



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

Medical Marketing Name	Network Access	Metallic Level	Coinsurance	Deductible		Out-of-Pocket Maximum		Benefits																
			Network	Network Individual	Network Family	Network Individual	Network Family	Virtual Visit	Designated Network PCP	Network PCP	Designated Network Specialist	Network Specialist	Urgent Care	Emergency Room	Lab DDP[2]	Lab Non-DDP[2]	Xray	MRI, CT DDP[2]	MRI, CT Non-DDP[2]	Outpatient Surgery	Inpatient Hospital	Med Ded Type	Med Rx Ded Type	Rx Plan(s)
CT G LBTY GT 45/2500/80 HMO PRO 22	Liberty	Gold	80%	\$2,500	\$5,000	\$7,500	\$15,000	100%	100%	\$25	\$45	\$70	\$70	50% [1]	80% [1]	50% [1]	80% [1]	80% [1]	50% [1]	80% [1]	80% [1]	Emb	Sep	\$250 ded T3/T4 ded then \$5/\$60/50% to \$500/50% to \$750
CT G LBTY GT 45/3000/100 HMO 22	Liberty	Gold	100%	\$3,000	\$6,000	\$6,500	\$13,000	100%	100%	\$25	\$45	\$70	\$70	\$350 [1]	100% [1]	50% [1]	100% [1]	100% [1]	50% [1]	100% [1]	100% [1]	Emb	Sep	\$250 ded T3/T4 ded then \$5/\$60/50% to \$500/50% to \$750
CT G LBTY GT 45/3000/90 HMO 22	Liberty	Gold	90%	\$3,000	\$6,000	\$7,000	\$14,000	100%	100%	\$25	\$45	\$70	\$70	90% [1]	90% [1]	50% [1]	90% [1]	90% [1]	50% [1]	90% [1]	90% [1]	Emb	Sep	\$250 ded T3/T4 ded then \$5/\$60/50% to \$500/50% to \$750
CT G LBTY GT 45/3500/100 HMO 22	Liberty	Gold	100%	\$3,500	\$7,000	\$7,500	\$15,000	100%	100%	\$25	\$45	\$70	\$70	\$300 [1]	100% [1]	50% [1]	100% [1]	100% [1]	50% [1]	100% [1]	100% [1]	Emb	Sep	\$250 ded T3/T4 ded then \$5/\$60/50% to \$500/50% to \$750
CT S LBTY GT 50/2500/100 HMO HSA 22	Liberty	Silver	100%	\$2,500	\$5,000	\$6,950	\$13,900	100% [1]	100% [1]	\$30 [1]	\$50 [1]	\$80 [1]	\$80 [1]	\$300 [1]	\$10 [1]	50% [1]	\$60 [1]	\$75 [1]	50% [1]	\$500 [1]	\$750 [1]	NonEmb/OOPM Emb	Comb	Medical ded then \$5/\$60/50% to \$500/50% to \$750
CT S LBTY GT 3000/80 HMO HSA 22	Liberty	Silver	80%	\$3,000	\$6,000	\$6,950	\$13,900	100% [1]	100% [1]	100% [1]	100% [1]	100% [1]	100% [1]	\$300 [1]	100% [1]	50% [1]	100% [1]	100% [1]	50% [1]	100% [1]	100% [1]	Emb	Comb	Medical ded then \$5/\$60/50% to \$500/50% to \$750
CT S LBTY GT 4000/100 HMO HSA 22	Liberty	Silver	100%	\$4,000	\$8,000	\$6,950	\$13,900	100% [1]	80% [1]	80% [1]	80% [1]	80% [1]	80% [1]	80% [1]	80% [1]	50% [1]	80% [1]	80% [1]	50% [1]	80% [1]	80% [1]	Emb	Comb	Medical ded then \$5/\$60/50% to \$500/50% to \$750
CT S LBTY GT 50/5000/100 HMO 22	Liberty	Silver	100%	\$5,000	\$10,000	\$8,350	\$16,700	100%	100%	\$30	\$50 [1]	\$80 [1]	\$80	\$300 [1]	\$10	50%	\$75	\$75 [1]	50% [1]	\$500 [1]	\$750 [1]	Emb	Sep	\$250 ded T3/T4 ded then \$5/\$60/50% to \$500/50% to \$750
CT S LBTY GT 50/5500/80 HMO PRO 22	Liberty	Silver	80%	\$5,500	\$11,000	\$8,500	\$17,000	100%	100%	\$30	\$50	\$80	\$80	50% [1]	80% [1]	50% [1]	80% [1]	80% [1]	50% [1]	80% [1]	80% [1]	Emb	Sep	\$250 ded T3/T4 ded then \$5/\$60/50% to \$500/50% to \$750
CT S LBTY GT 60/7500/100 HMO 22	Liberty	Silver	100%	\$7,500	\$15,000	\$8,500	\$17,000	100%	100%	\$35	\$60	\$80	\$80	100% [1]	100% [1]	50% [1]	100% [1]	100% [1]	50% [1]	100% [1]	100% [1]	Emb	Sep	\$250 ded T3/T4 ded then \$5/\$60/50% to \$500/50% to \$750
CT B LBTY GT 6250/80 HMO HSA 22	Liberty	Bronze	80%	\$6,250	\$12,500	\$6,950	\$13,900	80% [1]	80% [1]	80% [1]	80% [1]	80% [1]	80% [1]	80% [1]	80% [1]	50% [1]	80% [1]	80% [1]	50% [1]	80% [1]	80% [1]	Emb	Comb	Medical 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.

Designated - This tier of benefits applies to UnitedHealth Premium® quality and efficiency designated physicians. Please visit myuhc.com® for details.
 Network - This tier of benefits applies to all other Network physicians.

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 - Liberty Plan members use the Standard Select Pharmacy Network. 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