



## Connecticut, 1-50 Fully Insured Plan Grid - Oxford

Effective January 2024

*Providing members simple, affordable and supportive plan offerings.*

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.

**United  
Healthcare**

Issued Date: 9/13/23

# Health plans built for what matters to small business.



## Vital Medications Program | \$0 cost for certain medications.

The UnitedHealthcare Vital Medication Program offers certain drugs at no additional cost.\* There may be no out-of-pocket costs for preferred medications like:

- Insulin – rapid, short and long-acting
- Epinephrine – allergic reactions
- Glucagon – hypoglycemia (low blood sugar)
- Naloxone – opioid overuse
- Albuterol – asthma



## \$0 24/7 Virtual Visits | Fast, convenient care for \$0.

With a 24/7 Virtual Visit, employees and their covered family members of all ages can see and speak to a doctor anywhere, anytime on a mobile device or computer.

Benefit plan	24/7 Virtual Visits benefit
High deductible health plan	
Coinurance and deductible plan	<ul style="list-style-type: none"><li>• \$0 cost-share – Deductible does not apply</li><li>• First dollar coverage</li></ul>
Health Savings Account (HSA) plan	
Copay plan	<ul style="list-style-type: none"><li>• \$0 cost-share (copay)</li><li>• First dollar coverage</li></ul>



## UHC Rewards | Increase employee engagement.

Employees can earn dollars for completing healthy actions with UHC Rewards. Participants and their spouses can personalize their experience by selecting activities that are right for them—and same goes for ways to spend earnings. With daily participation, there's a potential to earn up to \$300 per person/per year in select health plans at no additional cost.



## Care Cash | Provide financial help to pay for employee health care expenses.

The Care Cash preloaded debit card can be used for specific network UnitedHealthcare providers, which may lead to savings. Once the card is requested and received by those who are eligible, Care Cash:

- Gives an employee \$200 for the year for individual coverage or \$500 for family coverage
- Reloads new funds each plan year
- Rolls over remaining card balances each plan year up to \$2,000

## For all Connecticut Oxford Plans:

- All plans apply UnitedHealthcare Rewards. Contact your UnitedHealthcare representative for details
- Care Cash is included on all plans except for HSA plans. Contact your UnitedHealthcare representative for details
- All plans are paired with the CT Custom 4T PDL Pharmacy Plan. The CT Custom PDL combines a four tier benefit design with all generics in T1 and all specialty meds in T3 and T4 with a managed drug list
- All pharmacy plans utilize the Broad National Retail Pharmacy network
- All plans include coverage for one routine Adult Vision exam per year
- Primary Care Physicians include Family Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics
- Visit myuhc.com for network details



# Health Plan Product Offering

**Connecticut Oxford**  
1-50 Fully Insured Eligible Employees

## Oxford Freedom PPO Non-Gated (Insurance) (Continued on next page)

[Click for Plan Descriptions](#)

