

	Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI FAIR CNT (PPO) (UCR=80fh%)		Oxford Freedom F Platinum PPO 5/15 Non-Gated OHI CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum EPO 5/15 Non-Gated OHI CNT (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60/100 ded T2-3		5/30/60/100 ded T2-3		5/30/60/100 ded T2-3		5/30/60/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$3,000/\$6,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	\$5,000/\$10,000 (incl ded)	\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	
Co-Insurance	N/A	20%	N/A	30%	N/A	30%	N/A	
Office Visits								
Primary Care	\$20	30% after ded	\$5	30% after ded	\$20	30% after ded	\$5	
Specialist	\$40	30% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Inpatient Services								
Inpatient Hospital	\$500/admit	30% after ded	\$150/admit	30% after ded	\$500/admit	30% after ded	\$150/admit	
Mental Health Inpatient	\$500/admit	30% after ded	\$150/admit	30% after ded	\$500/admit	30% after ded	\$150/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300 FS-\$100	30% after ded	Hosp-\$100 FS-\$50	30% after ded	Hosp-\$300 FS-\$100	30% after ded	Hosp-\$100 FS-\$50	
Lab/X-Ray	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	
Mental Health Outpatient	\$40	30% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Emergency Care								
Emergency Room	\$200 (waived if admitted)	Paid as in-network	\$100 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$100 (waived if admitted)	
Urgent Care	\$50	30% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	1 x \$1,108.14		1 x \$990.70		1 x \$963.60		1 x \$908.10	
EE with Spouse	0 x \$2,216.27		0 x \$1,981.41		0 x \$1,927.19		0 x \$1,816.19	
EE with Child(ren)	0 x \$1,883.83		0 x \$1,684.20		0 x \$1,638.12		0 x \$1,543.76	
Family	1 x \$3,158.18		1 x \$2,823.51		1 x \$2,746.25		1 x \$2,588.07	
Monthly Cost	2 \$4,266.32		2 \$3,814.21		2 \$3,709.85		2 \$3,496.17	
Annual Cost	\$51,195.84		\$45,770.52		\$44,518.20		\$41,954.04	

	Oxford Freedom F Platinum EPO 20/40 Non-Gated OHI CNT (EPO) (UCR=N/A)		Oxford Freedom F Gold PPO 25/40 Non-Gated OHI CNT (PPOc) (UCR=140mc%)		Oxford Freedom F Gold EPO 15/30 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold EPO 25/40 Non-Gated OHI CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60/100 ded T2-3		10/35/75/100 ded T2-3		10/35/75/100 ded T2-3		10/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,000/\$2,000	\$3,000/\$6,000	\$800/\$1,600		\$1,250/\$2,500	
Individual/Family OOP Limit	\$3,000/\$6,000		\$4,000/\$8,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$4,000/\$8,000 (incl ded)		\$5,000/\$10,000 (incl ded)	
Co-Insurance	N/A		20%	40%	10%		20%	
Office Visits								
Primary Care	\$20		\$25 ded waived	40% after ded	\$15 ded waived		\$25 ded waived	
Specialist	\$40		\$40 ded waived	40% after ded	\$30 ded waived		\$40 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		20% after ded	40% after ded	10% after ded		20% after ded	
Mental Health Inpatient	\$500/admit		20% after ded	40% after ded	10% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$300 FS-\$100		Hosp-\$250 after ded FS-\$150 after ded	40% after ded	Hosp-\$250 after ded FS-\$150 after ded		Hosp-\$250 after ded FS-\$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-20% after ded	40% after ded	Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived	
Mental Health Outpatient	\$40		\$40 ded waived	40% after ded	\$30 ded waived		\$40 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$300 (waived if admitted) ded waived	Paid as in-network	\$300 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived	
Urgent Care	\$50		\$75 ded waived	40% after ded	\$75 ded waived		\$75 ded waived	
Single	1 x \$886.38		1 x \$835.21		1 x \$779.09		1 x \$747.56	
EE with Spouse	0 x \$1,772.76		0 x \$1,670.42		0 x \$1,558.18		0 x \$1,495.11	
EE with Child(ren)	0 x \$1,506.85		0 x \$1,419.86		0 x \$1,324.45		0 x \$1,270.85	
Family	1 x \$2,526.19		1 x \$2,380.35		1 x \$2,220.40		1 x \$2,130.53	
Monthly Cost	2 \$3,412.57		2 \$3,215.56		2 \$2,999.49		2 \$2,878.09	
Annual Cost	\$40,950.84		\$38,586.72		\$35,993.88		\$34,537.08	

