



2022 Oxford Connecticut Small Group (1-50) Freedom Health Plan Portfolio

Medical Marketing Name	Network Access	Metallic Level	Coinsurance		Deductible				Out-of-Pocket Maximum				Virtual Visit	PCP	Specialist	Urgent Care	Emergency Room	Lab DDP	Lab Non DDP	Xray	Benefits							
			Network	Out-of-Network	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family									MRI, CT DDP	MRI, CT Non DDP	Outpatient Surgery FS/HOSP	Inpatient Hospital	Med Ded Type	Med Rx Ded Type	Rx Plan(s)	
CT P FRDM NG 20/45/100 PPO 22	Freedom	Platinum	100%	80%	N/A	N/A	\$4,000	\$8,000	\$4,000	\$8,000	\$8,000	\$16,000	100%	\$20	\$45	\$45	\$300	100%	50% [1]	100%	100%	50% [1]	FS: \$350 HOSP: \$350	\$750	Emb	Sep	\$5/\$60/50% to \$500/50% to \$750	
CT P FRDM NG 20/45/1000/100 PPO 22	Freedom	Platinum	100%	80%	\$1,000	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$8,000	\$16,000	100%	\$20	\$45	\$45	\$300	\$10	50% [1]	\$40	\$75	50% [1]	FS: 100% [1] HOSP: 100% [1]	100% [1]	Emb	Sep	\$5/\$60/50% to \$500/50% to \$750	
CT G FRDM NG 25/50/1000/100 HMO 22	Freedom	Gold	100%	N/A	\$1,000	\$2,000	N/A	N/A	\$7,900	\$15,800	N/A	N/A	100%	\$25	\$50	\$50	\$350 [1]	\$10	50% [1]	\$50	\$75	50% [1]	FS: \$500 HOSP: \$500	\$750	Emb	Sep	\$5/\$60/50% to \$500/50% to \$750	
CT G FRDM NG 1500/90 PPO HSA 22	Freedom	Gold	90%	50%	\$1,500	\$3,000	\$5,000	\$10,000	\$6,000	\$12,000	\$10,000	\$20,000	90% [1]	90% [1]	90% [1]	90% [1]	90% [1]	90% [1]	50% [1]	90% [1]	90% [1]	50% [1]	FS: 90% [1] HOSP: 90% [1]	90% [1]	Med Ded NonEmb/OOPM Emb	Comb	Med ded then \$10/\$60/50% to \$500/50% to \$750	
CT G FRDM NG 25/60/1500/100 PPO 22	Freedom	Gold	100%	80%	\$1,500	\$3,000	\$4,000	\$8,000	\$8,500	\$17,000	\$15,000	\$30,000	100%	\$25	\$60	\$60	\$350	\$10	50% [1]	\$50	\$75	50% [1]	FS: \$500 HOSP: \$500 [1]	100% [1]	Emb	Sep	\$5/\$60/50% to \$500/50% to \$750	
CT G FRDM NG 2000/100 PPO HSA 22	Freedom	Gold	100%	70%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,950	\$13,900	\$10,000	\$20,000	100% [1]	100% [1]	100% [1]	100% [1]	\$350 [1]	100% [1]	50% [1]	100% [1]	100% [1]	50% [1]	FS: 100% [1] HOSP: 100% [1]	100% [1]	Med Ded NonEmb/OOPM Emb	Comb	Med ded then \$10/\$60/50% to \$500/50% to \$750	
CT G FRDM NG 25/60/2000/100 PPO 22	Freedom	Gold	100%	50%	\$2,000	\$4,000	\$5,000	\$10,000	\$6,500	\$13,000	\$12,500	\$25,000	100%	\$25	\$60	\$60	\$350	\$10	50% [1]	\$50	\$75	50% [1]	FS: \$500 HOSP: \$500 [1]	\$750 [1]	Emb	Sep	\$5/\$60/50% to \$500/50% to \$750	
CT G FRDM NG 25/70/2500/100 PPO 22	Freedom	Gold	100%	50%	\$2,500	\$5,000	\$7,500	\$15,000	\$8,700	\$17,400	\$15,000	\$30,000	100%	\$25	\$70	\$70	\$400 [1]	\$20	50% [1]	\$70	\$75	50% [1]	FS: 100% [1] HOSP: 100% [1]	100% [1]	Emb	Sep	\$5/\$60/50% to \$500/50% to \$750	
