

	Oxford Freedom NY P FRDM NG 20/40/100 PPO FAIR 25 CNT (PPO) (UCR=80fh%)		Oxford Freedom NY P FRDM NG 5/15/100 PPO 25 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 20/40/100 PPO 25 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 5/15/100 EPO 25 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	5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$10,000/\$20,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,250/\$6,500	\$25,000/\$50,000 (incl ded)	\$3,750/\$7,500	\$5,500/\$11,000 (incl ded)	\$3,250/\$6,500	\$8,000/\$16,000 (incl ded)	\$3,750/\$7,500	
Co-Insurance	0%	20%	0%	30%	0%	30%	0%	
Office Visits								
Primary Care	\$20	20% after ded	\$5	30% after ded	\$20	30% after ded	\$5	
Specialist	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Inpatient Services								
Inpatient Hospital	\$400/admit	20% after ded	\$200/admit	30% after ded	\$400/admit	30% after ded	\$200/admit	
Mental Health Inpatient	\$400/admit	20% after ded	\$200/admit	30% after ded	\$400/admit	30% after ded	\$200/admit	
Outpatient Services								
Outpatient Facility	\$300	20% after ded; pre-auth req	\$100	30% after ded; pre-auth req	\$300	30% after ded; pre-auth req	\$100	
Lab/X-Ray	Lab-\$60; X-ray-\$90	Lab-Not covered; X-ray-20% after ded	Lab-\$60; X-ray-\$90	Lab-Not covered; X-ray-30% after ded	Lab-\$60; X-ray-\$90	Lab-Not covered; X-ray-30% after ded	Lab-\$60; X-ray-\$90	
Mental Health Outpatient	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Emergency Care								
Emergency Room	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	2 x	\$1,954.16	2 x	\$1,637.54	2 x	\$1,604.96	2 x	\$1,580.66
EE with Spouse	0 x	\$3,908.31	0 x	\$3,275.08	0 x	\$3,209.93	0 x	\$3,161.32
EE with Child(ren)	0 x	\$3,322.07	0 x	\$2,783.82	0 x	\$2,728.44	0 x	\$2,687.13
Family	0 x	\$5,569.34	0 x	\$4,666.99	0 x	\$4,574.15	0 x	\$4,504.89
Monthly Cost	2	\$3,908.32	2	\$3,275.08	2	\$3,209.92	2	\$3,161.32
Annual Cost		\$46,899.84		\$39,300.96		\$38,519.04		\$37,935.84

	Oxford Freedom NY P FRDM NG 15/25/100 EPO 25 CNT (EPO) (UCR=N/A)		Oxford Freedom NY P FRDM NG 20/40/100 EPO 25 CNT (EPO) (UCR=N/A)		Oxford Freedom NY P FRDM NG 10/25/250/90 EPO 25 CNT (EPO)c (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/50/100 EPO ZD 25 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	10/65/95/150 ded T2-3		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		10/65/95/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$250/\$500		N/A	
Individual/Family OOP Limit	\$3,500/\$7,000		\$3,250/\$6,500		\$2,750/\$5,500 (incl ded)		\$7,000/\$14,000	
Co-Insurance	0%		0%		10%		0%	
Office Visits								
Primary Care	\$15		\$20		\$10 ded waived		\$25	
Specialist	\$25		\$40		\$25 ded waived		\$50	
Inpatient Services								
Inpatient Hospital	\$200/day; \$800 max/admit		\$400/admit		10% after ded		\$500/admit	
Mental Health Inpatient	\$200/day; \$800 max/admit \$200/day; \$800 max/admit		\$400/admit		10% after ded		\$500/admit	
Outpatient Services								
Outpatient Facility	\$100		\$300		10% after ded		\$250	
Lab/X-Ray	Lab-\$60; X-ray-\$200		Lab-\$60; X-ray-\$90		Lab-50% after ded; X-ray-10% after ded		Lab-\$60; X-ray-\$50	
