HSA NG	NY G FRDM NG 1650/90 PPO HSA 25	\$1,650	\$4,000	90%	60%	\$5,750	\$10,500	Ded + 100%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 50%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded NonEmb/OOPM Emb	Comb	\$10/\$40/\$80 After Deductible	Gold
Oxford Freedom PPO HSA NG	NY S FRDM NG 30/60/2250/70 PPO HSA 25	\$2,250	\$6,000	70%	50%	\$8,000	\$15,500	Ded + 100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + 50%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + \$150	Ded + 70%	Ded NonEmb/OOPM Emb	Comb	\$10/\$40/\$80 After Deductible	Silver
Oxford Freedom PPO HSA NG	NY B FRDM NG 30/60/6750/80 PPO HSA 25	\$6,750	\$12,500	80%	80%	\$8,000	\$31,250	Ded + 100%	Ded + \$30	Ded + \$60	Ded + 80%	Ded + 50%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded NonEmb/OOPM Emb	Comb	\$10/\$50/\$90 After Deductible	Bronze

Oxford Freedom EPO Health Savings Account (HSA) Non-Gated

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Plan Category	Med Plan	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Rx Plan	Metallic Level
Oxford Freedom EPO HSA NG	NY G FRDM NG 1650/90 EPO HSA 25	\$1,650	90%	\$5,750	Ded + 100%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 50%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded NonEmb/OOPM Emb	Comb	\$10/\$40/\$80 After Deductible	Gold
Oxford Freedom EPO HSA NG	NY G FRDM NG 2000/100 EPO HSA PR 25	\$2,000	100%	\$7,050	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 50%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded NonEmb/OOPM Emb	Comb	\$10/\$40/\$80 After Deductible	Gold
Oxford Freedom EPO HSA NG	NY S FRDM NG 2500/60 EPO HSA 25	\$2,500	60%	\$8,000	Ded + 100%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 50%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Ded NonEmb/OOPM Emb	Comb	\$10/\$40/\$80 After Deductible	Silver
Oxford Freedom EPO HSA NG	NY S FRDM NG 30/60/3000/80 EPO HSA 25	\$3,000	80%	\$7,150	Ded + 100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$500	Ded + 80%	Ded + \$90	Ded + \$100	Ded + \$250	Ded + 80%	Ded NonEmb/OOPM Emb	Comb	\$10/\$40/\$80 After Deductible	Silver
Oxford Freedom EPO HSA NG	NY B FRDM NG 5000/50 EPO HSA 25	\$5,000	50%	\$8,000	Ded + 100%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded NonEmb/OOPM Emb	Comb	\$10/\$40/\$80 After Deductible	Bronze



Health Plan Product Offering

New York Oxford
1-100 Fully Insured Eligible Employees

Oxford Liberty EPO Non-Gated with Care Cash

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Oxford Liberty EPO NG	NY G LBTY NG 30/60/1250/100 EPO 25	\$1,250	100%	\$7,000	100%	\$30	\$60	\$75	\$500	PLN \$0 Non-PLN Ded + 50%	Ded + \$35	Ded + \$100	Ded + \$150	Ded + \$500/day up to \$2,000 max	Emb	Sep	\$200 D on T2/3 then \$10/\$50/\$90	Gold
Oxford Liberty EPO NG	NY G LBTY NG 30/60/1800/70 EPO 25	\$1,800	70%	\$7,500	100%	\$30	\$60	\$75	\$500	PLN \$0 Non-PLN Ded + 50%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	\$200 D on T2/3 then \$10/\$50/\$90	Gold
Oxford Liberty EPO NG	NY S LBTY NG 40/80/3250/60 EPO 25	\$3,250	60%	\$9,200	100%	\$40	\$80	\$100	Ded + 50%	PLN \$0 Non-PLN Ded + 50%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	\$200 D on T2/3 then \$10/\$50/\$90	Silver
Oxford Liberty EPO NG	NY S LBTY NG 30/75/4000/50 EPO 25	\$4,000	50%	\$9,200	100%	\$30	\$75	\$100	Ded + \$600	PLN \$0 Non-PLN Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	\$200 D on T2/3 then \$10/\$50/50% up to \$800	Silver
Oxford Liberty EPO NG	NY S LBTY NG 30/60/4500/50 EPO 25	\$4,500	50%	\$9,200	100%	\$30	\$60	\$100	Ded + 50%	PLN \$0 Non-PLN Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Sep	\$200 D on T2/3 then \$10/\$50/\$90	Silver