Plan Category	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	Med Plan Name	Rx Plan	Metallic Level
					Designated	Network	Designated	Network												
Oxford Freedom PPO NG	N/A	100%	\$2,500	100%	N/A	\$20	N/A	\$45	\$45	\$350	100%	\$30	\$75	\$500	\$500 Admit	Emb	Sep	CT P FRDM NG 20/45/100 PPO 24 2	\$5/\$60/50% to \$500 max/50% to \$750	Platinum
Oxford Freedom PPO NG	N/A	100%	\$3,000	100%	N/A	\$10	N/A	\$30	\$50	\$300	100%	\$30	\$75	\$300	\$500/day up to \$2,000 max	Emb	Sep	CT P FRDM NG 10/30/100 PPO 24	\$5/\$60/50% to \$500 max/50% to \$750	Platinum
Oxford Freedom PPO NG	N/A	100%	\$4,000	100%	N/A	\$20	N/A	\$45	\$45	\$300	100%	100%	100%	\$350	\$750 Admit	Emb	Sep	CT P FRDM NG 20/45/100 PPO 24 1	\$5/\$60/50% to \$500 max/50% to \$750	Platinum
Oxford Freedom PPO NG	\$1,000	100%	\$4,000	100%	N/A	\$15	N/A	\$40	\$40	\$300	100%	\$40	\$75	Ded + 100%	Ded + 100%	Emb	Sep	CT P FRDM NG 15/40/1000/100 PPO 24	\$5/\$60/50% to \$500 max/50% to \$750	Platinum
Oxford Freedom PPO NG	\$1,500	100%	\$9,100	100%	N/A	\$30	N/A	\$70	\$70	\$400	\$25	\$60	\$75	\$500	Ded + 100%	Emb	Sep	CT G FRDM NG 30/70/1500/100 PPO 24	\$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom PPO NG	\$2,000	100%	\$7,900	100%	N/A	\$25	N/A	\$65	\$65	\$400	\$25	\$50	\$75	\$500	Ded + \$750 Admit	Emb	Sep	CT G FRDM NG 25/65/2000/100 PPO 24	\$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom PPO NG	\$2,500	100%	\$9,000	100%	N/A	\$35	N/A	\$75	\$75	Ded + \$350	100%	\$50	\$75	\$375	Ded + \$500 Admit	Emb	Sep	CT G FRDM NG 35/75/2500/100 PPO 24	\$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom PPO NG	\$2,500	80%	\$9,100	100%	N/A	\$20	N/A	\$50	\$50	Ded + 80%	100%	\$30	\$75	Ded + 80%	Ded + 80%	Emb	Sep	CT G FRDM NG 20/50/2500/80 PPO 24	\$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom PPO NG	\$3,000	100%	\$7,000	100%	N/A	\$20	N/A	\$50	\$50	Ded + 100%	100%	\$30	\$75	Ded + \$500	Ded + \$500/day up to \$2,000 max	Emb	Sep	CT G FRDM NG 20/50/3000/100 PPO 24	\$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom PPO NG	\$3,000	80%	\$7,000	100%	N/A	\$25	N/A	\$60	\$60	Ded + 80%	\$10	\$50	\$75	Ded + 80%	Ded + 80%	Emb	Sep	CT G FRDM NG 25/60/3000/80 PPO 24	\$5/\$60/50% to \$500 max/50% to \$750	Gold



# Health Plan Product Offering

**Connecticut Oxford**  
1-50 Fully Insured Eligible Employees

## Oxford Freedom PPO Non-Gated (Insurance) (Continued on next page)

[Click for Plan Descriptions](#)

Plan Category	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	Med Plan Name	Rx Plan	Metallic Level
					Designated	Network	Designated	Network												
Oxford Freedom PPO NG	\$2,500	100%	\$9,400	100%	N/A	\$25	N/A	\$75	\$75	Ded + \$400	\$20	\$70	\$75	Ded + 100%	Ded + 100%	Emb	Sep	CT G FRDM NG 25/75/2500/100 PPO 24	\$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom PPO NG	\$4,000	100%	\$8,500	100%	N/A	\$30	N/A	\$75	\$75	\$400	\$30	\$50	\$75	Ded + 100%	Ded + 100%	Emb	Sep	CT G FRDM NG 30/75/4000/100 PPO 24	\$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom PPO NG	\$4,000	80%	\$7,750	100%	N/A	\$30	N/A	\$50	\$50	\$400	\$10	\$50	\$75	Ded + 80%	Ded + 80%	Emb	Sep	CT G FRDM NG 30/50/4000/80 PPO 24	\$10/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom PPO NG	\$4,500	100%	\$8,500	100%	N/A	\$35	N/A	\$75	\$75	\$400	\$35	\$50	\$75	Ded + 100%	Ded + 100%	Emb	Sep	CT G FRDM NG 35/75/4500/100 PPO 24	\$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom PPO NG	\$5,000	80%	\$7,750	100%	N/A	\$30	N/A	\$50	\$50	\$400	\$10	\$50	\$75	Ded + 80%	Ded + 80%	Emb	Sep	CT G FRDM NG 30/50/5000/80 PPO 24	\$10/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom PPO NG	\$5,850	100%	\$9,450	100%	N/A	\$35	N/A	\$75	\$75	Ded + \$400	\$35	Ded + 100%	Ded + \$75	Ded + \$500	Ded + \$750/day up to \$3,000 max	Emb	Sep	CT S FRDM NG 35/75/5850/100 PPO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Freedom PPO NG	\$6,000	75%	\$9,100	100%	N/A	\$35	N/A	\$75	\$75	Ded + 50%	\$25	Ded + 75%	Ded + 75%	Ded + 75%	Ded + 75%	Emb	Sep	CT S FRDM NG 35/75/6000/75 PPO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Freedom PPO NG	\$7,000	90%	\$9,100	100%	N/A	\$35	N/A	\$75	\$75	Ded + 50%	\$25	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Emb	Sep	CT S FRDM NG 35/75/7000/90 PPO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Freedom PPO NG	\$7,500	100%	\$9,100	100%	N/A	\$35	N/A	\$75	\$75	Ded + 50%	\$35	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	CT S FRDM NG 35/75/7500/100 PPO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Freedom PPO NG	\$7,500	70%	\$9,450	100%	N/A	Ded + 70%	N/A	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Ded + 70%	Emb	Sep	CT B FRDM NG 7500/70 PPO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Bronze
Oxford Freedom PPO NG	\$8,000	80%	\$9,450	100%	N/A	\$40	N/A	\$85	\$85	Ded + 50%	\$40	\$75	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	CT S FRDM NG 40/85/8000/80 PPO PRO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Silver



