

2019 Connecticut Small Group (1-50) Oxford Freedom Network Plans

Connecticut
Small Group (1-50) Oxford Products
Effective Jan. 1, 2019

Please be advised that this guide is for informational purposes only. Premium rates and/or product forms included herein have been filed and are subject to approval by regulators. 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 Connecticut small group (1-50) products, please contact your sales representative.

2019 Plan Name	Network/Access	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type ²	Pharmacy
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Telehealth/PCP ¹	Spec	Urgent Care	ER	Inpatient Hospital	Freestanding Outpatient Facility	Hospital-Based Outpatient Facility	Lab/X-Ray	Major Diagnostic MRI, CAT Freestanding	Major Diagnostic MRI, CAT Hospital		
		Single (Family Is 2X)	Single (Family Is 2X)			Single (Family Is 2X)	Single (Family Is 2X)												
Platinum Plans																			
CT P FRDM NG 20/40/0/100 PPO 19	Freedom/Non-Gated	\$0	\$2,500	100%	80%	\$2,500	\$6,250	\$20	\$40	\$40	\$200	\$250 admit	\$150	\$150	No charge	No charge	No charge	Emb	\$5/\$30/30% to \$500/50% to \$750
CT P FRDM NG 20/40/500/100 PPO 19	Freedom/Non-Gated	\$500	\$3,000	100%	80%	\$2,750	\$6,250	\$20	\$40	\$40	\$200	No charge after ded.	No charge after ded.	No charge after ded.	No charge	\$75	\$75	Emb	\$5/\$30/30% to \$500/50% to \$750
CT P FRDM NG 20/40/750/100 PPO 19	Freedom/Non-Gated	\$750	\$4,000	100%	80%	\$3,000	\$8,000	\$20	\$40	\$40	\$200	No charge after ded.	No charge after ded.	No charge after ded.	No charge	\$75	\$75	Emb	\$5/\$30/30% to \$500/50% to \$750
CT P FRDM NG 10/40/1250/100 PPO 19	Freedom/Non-Gated	\$1,250	\$5,000	100%	70%	\$3,500	\$10,000	\$10	\$40	\$40	\$200	No charge after ded.	\$250	\$250	\$10/\$20	\$75	\$75	Emb	\$5/\$30/30% to \$500/50% to \$750
Gold Plans																			
CT G FRDM NG 35/50/1000/100 HMO 19	Freedom/Non-Gated	\$1,000	N/A	100%	N/A	\$7,900	N/A	\$35	\$50	\$50	\$200 after ded.	\$500 day/\$2,000 max admit	\$500	\$500	\$10/\$40 Freestanding; \$10/\$40 after ded. Hosp	\$75	\$75 after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750
CT G FRDM NG 35/50/1500/100 PPO 19	Freedom/Non-Gated	\$1,500	\$4,000	100%	80%	\$7,000	\$8,000	\$35	\$50	\$50	\$200	No charge after ded.	No charge after ded.	\$250 after ded.	\$10/\$40 after ded.	No charge after ded.	\$75 after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750
CT G FRDM NG 1500/100 PPO HSA 19	Freedom/Non-Gated	\$1,500	\$5,000	100%	70%	\$4,500	\$8,000	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	Non-Emb Ded./ Emb OOP	\$5/\$50/30% to \$500/50% to \$750 after med ded.