Oxford Liberty EPO ZD Non-Gated with Care Cash

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Plan Category	Med Plan	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Rx Plan	Metallic Level
Oxford Liberty EPO ZD NG	NY G LBTY NG 25/50/100 EPO ZD 25*	N/A	100%	\$7,000	100%	\$25	\$50	\$75	\$750	PLN \$0 Non-PLN \$60	\$50	\$150	\$250	\$500 Admit	Emb	Sep	\$200 D on T2/3 then \$10/\$50/\$90	Gold
Oxford Liberty EPO ZD NG	NY S LBTY NG 50/100/100 EPO ZD 25*	N/A	100%	\$9,200	100%	\$50	\$100	\$100	\$1,500	PLN \$0 Non-PLN \$60	\$200	\$300	\$250	\$1,500 Admit	Emb	Sep	\$200 D on T2/3 then \$10/\$65/\$95	Silver

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Plan Category	Med Plan	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Rx Plan	Metallic Level
Oxford Liberty EPO HSA NG	NY G LBTY NG 1650/90 EPO HSA PR 25	\$1,650	90%	\$5,750	Ded + 100%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 50%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded NonEmb/OOPM Emb	Comb	\$10/\$50/\$90 After Deductible	Gold
Oxford Liberty EPO HSA NG	NYS LBTY NG 30/60/3000/80 EPO HSA 25	\$3,000	80%	\$7,150	Ded + 100%	Ded + \$30	Ded + \$60	Ded + \$100	Ded + \$500	Ded + 80%	Ded + \$90	Ded + \$100	Ded + \$250	Ded + 80%	Ded NonEmb/OOPM Emb	Comb	\$10/\$50/\$90 After Deductible	Silver
Oxford Liberty EPO HSA NG	NYS LBTY NG 4000/80 EPO HSA PR 25	\$4,000	80%	\$8,000	Ded + 100%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 50%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded NonEmb/OOPM Emb	Comb	\$10/\$50/\$90 After Deductible	Silver
Oxford Liberty EPO HSA NG	NY B LBTY NG 25/75/5750/70 EPO HSA 25	\$5,750	70%	\$8,000	Ded + 100%	Ded + \$25	Ded + \$75	Ded + 70%	Ded + 50%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded NonEmb/OOPM Emb	Comb	30% After Deductible	Bronze
Oxford Liberty EPO HSA NG	NY B LBTY NG 7250/100 EPO HSA 25	\$7,250	100%	\$7,250	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded NonEmb/OOPM Emb	Comb	\$0 After Deductible	Bronze

Oxford Metro EPO Non-Gated with Care Cash

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Plan Category	Med Plan	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Rx Plan	Metallic Level
Oxford Metro EPO NG	NY G MTRO NG 25/40/1250/80 EPO ME 25	\$1,250	80%	\$6,500	100%	\$25	\$40	\$75	\$500	PLN \$0 Non-PLN Ded + 50%	Ded + \$50	Ded + \$150	Ded + \$200	Ded + 80%	Emb	Sep	\$150 D on T2/3 then \$10/\$65/\$95 SSRx	Gold
Oxford Metro EPO NG	NY S MTRO NG 30/80/3750/60 EPO ME 25	\$3,750	60%	\$9,200	100%	\$30	\$80	\$100	Ded + 50%	PLN \$0 Non-PLN Ded + 50%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	\$200 D on T2/3 then \$10/\$65/\$95 SSRx	Silver



Health Plan Product Offering

New York Oxford
1-100 Fully Insured Eligible Employees

Oxford Metro EPO ZD Non-Gated with Care Cash

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Plan Category	Med Plan	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Rx Plan	Metallic Level
Oxford Metro EPO ZD NG	NY S MTRO NG 50/100/100 EPO ZD 25*	N/A	100%	\$9,200	100%	\$50	\$100	\$100	\$1,500	PLN \$0 Non-PLN \$60	\$200	\$300	\$250	\$1,500 Admit	Emb	Sep	\$200 D on T2/3 then \$15/\$65/\$95 SSRX	Silver

Oxford Metro EPO Gated with Care Cash

[Click for Plan Descriptions](#)

