

# 2021 New York Oxford SHOP (1-100) Plans

New York  
Small Business (1-100) Oxford Products  
Effective Jan. 1, 2021

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. For a complete listing of all New York small group (1-100) products, please contact your sales representative.

2020 Plan Name	2021 Plan Name	Deductible		Coinsurance		Out-of-Pocket Limit		In-Network Benefits														Medical Ded. Type *	Rx Plans †  (Mail Order is 10% Copay Amount)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Primary Care Physician †	Virtual Visits	Specialist	Urgent Care	Emergency Room	Inpatient Facility	Inpatient Surgeon	Outpatient Services				Major Diagnostic		All Other Radiology			
		Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)	Single (Family is 2X)								Free-standing	Free-standing Surgeon	Hospital Setting	Hospital Surgeon	Lab Services	Free-standing				Hospital Setting
<b>Platinum Plans*</b>																								
MTRO GT 15/30/100 EPO 20 PLATINUM NS INN DEP 25	MTRO GT 15/30/100 EPO 21 PLATINUM NS INN DEP 25	N/A	N/A	100%	N/A	\$3,000	N/A	\$15	100%	\$30	\$50	\$250	\$200 per day/ \$800 max per admission	N/A	\$100	N/A	\$500	N/A	\$15	\$120	\$120	\$20	Emb	\$150 T2/T3 then \$10/\$65/\$95
<b>Gold Plans*</b>																								
MTRO GT 25/40/1250/80 EPO 20 GOLD NS INN DEP 25	MTRO GT 25/40/1250/80 EPO 21 GOLD NS INN DEP 25	\$1,250	N/A	80%	N/A	\$5,500	N/A	\$25	100%	\$40	\$65	\$500	80% after ded	N/A	\$200 after ded	N/A	\$500 after ded	N/A	\$15	\$150 after ded	\$150 after ded	\$50 after ded	Emb	\$150 T2/T3 then \$10/\$65/\$95
MTRO NG 25/40/1250/80 EPO ME 20 GOLD NS INN DEP 25	MTRO NG 25/40/1250/80 EPO ME 21 GOLD NS INN DEP 25	\$1,250	N/A	80%	N/A	\$5,500	N/A	\$25	100%	\$40	\$65	\$500	80% after ded	N/A	\$200 after ded	N/A	\$500 after ded	N/A	\$15	\$150 after ded	\$150 after ded	\$50 after ded	Emb	\$150 T2/T3 then \$10/\$65/\$95
<b>Silver Plans*</b>																								
MTRO GT 30/80/3000/70 EPO 20 SILVER NS INN DEP 25	MTRO GT 30/80/3500/70 EPO 21 SILVER NS INN DEP 25	\$3,500	N/A	70%	N/A	\$8,550	N/A	\$30	100%	\$80	\$80	50% after ded	70% after ded	N/A	70% after ded	N/A	70% after ded	N/A	\$20	70% after ded	70% after ded	70% after ded	Emb	\$150 T2/T3 then \$10/\$65/\$95
MTRO GT 35/50/3500/70 EPO HSA 20 SILVER NS INN DEP 25	MTRO GT 35/50/3500/70 EPO HSA 21 SILVER NS INN DEP 25	\$3,500	N/A	70%	N/A	\$6,750	N/A	\$35 after ded	100% after ded	\$50 after ded	\$80 after ded	\$500 after ded	70% after ded	N/A	\$300 after ded	N/A	\$750 after ded	N/A	\$15 after ded	\$150 after ded	\$150 after ded	\$50 after ded	Ded NonEmb/ OOPM Emb	Comb Med/ Rx Ded. then \$10/\$65/50% to \$800
MTRO NG 30/80/3000/70 EPO ME 20 SILVER NS INN DEP 25	MTRO NG 30/80/3500/70 EPO ME 21 SILVER NS INN DEP 25	\$3,500	N/A	70%	N/A	\$8,550	N/A	\$30	100%	\$80	\$80	50% after ded	70% after ded	N/A	70% after ded	N/A	70% after ded	N/A	\$20	70% after ded	70% after ded	70% after ded	Emb	\$150 T2/T3 then \$10/\$65/\$95
MTRO NG 50/100/100 EPO ZD 20 SILVER NS INN DEP 25	MTRO NG 50/100/100 EPO ZD 21 SILVER NS INN DEP 25	N/A	N/A	100%	N/A	\$8,550	N/A	\$50	100%	\$100	\$100	\$1,350	\$1,000	\$500	\$500	\$250	\$700	\$350	\$40	\$250	\$250	\$150	Emb	\$150 T2/T3 then \$10/\$65/\$95
<b>Bronze Plans †</b>																								
MTRO GT 40/75/5750/50 EPO HSA 20 BRONZE NS INN DEP 25	MTRO GT 40/75/6500/50 EPO HSA 21 BRONZE NS INN DEP 25	\$6,500	N/A	50%	N/A	\$7,000	N/A	\$40 after ded	100% after ded	\$75 after ded	\$80 after ded	\$500 after ded	50% after ded	N/A	\$500 after ded	N/A	\$1,000 after ded	N/A	\$15 after ded	50% after ded	50% after ded	50% after ded	Ded NonEmb/ OOPM Emb	Comb Med/ Rx Ded. then \$10/\$65/\$95
MTRO GT 6750/100 EPO HSA 20 BRONZE NS INN DEP 25	MTRO GT 7000/100 EPO HSA 21 BRONZE NS INN DEP 25	\$7,000	N/A	100%	N/A	\$7,000	N/A	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	100% after ded	N/A	100% after ded	N/A	100% after ded	N/A	100% after ded	100% after ded	100% after ded	100% after ded	Ded NonEmb/ OOPM Emb	Comb Med/ Rx Ded. then 100%