Mental Health Outpatient	\$25		\$40		\$25 ded waived		\$50	
Emergency Care								
Emergency Room	\$250 (waived if admitted)		\$250 (waived if admitted)		50% after ded		\$750 (waived if admitted)	
Urgent Care	\$50		\$50		\$50 ded waived		\$75	
Single	2 x \$1,555.48		2 x \$1,551.41		2 x \$1,501.53		2 x \$1,408.77	
EE with Spouse	0 x \$3,110.96		0 x \$3,102.82		0 x \$3,003.07		0 x \$2,817.53	
EE with Child(ren)	0 x \$2,644.31		0 x \$2,637.40		0 x \$2,552.60		0 x \$2,394.90	
Family	0 x \$4,433.12		0 x \$4,421.53		0 x \$4,279.37		0 x \$4,014.99	
Monthly Cost	2 \$3,110.96		2 \$3,102.82		2 \$3,003.06		2 \$2,817.54	
Annual Cost	\$37,331.52		\$37,233.84		\$36,036.72		\$33,810.48	

	Oxford Freedom NY G FRDM NG 25/40/1500/80 PPO 25 CNT (PPOc) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 50/50/1000/90 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 15/35/1750/90 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/40/1750/80 EPO 25 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	10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000	\$4,000/\$8,000	\$1,000/\$2,000		\$1,750/\$3,500		\$1,750/\$3,500	
Individual/Family OOP Limit	\$7,250/\$14,500 (incl ded)	\$10,500/\$21,000 (incl ded)	\$6,700/\$13,400 (incl ded)		\$8,000/\$16,000 (incl ded)		\$6,500/\$13,000 (incl ded)	
Co-Insurance	20%	40%	10%		10%		20%	
Office Visits								
Primary Care	\$25 ded waived	40% after ded	\$50 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$40 ded waived	40% after ded	\$50 ded waived		\$35 ded waived		\$40 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded	40% after ded	\$250/day after ded		10% after ded		20% after ded	
Mental Health Inpatient	20% after ded	40% after ded	\$250/day after ded		10% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	\$150 after ded	40% after ded; pre-auth req	\$150 after ded		\$150 after ded		\$150 after ded	
Lab/X-Ray	Lab-50% after ded; X-ray-\$25 after ded	Lab-Not covered; X-ray-40% after ded	Lab-50% after ded; X-ray-\$80 after ded		Lab-50% after ded; X-ray-\$80 after ded		Lab-50% after ded; X-ray-\$80 after ded	
Mental Health Outpatient	\$40 ded waived	40% after ded	\$50 ded waived		\$35 ded waived		\$40 ded waived	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived	Paid as in-network	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived	40% after ded	\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x \$1,369.35		2 x \$1,331.98		2 x \$1,321.37		2 x \$1,314.84	
EE with Spouse	0 x \$2,738.69		0 x \$2,663.97		0 x \$2,642.73		0 x \$2,629.68	
EE with Child(ren)	0 x \$2,327.89		0 x \$2,264.37		0 x \$2,246.32		0 x \$2,235.23	
Family	0 x \$3,902.63		0 x \$3,796.15		0 x \$3,765.90		0 x \$3,747.30	
Monthly Cost	2 \$2,738.70		2 \$2,663.96		2 \$2,642.74		2 \$2,629.68	
Annual Cost	\$32,864.40		\$31,967.52		\$31,712.88		\$31,556.16	

	Oxford Freedom NY G FRDM NG 1650/90 PPO HSA 25 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 30/60/2250/70 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 2000/100 EPO HSA PR 25 CNT (HSA) (UCR=N/A)		Oxford Freedom NY G FRDM NG 1650/90 EPO HSA 25 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	10/40/80 IntDed		10/40/80/150 ded T2-3		10/40/80 IntDed		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,650/\$3,300	\$4,000/\$8,000	\$2,250/\$4,500		\$2,000/\$4,000		\$1,650/\$3,300	