Plan Category	Med Plan	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Rx Plan	Metallic Level
Oxford Metro EPO GT	NY G MTRO GT 25/40/1250/80 EPO 25	\$1,250	80%	\$6,500	100%	\$25	\$40	\$75	\$500	PLN \$0 Non-PLN Ded + 50%	Ded + \$50	Ded + \$150	Ded + \$200	Ded + 80%	Emb	Sep	\$150 D on T2/3 then \$10/\$65/\$95 SSRx	Gold
Oxford Metro EPO GT	NY S MTRO GT 30/80/3750/60 EPO 25	\$3,750	60%	\$9,200	100%	\$30	\$80	\$100	Ded + 50%	PLN \$0 Non-PLN Ded + 50%	Ded + 60%	Ded + 60%	Ded + 60%	Ded + 60%	Emb	Sep	\$200 D on T2/3 then \$10/\$65/\$95 SSRx	Silver

Oxford Metro EPO Gated

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Plan Category	Med Plan	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Rx Plan	Metallic Level
Oxford Metro EPO GT	NY G MTRO GT 25/40/600/80 EPO HNY 25	\$600	80%	\$7,900	100%	Ded + \$25	Ded + \$40	Ded + \$60	Ded + \$150	Ded + \$40	Ded + \$40	Ded + \$40	Ded + \$100	Ded + \$1,000 Admit	Emb	Sep	\$10/\$35/\$70 SSRx	Gold

Oxford Metro EPO Health Savings Account (HSA) Gated

[Click for Plan Descriptions](#)

Plan Category	Med Plan	Deductible Single	Network Coins	OOPM Single	Virtual Visit	PCP	Specialist	Urgent Care	ER	Lab	X-Ray	Maj. Diag. & Imaging	OP Surg	IP Hospital	Med Ded Type	Med Rx Ded Type	Rx Plan	Metallic Level
Oxford Metro EPO HSA GT	NY S MTRO GT 35/50/4000/70 EPO HSA 25	\$4,000	70%	\$7,200	Ded + 100%	Ded + \$35	Ded + \$50	Ded + \$100	Ded + \$500	Ded + \$15	Ded + \$50	Ded + \$150	Ded + \$300	Ded + 70%	Ded NonEmb/ OOPM Emb	Comb	\$10/\$65/50% up to \$800 After Deductible SSRx	Silver
Oxford Metro EPO HSA GT	NY B MTRO GT 40/75/6500/50 EPO HSA 25	\$6,500	50%	\$8,000	Ded + 100%	Ded + \$40	Ded + \$75	Ded + \$100	Ded + \$500	Ded + \$15	Ded + 50%	Ded + 50%	Ded + \$500	Ded + 50%	Ded NonEmb/ OOPM Emb	Comb	\$10/\$40/\$80 After Deductible SSRx	Bronze
Oxford Metro EPO HSA GT	NY B MTRO GT 7250/100 EPO HSA 25	\$7,250	100%	\$7,250	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded NonEmb/ OOPM Emb	Comb	\$0 After Deductible SSRx	Bronze



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Rx Plans

Rx Plan Code	PDL	Pharmacy Network	Deductible Individual	Copays		
				Tier 1	Tier 2	Tier 3
Separate Medical/Rx Deductible						
OX6	Advantage	Broad Rx Network	\$100 on T2 & T3	\$5	\$35	\$70
OX5	Advantage	Broad Rx Network	\$150 on T2 & T3	\$10	\$40	\$80
OX7	Advantage	Broad Rx Network	\$150 on T2 & T3	\$10	\$65	\$95
OX8	Advantage	Broad Rx Network	\$200 on T2 & T3	\$10	\$50	\$90
OXD	Advantage	Broad Rx Network	\$200 on T2 & T3	\$10	\$50	50% up to \$800
OXA	Advantage	Broad Rx Network	\$200 on T2 & T3	\$15	\$65	\$95
OX3L	Advantage	Standard Select - Walgreens	N/A	\$10	\$35	\$70
OX7L	Advantage	Standard Select - Walgreens	\$150 on T2 & T3	\$10	\$65	\$95
OX9L	Advantage	Standard Select - Walgreens	\$200 on T2 & T3	\$10	\$65	\$95
OXAL	Advantage	Standard Select - Walgreens	\$200 on T2 & T3	\$15	\$65	\$95
Combined Medical/Rx Deductible						
OX1	Advantage	Broad Rx Network	Same as Medical	No Copay	No Copay	No Copay
OX4	Advantage	Broad Rx Network	Same as Medical	\$10	\$40	\$80
OXC	Advantage	Broad Rx Network	Same as Medical	\$10	\$50	\$90
OXB	Advantage	Broad Rx Network	Same as Medical	30%	30%	30%
OX1L	Advantage	Standard Select - Walgreens	Same as Medical	No Copay	No Copay	No Copay
OX4L	Advantage	Standard Select - Walgreens	Same as Medical	\$10	\$40	\$80
OX2L	Advantage	Standard Select - Walgreens	Same as Medical	\$10	\$65	50% up to \$800