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<sup>1</sup>Primary care physicians (PCP) include Family Practice, Internal Medicine, Obstetrics-Gynecology and Pediatrics.

<sup>2</sup>Non-embedded deductible plans reflect family deductible, meaning no individual in the family has satisfied the deductible until the entire family amount has been met. Embedded deductibles mean all individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

<sup>3</sup>An additional charge may apply when a higher tier prescription drug is dispensed at the member or the member's provider's request, when a chemically equivalent prescription drug is available on a lower tier. The member will have to pay the difference between the cost of the higher tier prescription drug and the cost of the lower tier prescription drug. The cost difference must be paid in addition to the lower tier copayment or coinsurance. The member is responsible for paying the full cost (the amount the pharmacy charges the member) for any non-covered prescription drug and our contracted rates (our prescription drug cost) will not be available to the member.

<sup>4</sup>For Oxford MTRO EPO plan designs, once the in-network deductible has been satisfied by an individual, the applicable medical coinsurance will apply based on the selected plan. If the individual is enrolled as a couple, parent/children or family and the family deductible is met, then no further deductible is required, and the applicable medical coinsurance will apply based on the selected plan.

<sup>5</sup>For Oxford MTRO EPO HSA plan designs, all in-network medical and pharmacy services are subject to the in-network deductible. Once the deductible has been satisfied, the applicable medical coinsurance and prescription drug copayment will apply based on the option selected at plan inception. No individual enrolled as a couple, parent/children or family may satisfy the deductible until the entire family deductible has been met. Each individual enrolled as a couple, parent/child(ren) or family will be capped at his or her individual out-of-pocket limit for covered services within the deductible accumulation period. The remaining family members will continue to accrue until they satisfy their individual out-of-pocket limit or the family out-of-pocket limit is reached.

Note: For Health Savings Accounts (HSA), copayments will not apply until after the deductible has been satisfied.

Note: For Pharmacy plans with a deductible, the deductible does not apply to Tier 1 medications, with the exception of New York standard pharmacy plans and HSA pharmacy plans.

In 2021, maximum HSA contribution is \$3,600 single/\$7,200 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers aged 55 and over.

Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

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