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2019 Plan Name	Network/Access	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type ²	Pharmacy	
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Telehealth/PCP ¹	Spec	Urgent Care	ER	Inpatient Hospital	Freestanding Outpatient Facility	Hospital-Based Outpatient Facility	Lab/X-Ray	Major Diagnostic MRI, CAT Freestanding	Major Diagnostic MRI, CAT Hospital			
		Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)													
CT G FRDM NG 1500/90 PPO HSA 19	Freedom/Non-Gated	\$1,500	\$5,000	90%	50%	\$4,000	\$10,000	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	Non-Emb Ded./ Emb OOP	\$5/\$50/30% to \$500/50% to \$750 after med ded.
CT G FRDM NG 30/50/1750/100 PPO 19	Freedom/Non-Gated	\$1,750	\$4,000	100%	50%	\$5,500	\$8,000	\$30	\$50	\$50	\$200	\$500 day/\$2,000 max admit after ded.	\$500	\$500 after ded.	\$10/\$40 after ded.	\$75	\$75 after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750	
CT G FRDM NG 35/50/2000/100 PPO 19	Freedom/Non-Gated	\$2,000	\$5,000	100%	60%	\$7,000	\$13,500	\$35	\$50	\$50	\$200	No charge after ded.	No charge after ded.	\$250 after ded.	\$10/\$40	No charge after ded.	\$75 after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750	
CT G FRDM NG 10/50/2500/100 HMO 19	Freedom/Non-Gated	\$2,500	N/A	100%	N/A	\$5,500	N/A	\$10	\$50	\$50	\$200 after ded.	\$500 after ded.	\$250 after ded.	\$250 after ded.	\$10/\$40 after ded.	\$75 after ded.	\$75 after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750	
CT G FRDM NG 35/50/2500/100 PPO 19	Freedom/Non-Gated	\$2,500	\$5,000	100%	50%	\$6,000	\$12,500	\$35	\$50	\$50	\$200	No charge after ded.	No charge after ded.	No charge after ded.	\$10/\$40	\$75	No charge after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750	
CT G FRDM NG 10/50/2500/80 PRO PPO 19	Freedom/Non-Gated	\$2,500	\$5,000	80%	50%	\$7,500	\$12,500	\$10	\$50	\$50	50% after ded.	20% after ded.	20% after ded.	20% after ded.	\$10/\$40	20% after ded.	20% after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750; \$250 ded. T3/T4	
CT G FRDM NG 20/45/3000/80 PPO 19	Freedom/Non-Gated	\$3,000	\$7,500	80%	50%	\$5,000	\$15,000	\$20	\$45	\$45	20% after ded.	20% after ded.	20% after ded.	20% after ded.	\$10/\$40	\$75	20% after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750; \$250 ded. T3/T4	
CT G FRDM NG 25/50/3000/100 PPO 19	Freedom/Non-Gated	\$3,000	\$5,000	100%	70%	\$6,500	\$10,000	\$25	\$50	\$50	\$200	No charge after ded.	\$500	No charge after ded.	\$10/\$40	\$75	No charge after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750	
CT G FRDM NG 30/50/3500/100 PPO 19	Freedom/Non-Gated	\$3,500	\$5,000	100%	70%	\$6,000	\$12,500	\$30	\$50	\$50	\$200	No charge after ded.	No charge after ded.	No charge after ded.	\$10/\$40	\$75	No charge after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750	

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2019 Plan Name	Network/Access	Deductible		Coinsurance		Out-of-Pocket Maximum		Copayment										Deductible Type ²	Pharmacy		
		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits/PCP ¹	Spec	Urgent Care	ER	Inpatient Hospital	Freestanding Outpatient Facility	Hospital-Based Outpatient Facility	Lab/X-Ray	Major Diagnostic MRI, CT Freestanding	Major Diagnostic MRI, CT Hospital				
		Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)														
Silver Plans																					
CT S FRDM NG 30/50/2500/100 PPO HSA 19	Freedom/Non-Gated	\$2,500	\$5,000	100%	70%	\$5,500	\$12,500	\$30 after ded.	\$50 after ded.	\$50 after ded.	\$200 after ded.	\$500 day/\$2,000 max admit after ded.	\$250 after ded.	\$500 after ded.	\$10/\$40 after ded.	\$75 after ded.	\$75 after ded.	Non-Emb Ded./ Emb OOP	\$5/\$50/30% to \$500/50% to \$750 after med ded.		
CT S FRDM NG 2500/80 PPO HSA 19	Freedom/Non-Gated	\$2,500	\$6,000	80%	50%	\$6,700	\$12,000	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	Non-Emb Ded./ Emb OOP	\$5/\$50/30% to \$500/50% to \$750 after med ded.
CT S FRDM NG 2750/90 PPO HSA 19	Freedom/Non-Gated	\$2,750	\$5,000	90%	50%	\$6,700	\$7,500	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750 after med ded.
CT S FRDM NG 20/40/3000/100 HMO HSA 19	Freedom/Non-Gated	\$3,000	N/A	100%	N/A	\$6,000	N/A	\$20 after ded.	\$40 after ded.	\$40 after ded.	\$200 after ded.	No charge after ded.	No charge after ded.	No charge after ded.	\$10/\$40 after ded.	No charge after ded.	No charge after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750 after med ded.		
CT S FRDM NG 3000/100 PPO HSA 19	Freedom/Non-Gated	\$3,000	\$5,500	100%	60%	\$6,700	\$11,000	No charge after ded.	No charge after ded.	No charge after ded.	\$200 after ded.	No charge after ded.	No charge after ded.	No charge after ded.	\$10/\$40 after ded.	No charge after ded.	No charge after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750 after med ded.		
CT S FRDM NG 4000/100 PPO HSA 19	Freedom/Non-Gated	\$4,000	\$7,500	100%	50%	\$6,500	\$15,000	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750 after med ded.		
CT S FRDM NG 35/50/4250/75 PPO 19	Freedom/Non-Gated	\$4,250	\$6,000	75%	50%	\$7,900	\$12,700	\$35	\$50	\$50	25% after ded.	25% after ded.	25% after ded.	25% after ded.	25% after ded.	25% after ded.	25% after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750; \$250 ded. T3/T4		

