

2019 New York Oxford SHOP (1-100) Plans

New York
Small Business (1-100) Oxford Products
Effective Jan. 1, 2019

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.

2019 Plan Name	Deductible		Coinsurance		Out-of-Pocket Limit		In-Network Benefits										Medical Ded. Type ²	Rx ³ if Order is 2 BY the Retail Copay Amount (Value Rx Network)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Inpatient Facility	Outpatient Services (Freestanding)	Outpatient Services (Hospital Setting)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)			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)													
Platinum Plans⁴																			
MTRO GT 15/30/100 EPO 19 Platinum NS INN DEP25	N/A	N/A	100%	N/A	\$2,500	N/A	\$15	\$30	\$50	\$200	\$200 per day, up to a maximum of \$800 per admission	\$100	\$500	\$15	\$120	\$120	\$20	Emb.	\$100 ded. T2/T3 then \$10/\$65/\$90
Gold Plans⁴																			
MTRO GT 25/40/1250/80 EPO 19 Gold NS INN DEP25	\$1,250	N/A	80%	N/A	\$5,500	N/A	\$25	\$40	\$65	\$500	80% after ded.	\$200 after ded.	\$500 after ded.	\$15	\$150 after ded.	\$150 after ded.	\$50 after ded.	Emb.	\$100 ded. T2/T3 then \$10/\$65/\$90
MTRO NG 25/40/1250/80 EPO 19 Gold NS INN DEP25	\$1,250	N/A	80%	N/A	\$5,000	N/A	\$25	\$40	\$65	\$400	80% after ded.	\$200 after ded.	\$500 after ded.	\$15	\$150 after ded.	\$150 after ded.	\$50 after ded.	Emb.	\$100 ded. T2/T3 then \$10/\$65/\$90
Silver Plans^{4,5,6}																			
MTRO GT 15/70/3000/70 EPO PA 19 Silver NS INN DEP25	\$3,000	N/A	70%	N/A	\$7,900	N/A	\$15	\$70 after ded.	\$70	50% after ded.	\$400 per day, up to a maximum of \$1,600 per admission after ded.	\$250 after ded.	\$500 after ded.	\$15	\$115 after ded.	\$115 after ded.	\$15 after ded.	Non-Emb.	Comb Med/Rx ded. T2/T3 then \$5/\$65/\$90
MTRO GT 35/50/1500/70 EPO HSA 19 Silver NS INN DEP25	\$1,500	N/A	70%	N/A	\$6,550	N/A	\$35 after ded.	\$50 after ded.	\$80 after ded.	\$500 after ded.	70% after ded.	\$300 after ded.	\$750 after ded.	\$15	\$150 after ded.	\$150 after ded.	\$50 after ded.	Non-Emb.	Comb Med/Rx ded. then \$10/\$65/50% to \$800 max per prescription
MTRO GT 30/80/3000/70 EPO 19 Silver NS INN DEP25	\$3,000	N/A	70%	N/A	\$7,900	N/A	\$30	\$80	\$80	70% after ded.	70% after ded.	70% after ded.	70% after ded.	\$15	70% after ded.	70% after ded.	70% after ded.	Emb.	\$100 ded. T2/T3 then \$10/\$65/\$90
MTRO NG 30/80/3000/70 EPO ME 19 Silver NS INN DEP25	\$3,000	N/A	70%	N/A	\$7,900	N/A	\$30	\$80	\$80	70% after ded.	70% after ded.	70% after ded.	70% after ded.	\$15	70% after ded.	70% after ded.	70% after ded.	Emb.	\$100 ded. T2/T3 then \$10/\$65/\$90

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	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Primary Care Physician ¹	Specialist	Urgent Care	Emergency Room	Inpatient Facility	Outpatient Services (Freestanding)	Outpatient Services (Hospital Setting)	Laboratory Services	Major Diagnostic (Freestanding)	Major Diagnostic (Hospital Setting)	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)														
Bronze Plans⁴																				
MTRO GT 5500/70 EPO HSA 19 Bronze NS INN DEP25	\$5,500	N/A	70%	N/A	\$6,700	N/A	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	70% after ded.	\$15 after ded.	70% after ded.	70% after ded.	70% after ded.	Non-Emb.	Comb Med/Rx ded. then \$10/\$65/\$90
MTRO GT 40/75/5750/50 EPO HSA 19 Bronze NS INN DEP25	\$5,750	N/A	50%	N/A	\$6,700	N/A	\$40 after ded.	\$75 after ded.	\$80 after ded.	\$500 after ded.	50% after ded.	\$500 after ded.	\$1,000 after ded.	\$15 after ded.	50% after ded.	50% after ded.	50% after ded.	Non-Emb.	Comb Med/Rx ded. then \$10/\$65/\$90	
MTRO GT 6550/100 EPO HSA 19 Bronze NS INN DEP25	\$6,550	N/A	100%	N/A	\$6,700	N/A	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	Non-Emb.	Comb Med/Rx ded. then 100%	

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

²Non-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.

³An 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.

⁴For 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/child(ren) 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.

⁵For Oxford MTRO EPO PA plan designs, once the deductible has been satisfied, the applicable medical coinsurance and prescription drug copayment will apply based on the selected plan. If the individual is enrolled as a couple, parent/child(ren) or family and the family deductible is met, then no further deductible is required, and the applicable medical coinsurance and prescription drug copayment will apply based on the selected plan.

⁶For 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 2019, maximum HSA contribution is \$3,500 single/\$7,000 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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