CT G FRDM NG 25/50/2500/50 HMO 22	Freedom	Gold	50%	N/A	\$2,500	\$5,000	N/A	N/A	\$6,000	\$12,000	N/A	N/A	100%	\$25	\$50	\$50	50% [1]	\$10	50% [1]	\$50	\$75	50% [1]	FS: 50% [1] HOSP: 50% [1]	50% [1]	Emb	Sep	\$5/\$60/50% to \$500/50% to \$750	
CT G FRDM NG 25/50/2500/100 HMO 22	Freedom	Gold	100%	N/A	\$2,500	\$5,000	N/A	N/A	\$6,500	\$13,000	N/A	N/A	100%	\$25	\$50	\$50	\$350 [1]	\$10	50% [1]	\$50	\$75	50% [1]	FS: \$350 [1] HOSP: \$350 [1]	\$750 [1]	Emb	Sep	\$5/\$60/50% to \$500/50% to \$750	
CT G FRDM NG 25/60/3000/80 PPO 22	Freedom	Gold	80%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$7,000	\$14,000	\$15,000	\$30,000	100%	\$25	\$60	\$60	80% [1]	\$10	50% [1]	\$50	\$75	50% [1]	FS: 80% [1] HOSP: 80% [1]	80% [1]	Emb	Sep	\$5/\$60/50% to \$500/50% to \$750	
CT G FRDM NG 25/60/3500/100 PPO 22	Freedom	Gold	100%	70%	\$3,500	\$7,000	\$7,500	\$15,000	\$7,250	\$14,500	\$15,000	\$30,000	100%	\$25	\$60	\$60	\$350	\$10	50% [1]	\$50	\$75	50% [1]	FS: \$500 HOSP: 100% [1]	100% [1]	Emb	Sep	\$5/\$60/50% to \$500/50% to \$750	
CT G FRDM NG 25/60/4000/100 PPO 22	Freedom	Gold	100%	70%	\$4,000	\$8,000	\$7,500	\$15,000	\$7,500	\$15,000	\$15,000	\$30,000	100%	\$25	\$60	\$60	\$350	\$10	50% [1]	\$50	\$75	50% [1]	FS: 100% [1] HOSP: 100% [1]	100% [1]	Emb	Sep	\$5/\$60/50% to \$500/50% to \$750	
CT G FRDM NG 30/50/4000/80 PPO 22	Freedom	Gold	80%	60%	\$4,000	\$8,000	\$9,000	\$18,000	\$7,750	\$15,500	\$17,500	\$35,000	100%	\$30	\$50	\$50	\$400	\$10	50% [1]	\$50	\$75	50% [1]	FS: 80% [1] HOSP: 80% [1]	80% [1]	Emb	Sep	\$10/\$60/50% to \$500/50% to \$750	
CT G FRDM NG 30/50/5000/80 PPO 22	Freedom	Gold	80%	60%	\$5,000	\$10,000	\$9,000	\$18,000	\$7,750	\$15,500	\$17,500	\$35,000	100%	\$30	\$50	\$50	\$400	\$10	50% [1]	\$50	\$75	50% [1]	FS: 80% [1] HOSP: 80% [1]	80% [1]	Emb	Sep	\$10/\$60/50% to \$500/50% to \$750	
CT S FRDM NG 30/60/2500/100 PPO HSA 22	Freedom	Silver	100%	70%	\$2,500	\$5,000	\$7,500	\$15,000	\$6,950	\$13,900	\$15,000	\$30,000	100% [1]	\$30 [1]	\$60 [1]	\$60 [1]	\$350 [1]	\$10 [1]	50% [1]	\$50 [1]	\$75 [1]	50% [1]	FS: \$300 [1] HOSP: \$600 [1]	\$500 [1]	Med Ded NonEmb/OOPM Emb	Comb	Med ded then \$10/\$60/50% to \$500/50% to \$750	
CT S FRDM NG 3000/80 PPO HSA 22	Freedom	Silver	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,950	\$13,900	\$20,000	\$40,000	80% [1]	80% [1]	80% [1]	80% [1]	80% [1]	80% [1]	50% [1]	80% [1]	80% [1]	50% [1]	FS: 80% [1] HOSP: 80% [1]	80% [1]	Emb	Comb	Med ded then \$10/\$60/50% to \$500/50% to \$750	