Individual/Family OOP Limit	\$5,750/\$11,500 (incl ded)	\$10,500/\$21,000 (incl ded)	\$7,250/\$14,500 (incl ded)		\$7,050/\$14,100 (incl ded)		\$5,750/\$11,500 (incl ded)	
Co-Insurance	10%	40%	30%		0%		10%	
Office Visits								
Primary Care	10% after ded	40% after ded	\$30 ded waived		0% after ded		10% after ded	
Specialist	10% after ded	40% after ded	\$60 ded waived		0% after ded		10% after ded	
Inpatient Services								
Inpatient Hospital	10% after ded	40% after ded	30% after ded		0% after ded		10% after ded	
Mental Health Inpatient	10% after ded	40% after ded	30% after ded		0% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	10% after ded	40% after ded	30% after ded		0% after ded		10% after ded	
Lab/X-Ray	10% after ded	Lab-Not covered; X-ray-40% after ded	Lab-50% after ded; X-ray-30% after ded		0% after ded		10% after ded	
Mental Health Outpatient	10% after ded	40% after ded	\$60 ded waived		0% after ded		10% after ded	
Emergency Care								
Emergency Room	50% after ded	Paid as in-network	\$500 (waived if admitted) ded waived		50% after ded		50% after ded	
Urgent Care	10% after ded	40% after ded	\$75 ded waived		0% after ded		10% after ded	
Single	2 x \$1,302.24		2 x \$1,268.88		2 x \$1,260.49		2 x \$1,255.88	
EE with Spouse	0 x \$2,604.49		0 x \$2,537.75		0 x \$2,520.97		0 x \$2,511.76	
EE with Child(ren)	0 x \$2,213.82		0 x \$2,157.09		0 x \$2,142.83		0 x \$2,134.99	
Family	0 x \$3,711.39		0 x \$3,616.30		0 x \$3,592.39		0 x \$3,579.26	
Monthly Cost	2 \$2,604.48		2 \$2,537.76		2 \$2,520.98		2 \$2,511.76	
Annual Cost	\$31,253.76		\$30,453.12		\$30,251.76		\$30,141.12	

	Oxford Freedom NY S FRDM NG 50/100/100 EPO ZD 25 CNT (EPO) (UCR=N/A)		Oxford Freedom NY S FRDM NG 40/80/3250/60 PPO 25 CNT (PPOc) (UCR=140mc%)		Oxford Freedom NY S FRDM NG 30/60/2250/70 PPO HSA 25 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY S FRDM NG 40/80/3250/60 EPO 25 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	15/65/95/200 ded T2-3		10/50/90/200 ded T2-3		10/40/80 IntDed		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$3,250/\$6,500	\$6,000/\$12,000	\$2,250/\$4,500	\$6,000/\$12,000	\$3,250/\$6,500	
Individual/Family OOP Limit	\$9,200/\$18,400		\$9,200/\$18,400 (incl ded)	\$15,500/\$31,000 (incl ded)	\$8,000/\$16,000 (incl ded)	\$15,500/\$31,000 (incl ded)	\$9,200/\$18,400 (incl ded)	
Co-Insurance	0%		40%	50%	30%	50%	40%	
Office Visits								
Primary Care	\$50		\$40 ded waived	50% after ded	\$30 after ded	50% after ded	\$40 ded waived	
Specialist	\$100		\$80 ded waived	50% after ded	\$60 after ded	50% after ded	\$80 ded waived	
Inpatient Services								
Inpatient Hospital	\$1,500/admit		40% after ded	50% after ded	30% after ded	50% after ded	40% after ded	
Mental Health Inpatient	\$1,500/admit		40% after ded	50% after ded	30% after ded	50% after ded	40% after ded	
Outpatient Services								