For all Oxford Freedom Plans | [Click to see Plan Grids](#)

- Access to our national UnitedHealthcare **Choice Plus** network for employees living or traveling outside of the service area
- No PCP selection or referrals required to see a network specialist
- Access to the Broad National Retail Pharmacy Network that includes Walgreens and CVS

Oxford Freedom PPO NG:

- In-network and out-of-network benefits
- Plan includes Care Cash
- Plan includes Vision

Oxford Freedom PPO HSA NG:

- In-network and out-of-network benefits
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible
- Plan includes Vision

Oxford Freedom EPO NG:

- In-network only benefits
- Plan includes Care Cash
- Plan includes Vision

Oxford Freedom EPO HSA NG:

- In-network only benefits
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible
- Plan includes Vision

Oxford Freedom EPO ZD NG:

- In-network only benefits
- Zero Deductible Plan (ZD) Fixed copayments for benefits and 100% coinsurance for health care services.
- Inpatient and outpatient surgeon fees are 50% of the facility copay specified in the plan design.
- \$5 Kids PCP Copay
- Plan includes Care Cash
- Plan includes Vision



For all Oxford Liberty Plans | [Click to see Plan Grids](#)

- Access to our national UnitedHealthcare **Core** network for employees living or traveling outside of the service area
- No PCP selection or referrals required to see a network specialist
- In-network only benefits
- Access to the Broad National Retail Pharmacy Network that includes Walgreens and CVS

Oxford Liberty EPO NG:

- In-network only benefits
- Plan includes Care Cash
- Plan includes Vision

Oxford Liberty EPO NG HSA :

- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible
- Plan includes Vision

Oxford Liberty EPO ZD NG :

- Zero Deductible Plan (ZD) Fixed copayments for benefits and 100% coinsurance for health care services.
- \$5 Kids PCP Copay
- Inpatient and outpatient surgeon fees are 50% of the facility copay specified in the plan design.
- Plan includes Care Cash
- Plan includes Vision



For all Oxford Metro Plans | [Click to see Plan Grids](#)

- In-network only benefits
- No access outside of the service area except in emergency situations

Oxford Metro EPO NG:

- No PCP selection or referrals required to see a network specialist
- Metro Network access in downstate New York and New Jersey. (The downstate New York region includes the following counties: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster and Westchester.)
- Plan includes Care Cash
- Plan includes Vision

Oxford Metro EPO HSA GT:

- PCP selection and referrals required to see a network specialist
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to help pay for member health costs
- Member responsible for copays and/or coinsurance after deductible for covered services
- Federally qualified HSAs with account administration available through Optum Bank®
- HSA plans are not HRA eligible
- Metro Network access in downstate New York and New Jersey. (The downstate New York region includes the following counties: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster and Westchester.)
- Plan includes Vision

- Standard Select Retail Pharmacy Network. Examples of network pharmacies including Duane Reade™, Walgreens® and Walmart®. Prescriptions cannot be filled at CVS® or many non-chain pharmacies.

Oxford Metro EPO GT:

- PCP selection and referrals required to see a network specialist
- Metro Network access in downstate New York and New Jersey. (The downstate New York region includes the following counties: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster and Westchester.)
- Plan includes Care Cash (Except HNY)
- Plan includes Vision (Except HNY)

Oxford Metro EPO ZD NG:

- No PCP selection or referrals required to see a network specialist
- Zero Deductible Plan (ZD) Fixed copayments for benefits and 100% coinsurance for health care services.
- \$5 Kids PCP Copay
- Inpatient and outpatient surgeon fees are 50% of the facility copay specified in the plan design.
- Metro Network access in downstate New York and New Jersey. (The downstate New York region includes the following counties: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster and Westchester.)
- Plan includes Care Cash
- Plan includes Vision



- Unless otherwise noted, product availability is national/statewide.
- All plans are ACA compliant.
- The UnitedHealthcare plan with Health Savings Account (HSA) is a qualifying high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP. In 2025, maximum HSA contribution is \$4,300 single/\$8,550 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over.
- Refer to the complete Certificate of Coverage and/or Benefit Summary documents for additional benefit plan design details. Benefit Summaries can be found by visiting www.UHCeServices.com.
- Please Note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits.
- Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible.
- All coinsurance listed reflects UnitedHealthcare coinsurance.
- Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

