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UnitedHealthcare/Oxford¹: S EPO 40 ... - Oxford Health Plans

UnitedHealthcare/Oxford: S EPO 40/75 \$2,000 L Non-Gated OHI Summary of Benefits and Coverage: What this Plan Covers & What it Costs
Coverage Period: 1/1/2014 - 12/31/2014 Coverage for: Employee + Family | Plan Type: EPO · Copayments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service · Coinsurance is your share of the costs of a

NY S LBTY NG 40-70-2500-65 EPO 20 Calendar 1-50

UnitedHealthcare/Oxford¹: NY S LBTY NG 40/70/2500/65 EPO 20 Coverage for: Employee + Family | Plan Type EPO 1 of 6 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan The SBC shows you how you and the plan would share the ...

2018 New York Oxford Small Group (1-100 ... - UnitedHealthcare

20/40/100/ EPO 18 Freedom / Non-gated N/A N/A 100% N/A \$2,500 N/A \$20 \$40 \$50 \$200 \$400 \$100 \$300 100% 100% \$100 \$90 Emb \$50 ded T2/T3 then \$5/\$30/\$60 P FRDM NG 20/40/100/PPO F 18 Oxford insurance products are underwritten by Oxford Health Insurance, Inc

UnitedHealthcare/Oxford¹ G EPO \$25/\$40 \$1250D L NG OHI ...

Summary of Benefits and Coverage: What this Plan Covers & What it Costs · Copayments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service · Coinsurance is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service For example, if the plan's allowed amount for an overnight

OXFORD HEALTH INSURANCE, INC. NY S FRDM NG ...

OXFORD HEALTH INSURANCE, INC NY S FRDM NG 40/70/2500/70 PPO 19 - Non-Gated SUMMARY OF COVERAGE Freedom Network BENEFIT

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NY P LBTY NG 40-80-80 EPO 411 20 Calendar 1-50

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17-6436 1157223.1 NJ 2018 Plan ... - UnitedHealthcare Inc

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Plans available with the Oxford Freedom Network Freedom Plan® PPO Oxford EPO Oxford PPO HSA Oxford EPO HSA The Oxford PPO offers in- and out-of-network coverage and does not require a primary care physician (PCP) referral for specialist visits The Oxford EPO provides access to network care for employees within the Oxford Freedom Network

Oxford Health Plans The Freedom Plan MetroEPO

Oxford Health Plans The Freedom Plan For members of the New York County Medical Society Program Design: Exclusive Provider Option (EPO) The EPO Plan design only provides benefits when you see in-network providers In-network means you choose to see your regular network physician or an Oxford participating network specialist No referral is

Coverage Period: 06/01/2016-12/31/2016 UnitedHealthcare ...

UnitedHealthcare/Oxford1: EPO Gold Questions: Call 1-800-444-6222 or oxfordhealth.com 1 Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc, Oxford Health Plans (NJ) example, if the plan's allowed amount for an overnight hospital stay is ...

UnitedHealthcare/Oxford1: Oxford Exclusive Metro/Freedom ...

UnitedHealthcare/Oxford: Oxford Exclusive Metro/Freedom/Non-Gated Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage Period: 2/1/2013 - 1/31/2014 Coverage for: Individual + Family | Plan Type: EPO Plans · Copayments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service

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OXF-LIB EPO7B-SNJ v

Specialist visit \$40 copay per visit Not Covered If you receive services in addition to office visit, additional copays, deductibles, or co-ins

UnitedHealthcare/Oxford1: EXCLUSIVE PLAN LIBERTY OXF-LIB EPO7B-SNJ EPO plan

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