# Health Plan Product Offering

**Connecticut Oxford**  
1-50 Fully Insured Eligible Employees

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

[Click for Plan Descriptions](#)

Plan Category	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	Med Plan Name	Rx Plan	Metallic Level
					Designated	Network	Designated	Network												
Oxford Freedom PPO HSA NG	\$1,600	90%	\$6,500	100%	N/A	Ded + 90%	N/A	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded NonEmb/OOPM Emb	Comb	CT G FRDM NG 1600/90 PPO HSA 24	\$10/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom PPO HSA NG	\$2,000	100%	\$7,900	100%	N/A	Ded + 100%	N/A	Ded + 100%	Ded + 100%	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + \$500 Admit	Ded NonEmb/OOPM Emb	Comb	CT G FRDM NG 2000/100 PPO HSA 24	\$10/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom PPO HSA NG	\$2,500	100%	\$7,900	100%	N/A	Ded + \$35	N/A	Ded + \$75	Ded + \$75	Ded + \$400	Ded + \$25	Ded + \$75	Ded + \$75	Ded + \$450	Ded + \$750/day up to \$3,000 max	Ded NonEmb/OOPM Emb	Comb	CT S FRDM NG 35/75/2500/100 PPO HSA 24	\$10/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Freedom PPO HSA NG	\$3,200	80%	\$7,900	100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	CT S FRDM NG 3200/80 PPO HSA 24	\$10/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Freedom PPO HSA NG	\$3,500	90%	\$7,300	100%	N/A	Ded + 90%	N/A	Ded + 90%	Ded + 90%	Ded + 50%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Emb	Comb	CT S FRDM NG 3500/90 PPO HSA 24	\$10/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Freedom PPO HSA NG	\$4,500	100%	\$7,300	100%	N/A	Ded + 100%	N/A	Ded + 100%	Ded + 100%	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	CT S FRDM NG 4500/100 PPO HSA 24	\$10/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Freedom PPO HSA NG	\$6,000	50%	\$7,300	100%	N/A	Ded + 50%	N/A	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Ded + 50%	Emb	Comb	CT B FRDM NG 6000/50 PPO HSA 24	\$10/\$60/50% to \$500 max/50% to \$750	Bronze
Oxford Freedom PPO HSA NG	\$6,700	90%	\$7,300	100%	N/A	Ded + 90%	N/A	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Emb	Comb	CT B FRDM NG 6700/90 PPO HSA 24	\$10/\$60/50% to \$500 max/50% to \$750	Bronze



# Health Plan Product Offering

**Connecticut Oxford**  
1-50 Fully Insured Eligible Employees

## Oxford Freedom HMO Non-Gated (HMO)

[Click for Plan Descriptions](#)