CT S FRDM NG 3000/90 PPO HSA 22	Freedom	Silver	90%	50%	\$3,000	\$6,000	\$7,500	\$15,000	\$6,950	\$13,900	\$15,000	\$30,000	90% [1]	90% [1]	90% [1]	90% [1]	90% [1]	90% [1]	50% [1]	90% [1]	90% [1]	50% [1]	FS: 90% [1] HOSP: 90% [1]	90% [1]	Emb	Comb	Med ded then \$10/\$60/50% to \$500/50% to \$750	
CT S FRDM NG 3000/80 HMO HSAM 22	Freedom	Silver	80%	N/A	\$3,000	\$6,000	N/A	N/A	\$6,950	\$13,900	N/A	N/A	80% [1]	80% [1]	80% [1]	80% [1]	80% [1]	80% [1]	50% [1]	80% [1]	80% [1]	50% [1]	FS: 80% [1] HOSP: 80% [1]	80% [1]	Emb	Comb	Med ded then \$10/\$60/50% to \$500/50% to \$750	
CT S FRDM NG 30/60/3000/100 HMO HSA 22	Freedom	Silver	100%	N/A	\$3,000	\$6,000	N/A	N/A	\$6,950	\$13,900	N/A	N/A	100% [1]	\$30 [1]	\$60 [1]	\$60 [1]	\$350 [1]	\$10 [1]	50% [1]	\$50 [1]	100% [1]	50% [1]	FS: 100% [1] HOSP: 100% [1]	100% [1]	Emb	Comb	Med ded then \$10/\$60/50% to \$500/50% to \$750	
CT S FRDM NG 4000/100 PPO HSA 22	Freedom	Silver	100%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$6,950	\$13,900	\$20,000	\$40,000	100% [1]	100% [1]	100% [1]	100% [1]	\$350 [1]	100% [1]	50% [1]	100% [1]	100% [1]	50% [1]	FS: 100% [1] HOSP: 100% [1]	100% [1]	Emb	Comb	Med ded then \$10/\$60/50% to \$500/50% to \$750	
CT S FRDM NG 4500/80 HMO HSAM 22	Freedom	Silver	80%	N/A	\$4,500	\$9,000	N/A	N/A	\$7,000	\$14,000	N/A	N/A	80% [1]	80% [1]	80% [1]	80% [1]	80% [1]	80% [1]	50% [1]	80% [1]	80% [1]	50% [1]	FS: 80% [1] HOSP: 80% [1]	80% [1]	Emb	Comb	Med ded then \$10/\$60/50% to \$500/50% to \$750	
CT S FRDM NG 30/75/5000/75 PPO 22	Freedom	Silver	75%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$8,700	\$17,400	\$20,000	\$40,000	100%	\$30	\$75	\$75	75% [1]	\$20	50% [1]	\$75	75% [1]	50% [1]	FS: 75% [1] HOSP: 75% [1]	75% [1]	Emb	Sep	\$250 ded T3/T4 ded then \$5/\$60/50% to \$500/50% to \$750	
CT S FRDM NG 30/70/5000/80 PPO 22	Freedom	Silver	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$8,500	\$17,000	\$15,000	\$30,000	100%	\$30	\$70	\$70	80% [1]	80% [1]	50% [1]	80% [1]	80% [1]	50% [1]	FS: 80% [1] HOSP: 80% [1]	80% [1]	Emb	Sep	\$250 ded T3/T4 ded then \$5/\$60/50% to \$500/50% to \$750	
CT S FRDM NG 30/75/5000/50 HMO 22	Freedom	Silver	50%	N/A	\$5,000	\$10,000	N/A	N/A	\$8,700	\$17,400	N/A	N/A	100%	\$30	\$75	\$75	50% [1]	\$15	50% [1]	\$75	50%	50% [1]	FS: 50% [1] HOSP: 50% [1]	50% [1]	Emb	Sep	\$5/\$60/50% to \$500/50% to \$750	
CT S FRDM NG 30/75/5000/100 PPO 22	Freedom	Silver	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$8,700	\$17,400	\$15,000	\$30,000	100%	\$30	\$75	\$75	\$350 [1]	\$20	50% [1]	\$75	\$75 [1]	50% [1]	FS: \$500 [1] HOSP: \$500 [1]	\$750 [1]	Emb	Sep	\$250 ded T3/T4 ded then \$5/\$60/50% to \$500/50% to \$750	