Outpatient Facility	\$250		40% after ded	50% after ded	\$150 after ded	50% after ded; pre-auth req	40% after ded	
Lab/X-Ray	Lab-\$60; X-ray-\$200		Lab-50% after ded; X-ray-40% after ded	Lab-Not covered; X-ray-50% after ded	30% after ded	Lab-Not covered; X-ray-50% after ded	Lab-50% after ded; X-ray-40% after ded	
Mental Health Outpatient	\$100		\$80 ded waived	50% after ded	\$60 after ded	50% after ded	\$80 ded waived	
Emergency Care								
Emergency Room	\$1,500 (waived if admitted)		50% after ded	Paid as in-network	50% after ded	Paid as in-network	50% after ded	
Urgent Care	\$100		\$100 ded waived	50% after ded	\$100 after ded	50% after ded	\$100 ded waived	
Single	2 x \$1,254.40		2 x \$1,157.85		2 x \$1,150.50		2 x \$1,116.49	
EE with Spouse	0 x \$2,508.80		0 x \$2,315.70		0 x \$2,300.99		0 x \$2,232.97	
EE with Child(ren)	0 x \$2,132.48		0 x \$1,968.35		0 x \$1,955.85		0 x \$1,898.03	
Family	0 x \$3,575.04		0 x \$3,299.88		0 x \$3,278.92		0 x \$3,181.99	
Monthly Cost	2 \$2,508.80		2 \$2,315.70		2 \$2,301.00		2 \$2,232.98	
Annual Cost	\$30,105.60		\$27,788.40		\$27,612.00		\$26,795.76	

	Oxford Freedom NY S FRDM NG 30/60/3000/80 EPO HSA 25 CNT (HSA) (UCR=N/A)		Oxford Freedom NY S FRDM NG 2500/60 EPO HSA 25 CNT (HSA) (UCR=N/A)		Oxford Freedom NY B FRDM NG 30/60/6750/80 PPO HSA 25 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY B FRDM NG 5000/50 EPO HSA 25 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	10/40/80 IntDed		10/40/80 IntDed		10/50/90 IntDed		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000		\$2,500/\$5,000		\$6,750/\$13,500	\$12,500/\$25,000	\$5,000/\$10,000	
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	\$31,250/\$62,500 (incl ded)	\$8,000/\$16,000 (incl ded)	
Co-Insurance	20%		40%		20%	20%	50%	
Office Visits								
Primary Care	\$30 after ded		40% after ded		\$30 after ded	20% after ded	50% after ded	
Specialist	\$60 after ded		40% after ded		\$60 after ded	20% after ded	50% after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		40% after ded		20% after ded	20% after ded	50% after ded	
Mental Health Inpatient	20% after ded		40% after ded		20% after ded	20% after ded	50% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		40% after ded		20% after ded	20% after ded; pre-auth req	50% after ded	
Lab/X-Ray	Lab-20% after ded; X-ray-\$90 after ded		40% after ded		20% after ded	Lab-Not covered; X-ray-20% after ded	50% after ded	
Mental Health Outpatient	\$60 after ded		40% after ded		\$60 after ded	20% after ded	50% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) after ded		50% after ded		50% after ded	Paid as in-network	50% after ded	
Urgent Care	\$100 after ded		40% after ded		20% after ded	20% after ded	50% after ded	
Single	2 x \$1,112.67		2 x \$1,078.00		2 x \$1,030.91		2 x \$1,008.56	
EE with Spouse	0 x \$2,225.34		0 x \$2,156.00		0 x \$2,061.81		0 x \$2,017.13	
EE with Child(ren)	0 x \$1,891.54		0 x \$1,832.60		0 x \$1,752.54		0 x \$1,714.56	
Family	0 x \$3,171.11		0 x \$3,072.31		0 x \$2,938.08		0 x \$2,874.41	
Monthly Cost	2 \$2,225.34		2 \$2,156.00		2 \$2,061.82		2 \$2,017.12	
Annual Cost	\$26,704.08		\$25,872.00		\$24,741.84		\$24,205.44	