Plan Category	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	Med Plan Name	Rx Plan	Metallic Level
					Designated	Network	Designated	Network												
Oxford Freedom HMO NG	\$1,000	100%	\$9,100	100%	N/A	\$25	N/A	\$50	\$50	Ded + \$350	\$15	\$50	\$75	\$500	\$750/day up to \$3,000 max	Emb	Sep	CT G FRDM NG 25/50/1000/100 HMO 24	\$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom HMO NG	\$2,500	100%	\$6,500	100%	N/A	\$25	N/A	\$50	\$50	Ded + \$350	\$10	\$50	\$75	Ded + \$350	Ded + \$750 Admit	Emb	Sep	CT G FRDM NG 25/50/2500/100 HMO 24	\$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom HMO NG	\$2,500	50%	\$6,000	100%	N/A	\$25	N/A	\$50	\$50	Ded + 50%	\$10	\$50	\$75	Ded + 50%	Ded + 50%	Emb	Sep	CT G FRDM NG 25/50/2500/50 HMO 24	\$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Freedom HMO NG	\$6,500	50%	\$9,450	100%	N/A	\$35	N/A	\$85	\$85	Ded + 50%	\$50	\$75	50%	Ded + 50%	Ded + 50%	Emb	Sep	CT S FRDM NG 35/85/6500/50 HMO 24	\$5/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Freedom HMO NG	\$6,700	75%	\$9,450	100%	N/A	\$35	N/A	\$75	\$75	Ded + 75%	\$35	Ded + 75%	Ded + 75%	Ded + 75%	Ded + 75%	Emb	Sep	CT S FRDM NG 35/75/6700/75 HMO 24	\$5/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Freedom HMO NG	\$7,500	100%	\$9,450	100%	N/A	\$45	N/A	\$85	\$85	Ded + \$400	\$45	\$75	\$75	Ded + \$500	Ded + \$750/day up to \$2,250 max	Emb	Sep	CT S FRDM NG 45/85/7500/100 HMO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Silver

## Oxford Freedom HMO Health Savings Account (HSA) Non-Gated (HMO)

[Click for Plan Descriptions](#)

Plan Category	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	Med Plan Name	Rx Plan	Metallic Level
					Designated	Network	Designated	Network												
Oxford Freedom HMO HSA NG	\$3,500	100%	\$7,900	100%	N/A	Ded + \$30	N/A	Ded + \$75	Ded + \$75	Ded + \$400	Ded + \$20	Ded + \$60	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	CT S FRDM NG 30/75/3500/100 HMO HSA 24	\$10/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Freedom HMO HSA NG	\$3,500	80%	\$7,500	100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	CT S FRDM NG 3500/80 HMO HSA 24	\$10/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Freedom HMO HSA NG	\$4,500	80%	\$6,500	100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	CT S FRDM NG 4500/80 HMO HSA 24	\$10/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Freedom HMO HSA NG	\$6,250	100%	\$7,300	100%	N/A	Ded + \$40	N/A	Ded + \$60	Ded + \$60	Ded + \$350	Ded + \$10	Ded + \$50	Ded + \$75	Ded + \$500	Ded + \$700 Admit	Emb	Comb	CT B FRDM NG 40/60/6250/100 HMO HSA 24	\$10/\$60/50% to \$500 max/50% to \$750	Bronze





# Health Plan Product Offering

**Connecticut Oxford**  
1-50 Fully Insured Eligible Employees

## Oxford Liberty HMO Non-Gated (HMO)

[Click for Plan Descriptions](#)

Plan Category	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	Med Plan Name	Rx Plan	Metallic Level
					Designated	Network	Designated	Network												
Oxford Liberty HMO NG	N/A	100%	\$5,000	100%	100%	\$25	\$40	\$60	\$60	\$300	100%	\$50	\$75	\$250	\$500 Admit	Emb	Sep	CT P LBTY NG 40/100 HMO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Platinum

## Oxford Liberty HMO Gated (HMO)

[Click for Plan Descriptions](#)

Plan Category	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	Med Plan Name	Rx Plan	Metallic Level
					Designated	Network	Designated	Network												
Oxford Liberty HMO GT	\$2,500	80%	\$7,500	100%	100%	\$25	\$45	\$70	\$70	Ded + 50%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	CT G LBTY GT 45/2500/80 HMO PRO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Liberty HMO GT	\$3,000	100%	\$6,500	100%	100%	\$25	\$45	\$70	\$70	Ded + \$350	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	CT G LBTY GT 45/3000/100 HMO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Liberty HMO GT	\$3,000	90%	\$7,000	100%	100%	\$25	\$45	\$70	\$70	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Ded + 90%	Emb	Sep	CT G LBTY GT 45/3000/90 HMO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Liberty HMO GT	\$3,500	100%	\$7,500	100%	100%	\$25	\$45	\$70	\$70	Ded + \$300	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	CT G LBTY GT 45/3500/100 HMO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Gold
Oxford Liberty HMO GT	\$6,250	100%	\$9,450	100%	100%	\$40	Ded + \$70	Ded + \$85	\$85	Ded + \$400	\$25	\$75	Ded + \$75	Ded + \$500	Ded + \$750/day up to \$3,000 max	Emb	Sep	CT S LBTY GT 70/6250/100 HMO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Liberty HMO GT	\$6,500	80%	\$9,450	100%	\$15	\$40	\$65	\$85	\$85	Ded + 50%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Sep	CT S LBTY GT 15/65/6500/80 HMO PRO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Liberty HMO GT	\$8,500	100%	\$9,450	100%	100%	\$40	\$70	\$85	\$85	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Sep	CT S LBTY GT 70/8500/100 HMO 24	\$250 ded T3/T4; \$5/\$60/50% to \$500 max/50% to \$750	Silver