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Medical Marketing Name	Network Access	Metallic Level	Coinsurance		Deductible				Out-of-Pocket Maximum				Benefits														
			Network	Out-of-Network	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Network Individual	Network Family	Out-of-Network Individual	Out-of-Network Family	Virtual Visit	PCP	Specialist	Urgent Care	Emergency Room	Lab DDP	Lab Non DDP	Xray	MRI, CT DDP	MRI, CT Non DDP	Outpatient Surgery FS/HOSP	Inpatient Hospital	Med Ded Type	Med Rx Ded Type	Rx Plan(s)
CT S FRDM NG 35/75/6000/100 HMO 22	Freedom	Silver	100%	N/A	\$6,000	\$12,000	N/A	N/A	\$8,500	\$17,000	N/A	N/A	100%	\$35	\$75	\$75	\$350 [1]	\$30	50% [1]	\$60	\$75	50% [1]	FS: \$500 [1] HOSP: \$500 [1]	\$750 [1]	Emb	Sep	\$10/\$60/50% to \$500/50% to \$750
CT S FRDM NG 25/70/6000/75 HMO 22	Freedom	Silver	75%	N/A	\$6,000	\$12,000	N/A	N/A	\$8,700	\$17,400	N/A	N/A	100%	\$25	\$70	\$75	75% [1]	\$20	50% [1]	\$60	75% [1]	50% [1]	FS: 75% [1] HOSP: 75% [1]	75% [1]	Emb	Sep	\$5/\$60/50% to \$500/50% to \$750
CT S FRDM NG 30/75/6500/90 PPO 22	Freedom	Silver	90%	60%	\$6,500	\$13,000	\$10,000	\$20,000	\$8,700	\$17,400	\$15,000	\$30,000	100%	\$30	\$75	\$75	90% [1]	\$15	50% [1]	\$75	90% [1]	50% [1]	FS: 90% [1] HOSP: 90% [1]	90% [1]	Emb	Sep	\$250 ded T3/T4 ded then \$5/\$60/50% to \$500/50% to \$750
CT S FRDM NG 20/75/6500/80 PPO PRO 22	Freedom	Silver	80%	50%	\$6,500	\$13,000	\$10,000	\$20,000	\$8,700	\$17,400	\$20,000	\$40,000	100%	\$20	\$75	\$75	50% [1]	\$10	50% [1]	\$60	\$75	50% [1]	FS: 80% [1] HOSP: 80% [1]	80% [1]	Emb	Sep	\$250 ded T3/T4 ded then \$5/\$60/50% to \$500/50% to \$750
CT S FRDM NG 35/75/7500/100 PPO 22	Freedom	Silver	100%	70%	\$7,500	\$15,000	\$14,000	\$28,000	\$8,700	\$17,400	\$20,000	\$40,000	100%	\$35	\$75	\$75	100% [1]	\$20	50% [1]	\$75	100% [1]	50% [1]	FS: 100% [1] HOSP: 100% [1]	100% [1]	Emb	Sep	\$10/\$60/50% to \$500/50% to \$750
CT B FRDM NG 6000/50 PPO HSA 22	Freedom	Bronze	50%	50%	\$6,000	\$12,000	\$10,000	\$20,000	\$6,950	\$13,900	\$20,000	\$40,000	50% [1]	50% [1]	50% [1]	50% [1]	50% [1]	50% [1]	50% [1]	50% [1]	50% [1]	50% [1]	50% [1]	50% [1]	Emb	Comb	Med ded then \$10/\$60/50% to \$500/50% to \$750