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		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits/PCP ¹	Spec	Urgent Care	ER	Inpatient Hospital	Freestanding Outpatient Facility	Hospital-Based Outpatient Facility	Lab/X-Ray	Major Diagnostic MRI, CT Freestanding	Major Diagnostic MRI, CT Hospital		
		Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)												
CT S FRDM NG 35/50/4500/100 PPO 19	Freedom/Non-Gated	\$4,500	\$7,500	100%	50%	\$7,900	\$15,000	\$35	\$50	\$50	\$200 after ded.	\$500 day/\$2,000 max admit after ded.	\$500 after ded.	\$500 after ded.	\$10/\$40 after ded.	\$75 after ded.	\$75 after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750; \$250 ded. T3/T4
CT S FRDM NG 40/50/4500/80 PPO 19	Freedom/Non-Gated	\$4,500	\$6,000	80%	60%	\$7,900	\$11,000	\$40	\$50	\$50	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750; \$250 ded. T3/T4
CT S FRDM NG 40/50/4750/100 HMO 19	Freedom/Non-Gated	\$4,750	N/A	100%	N/A	\$7,900	N/A	\$40	\$50	\$50	\$200 after ded.	\$500 day/\$2,000 max admit after ded.	\$500 after ded.	\$500 after ded.	\$10/\$40 after ded.	\$75 after ded.	\$75 after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750
CT S FRDM NG 40/50/5250/90 PPO 19	Freedom/Non-Gated	\$5,250	\$7,000	90%	60%	\$7,900	\$9,000	\$40	\$50	\$50	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	10% after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750; \$250 ded. T3/T4
CT S FRDM NG 40/50/6000/100 HMO 18	Freedom/Non-Gated	\$6,000	N/A	100%	N/A	\$7,900	N/A	\$40	\$50	\$50	\$200 after ded.	\$500 day/\$1,500 max admit after ded.	\$500 after ded.	\$500 after ded.	No charge after ded.	No charge after ded.	No charge after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750
CT S FRDM NG 15/50/6250/80 PRO PPO 19	Freedom/Non-Gated	\$6,250	\$7,900	80%	50%	\$7,900	\$12,500	\$15	\$50	\$50	50% after ded.	20% after ded.	20% after ded.	20% after ded.	\$10/\$40	20% after ded.	20% after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750; \$250 ded. T3/T4
Bronze Plans																			
CT B FRDM NG 5500/70 PPO 19	Freedom/Non-Gated	\$5,500	\$10,000	70%	50%	\$7,900	\$20,000	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	30% after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750; \$250 ded. T3/T4

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		Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Virtual Visits/PCP ¹	Spec	Urgent Care	ER	Inpatient Hospital	Freestanding Outpatient Facility	Hospital-Based Outpatient Facility	Lab/X-Ray	Major Diagnostic MRI, CT Freestanding	Major Diagnostic MRI, CT Hospital		
		Single (Family is 2X)	Single (Family is 2X)			Single (Family is 2X)	Single (Family is 2X)												
CT B FRDM NG 6000/100 PPO HSA 19	Freedom/Non-Gated	\$6,000	\$10,000	100%	70%	\$6,700	\$20,000	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750 after med ded.
CT B FRDM NG 40/50/6000/100 HMO HSA 18	Freedom/Non-Gated	\$6,000	N/A	100%	N/A	\$6,700	N/A	\$40 after ded.	\$50 after ded.	\$50 after ded.	\$200 after ded.	\$500 after ded.	\$500 after ded.	\$500 after ded.	\$10/\$40 after ded.	\$75 after ded.	\$75 after ded.	Emb	\$5/\$50/30% to \$500/50% to \$750 after med ded.

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

² 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.

Note: Pharmacy mail order is 2.5x.

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

Note: For plans with a separate pharmacy deductible, the deductible is waived for Tier 1 and Tier 2.

Note: All plans include Preferred Generics (also known as Mac-A).

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 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 HSA" refers generally to the Oxford HSA products, which include an HDHP, although at times "Oxford HSA" may refer only and specifically to the Oxford HSA, provided in conjunction with Optum Bank and not to the associated HDHP.

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

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