	Oxford Freedom F Gold EPO \$50 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold PPO HSA \$1500 Non-Gated OHI CNT (HSA) (UCR=140mc%)		Oxford Freedom F Gold EPO HSA \$1500 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Freedom F Silver PPO 40/70 Non-Gated OHI CNT (PPOc) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75/100 ded T2-3		10/35/75 IntDed		10/35/75 IntDed		15/45/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$750/\$1,500		\$1,500/\$3,000	\$3,000/\$6,000	\$1,500/\$3,000		\$2,000/\$4,000	\$4,000/\$8,000
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$2,000/\$4,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$2,000/\$4,000 (incl ded)		\$6,600/\$13,200 (incl ded)	\$10,000/\$20,000 (incl ded)
Co-Insurance	10%		10%	40%	10%		30%	50%
Office Visits								
Primary Care	\$50 ded waived		10% after ded	40% after ded	10% after ded		\$40 ded waived	50% after ded
Specialist	\$50 ded waived		10% after ded	40% after ded	10% after ded		\$70 ded waived	50% after ded
Inpatient Services								
Inpatient Hospital	\$250/day after ded; \$2,500 max/contr yr		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
Mental Health Inpatient	\$250/day after ded; \$2,500 max/contr yr		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded FS- \$150 after ded		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
Lab/X-Ray	Lab-No charge; X-ray-\$90 ded waived		10% after ded	40% after ded	10% after ded		Lab-No charge; X-ray-30% after ded	50% after ded
Mental Health Outpatient	\$50 ded waived		10% after ded	40% after ded	10% after ded		\$70 ded waived	50% after ded
Emergency Care								
Emergency Room	\$300 (waived if admitted) ded waived		10% after ded	Paid as in-network	10% after ded		\$500 (waived if admitted) ded waived	Paid as in-network
Urgent Care	\$75 ded waived		10% after ded	40% after ded	10% after ded		\$75 ded waived	50% after ded
Single	1 x \$764.71		1 x \$804.42		1 x \$735.38		1 x \$720.70	
EE with Spouse	0 x \$1,529.42		0 x \$1,608.84		0 x \$1,470.76		0 x \$1,441.40	
EE with Child(ren)	0 x \$1,300.01		0 x \$1,367.51		0 x \$1,250.15		0 x \$1,225.19	
Family	1 x \$2,179.43		1 x \$2,292.60		1 x \$2,095.82		1 x \$2,054.00	
Monthly Cost	2 \$2,944.14		2 \$3,097.02		2 \$2,831.20		2 \$2,774.70	
Annual Cost	\$35,329.68		\$37,164.24		\$33,974.40		\$33,296.40	

	Oxford Freedom F Silver EPO 40/70 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Silver PPO HSA \$2000 30/60 Non-Gated OHI CNT (HSA) (UCR=140mc%)		Oxford Freedom F Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Freedom F Silver EPO HSA \$2000 Non-Gated OHI CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/45/75/100 ded T2-3		15/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000		\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$4,500/\$9,000 (incl ded)		\$6,000/\$12,000 (incl ded)	
Co-Insurance	30%		10%	50%	20%		30%	
Office Visits								
Primary Care	\$40 ded waived		\$30 after ded	50% after ded	\$25 after ded		30% after ded	
Specialist	\$70 ded waived		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		10% after ded	50% after ded	20% after ded		30% after ded	
Mental Health Inpatient	30% after ded		10% after ded	50% after ded	20% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		Hosp-\$250 after ded FS-\$150 after ded	50% after ded	Hosp-\$250 after ded FS-\$150 after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded		10% after ded	50% after ded	Lab-20% after ded; X-ray-\$90 after ded		30% after ded	
Mental Health Outpatient	\$70 ded waived		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		10% after ded	Paid as in-network	\$250 (waived if admitted) after ded		30% after ded	
Urgent Care	\$75 ded waived		\$75 after ded	50% after ded	\$75 after ded		30% after ded	
Single	1 x \$651.68		1 x \$689.11		1 x \$631.97		1 x \$584.07	
EE with Spouse	0 x \$1,303.36		0 x \$1,378.22		0 x \$1,263.95		0 x \$1,168.15	
EE with Child(ren)	0 x \$1,107.85		0 x \$1,171.49		0 x \$1,074.36		0 x \$992.92	
Family	1 x \$1,857.28		1 x \$1,963.97		1 x \$1,801.13		1 x \$1,664.61	
Monthly Cost	2 \$2,508.96		2 \$2,653.08		2 \$2,433.10		2 \$2,248.68	
Annual Cost	\$30,107.52		\$31,836.96		\$29,197.20		\$26,984.16	

Oxford Freedom F Bronze EPO HSA \$5000 Non-Gated OHI CNT (HSA) (UCR=N/A)		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/40/80 IntDed	
Cost Share Information		
Individual/Family Deductible	\$5,000/\$10,000	
Individual/Family OOP Limit	\$6,350/\$12,700 (incl ded)	
Co-Insurance	20%	
Office Visits		
Primary Care	20% after ded	
Specialist	20% after ded	
Inpatient Services		
Inpatient Hospital	20% after ded	
Mental Health Inpatient	20% after ded	
Outpatient Services		
Outpatient Facility	20% after ded	
Lab/X-Ray	20% after ded	
Mental Health Outpatient	20% after ded	
Emergency Care		
Emergency Room	20% after ded	
Urgent Care	20% after ded	
Single	1 x	\$500.06
EE with Spouse	0 x	\$1,000.13
EE with Child(ren)	0 x	\$850.11
Family	1 x	\$1,425.19
Monthly Cost	2	\$1,925.25
Annual Cost		\$23,103.00