CT B FRDM NG 40/60/6250/100 HMO HSA 22	Freedom	Bronze	100%	N/A	\$6,250	\$12,500	N/A	N/A	\$6,950	\$13,900	N/A	N/A	100% [1]	\$40 [1]	\$60 [1]	\$60 [1]	\$350 [1]	\$10 [1]	50% [1]		\$75 [1]	50% [1]	FS: \$500 [1] HOSP: \$500 [1]	\$700 [1]	Emb	Comb	Med ded then \$10/\$60/50% to \$500/50% to \$750
CT B FRDM NG 6700/100 PPO HSA 22	Freedom	Bronze	100%	70%	\$6,700	\$13,400	\$10,000	\$20,000	\$6,950	\$13,900	\$20,000	\$40,000	100% [1]	100% [1]	100% [1]	100% [1]	100% [1]	100% [1]	50% [1]	100% [1]	50% [1]	FS: 100% [1] HOSP: 100% [1]	100% [1]	Emb	Comb	Med ded then \$10/\$60/50% to \$500/50% to \$750	
CT B FRDM NG 7000/70 PPO 22	Freedom	Bronze	70%	50%	\$7,000	\$14,000	\$10,000	\$20,000	\$8,500	\$17,000	\$20,000	\$40,000	70% [1]	70% [1]	70% [1]	70% [1]	70% [1]	70% [1]	50% [1]	70% [1]	70% [1]	50% [1]	FS: 70% [1] HOSP: 70% [1]	70% [1]	Emb	Sep	\$250 ded T3/T4 ded then \$5/\$60/50% to \$500/50% to \$750

[1] Subject to deductible.
 [2] DDP - Designated Diagnostic Providers are freestanding and hospital lab providers who meet certain quality and efficiency requirements, as well as all Preferred Lab Network (PLN) labs.

Plans listed as non-embedded/embedded reflect non-embedded deductibles and embedded out-of-pocket maximums meaning no individual in the family has satisfied the deductible until the entire family amount has been met. An individual will not have to pay more than the individual out-of-pocket maximum amount.

Pharmacy - Mail order is 2.5x. For plans with a separate pharmacy deductible, the deductible is waived for Tier 1 and Tier 2. All plans include Preferred Generics (also known as Mac-A).

In 2022, maximum HSA contribution is \$3,700 single/\$7,400 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers ages 55 and over. The Oxford HSA high-deductible health plans (HDHP) are designed to comply with IRS requirements so eligible enrollees may open an HSA with a bank of their choice or through Optum Bank*, Member FDIC.

Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (CT), Inc.

This grid is to highlight plan benefits. Do not use this document to understand exact coverage for certain services. If plan benefits listed here conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents are correct. Review the COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.