# Health Plan Product Offering

**Connecticut Oxford**  
1-50 Fully Insured Eligible Employees

## Oxford Liberty HMO Health Savings Account (HSA) Gated (HMO)

[Click for Plan Descriptions](#)

Plan Category	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	Med Plan Name	Rx Plan	Metallic Level
					Designated	Network	Designated	Network												
Oxford Liberty HMO HSA GT	\$3,200	100%	\$7,300	100%	Ded + 100%	Ded + \$40	Ded + \$60	Ded + \$85	Ded + \$85	Ded + \$400	Ded + \$25	Ded + \$60	Ded + \$75	Ded + \$500	Ded + \$750 Admit	Emb	Comb	CT S LBTY GT 60/3200/100 HMO HSA 24	\$5/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Liberty HMO HSA GT	\$3,500	80%	\$7,500	100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 50%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	CT S LBTY GT 3500/80 HMO HSA 24	\$5/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Liberty HMO HSA GT	\$4,500	100%	\$7,900	100%	N/A	Ded + 100%	N/A	Ded + 100%	Ded + 100%	Ded + \$400	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Ded + 100%	Emb	Comb	CT S LBTY GT 4500/100 HMO HSA 24	\$5/\$60/50% to \$500 max/50% to \$750	Silver
Oxford Liberty HMO HSA GT	\$6,700	80%	\$7,900	100%	N/A	Ded + 80%	N/A	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Ded + 80%	Emb	Comb	CT B LBTY GT 6700/80 HMO HSA 24	\$5/\$60/50% to \$500 max/50% to \$750	Bronze





# Plan Descriptions – Oxford Freedom

**Connecticut Oxford**  
1-50 Fully Insured Eligible Employees

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

- National UnitedHealthcare network access when traveling outside of the service area
- No PCP selection or referrals required to see a network specialist
- Members receive the highest level of plan benefits when they receive Lab services from a Designated Diagnostic Provider (DDP)

### **Oxford Freedom PPO NG:**

- In-network and out-of-network benefit access within the Oxford Freedom Network

### **Oxford Freedom PPO HSA NG:**

- In-network and out-of-network benefit access within the Oxford Freedom Network
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order 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

### **Oxford Freedom HMO NG:**

- In-network only benefit access within the Oxford Freedom Network

### **Oxford Freedom HMO HSA NG:**

- In-network only benefit access within the Oxford Freedom Network
- Combines a qualified high-deductible health plan with a tax-advantaged account that employers or members may contribute to in order 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 Descriptions – Oxford Liberty

**Connecticut Oxford**  
1-50 Fully Insured Eligible Employees

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

- In-network only benefit access within the Oxford Liberty Network
- Access to our UnitedHealthcare Core network when traveling outside of the Oxford service area
- Members receive the highest level of plan benefits when they receive Lab services from a Designated Diagnostic Provider (DDP)

### Oxford Liberty HMO NG:

- No PCP selection or referrals required to see a network specialist
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers

### Oxford Liberty HMO GT:

- PCP selection and referrals required to see a network specialist
- Enhanced benefits apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers

### Oxford Liberty HMO 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 in order 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
- Enhanced benefits may apply when seeking care from preferred providers, such as Tier 1 or UnitedHealth Premium providers

## Disclaimers:

- 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 2024, maximum HSA contribution is \$4,150 single/\$8,300 family. These amounts are subject to change by IRS and do not include catch-up contributions for subscribers age 55 and over.
- All coinsurance listed reflects UnitedHealthcare coinsurance.
- 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](http://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.
- Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (CT), Inc.
- Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible.

