

	Oxford Freedom F Platinum PPO 10/20 Non-Gated CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum EPO 10/20 Non-Gated CNT (EPO) (UCR=N/A)		Oxford Freedom F Platinum PPO 20/30 Non-Gated CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum EPO 20/30 Non-Gated 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	10/30/60/100 ded T2-3		10/30/60/100 ded T2-3		10/30/60/100 ded T2-3		10/30/60/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$2,000/\$4,000	N/A		N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$3,000/\$6,000 (incl ded)		\$3,000/\$6,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000 (incl ded)	
Co-Insurance	N/A	30%	N/A		N/A	30%	N/A	
Office Visits								
Primary Care	\$10	30% after ded	\$10		\$20	30% after ded	\$20	
Specialist	\$20	30% after ded	\$20		\$30	30% after ded	\$30	
Inpatient Services								
Inpatient Hospital	\$150/admit	30% after ded	\$150/admit		\$500/admit	30% after ded	\$500/admit	
Mental Health Inpatient	\$150/admit	30% after ded	\$150/admit		\$500/admit	30% after ded	\$500/admit	
Outpatient Services								
Outpatient Facility	\$100	30% after ded	\$100		\$300	30% after ded	\$300	
Lab/X-Ray	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	
Mental Health Outpatient	\$20	30% after ded	\$20		\$30	30% after ded	\$30	
Emergency Care								
Emergency Room	\$100 (waived if admitted)	\$100 (waived if admitted) ded waived	\$100 (waived if admitted)		\$150 (waived if admitted)	\$150 (waived if admitted) ded waived	\$150 (waived if admitted)	
Urgent Care	\$50	30% after ded	\$50		\$50	30% after ded	\$50	
Single	1 x	\$947.18	1 x	\$873.89	1 x	\$925.09	1 x	\$857.15
EE with Spouse	0 x	\$1,894.36	0 x	\$1,747.77	0 x	\$1,850.18	0 x	\$1,714.30
EE with Child(ren)	0 x	\$1,610.20	0 x	\$1,485.60	0 x	\$1,572.65	0 x	\$1,457.15
Family	1 x	\$2,699.46	1 x	\$2,490.58	1 x	\$2,636.50	1 x	\$2,442.88
Monthly Cost	2	\$3,646.64	2	\$3,364.47	2	\$3,561.59	2	\$3,300.03
Annual Cost		\$43,759.68		\$40,373.64		\$42,739.08		\$39,600.36

	Oxford Freedom F Gold PPO 25/40 Non-Gated CNT (PPOc) (UCR=140mc%)		Oxford Freedom F Gold EPO 15/25 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold EPO \$50 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold EPO 20/40 Non-Gated 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	15/35/75/100 T2-3		15/35/75/100 T2-3		15/35/75/100 T2-3		15/35/75/100 T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000	\$3,000/\$6,000	\$800/\$1,600		\$750/\$1,500		\$1,250/\$2,500	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)	\$7,500/\$15,000 Incl ded)	\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	20%	40%	10%		N/A		10%	
Office Visits								
Primary Care	\$25 ded waived	40% after ded	\$15 ded waived		\$50 ded waived		\$20 ded waived	
Specialist	\$40 ded waived	40% after ded	\$25 ded waived		\$50 ded waived		\$40 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded	40% after ded	10% after ded		\$250/day after ded; \$2,500 max/contr yr		10% after ded	
Mental Health Inpatient	20% after ded	40% after ded	10% after ded		\$250/day after ded; \$2,500 max/contr yr		10% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded	40% after ded	\$250 after ded		\$250 after ded		\$250 after ded	
Lab/X-Ray	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		Lab-No charge; X-ray-\$90 ded waived	
Mental Health Outpatient	\$40 ded waived	40% after ded	\$25 ded waived		\$50 ded waived		\$40 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted) ded waived	\$200 (waived if admitted) ded waived	\$200 (waived if admitted) ded waived		\$250 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived	40% after ded	\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x \$792.46		1 x \$749.22		1 x \$735.85		1 x \$730.63	
EE with Spouse	0 x \$1,584.91		0 x \$1,498.43		0 x \$1,471.69		0 x \$1,461.26	
EE with Child(ren)	0 x \$1,347.18		0 x \$1,273.66		0 x \$1,250.94		0 x \$1,242.08	
Family	1 x \$2,258.50		1 x \$2,135.27		1 x \$2,097.16		1 x \$2,082.30	
Monthly Cost	2 \$3,050.96		2 \$2,884.49		2 \$2,833.01		2 \$2,812.93	
Annual Cost	\$36,611.52		\$34,613.88		\$33,996.12		\$33,755.16	

	Oxford Freedom F Silver PPO 40/70 Non-Gated CNT (PPOc) (UCR=140mc%)		Oxford Freedom F Silver EPO 40/70 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold PPO HSA \$1,500 Non-Gated CNT (HSA) (UCR=140mc%)		Oxford Freedom F Gold EPO HSA \$1,500 Non-Gated 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	15/35/75/100 ded T2-3		15/35/75/100 T2-3		15/35/75 IntDed		15/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000		\$1,500/\$3,000	\$3,000/\$6,000	\$1,500/\$3,000	
Individual/Family OOP Limit	\$6,350/\$12,700 (incl ded)	\$10,000/\$20,000 (incl ded)	\$6,350/\$12,700 (incl ded)		\$2,000/\$4,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$2,000/\$4,000 (incl ded)	
Co-Insurance	30%	50%	30%		10%	40%	10%	
Office Visits								
Primary Care	\$40 ded waived	50% after ded	\$40 ded waived		10% after ded	40% after ded	10% after ded	
Specialist	\$70 ded waived	50% after ded	\$70 ded waived		10% after ded	40% after ded	10% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded	50% after ded	30% after ded		10% after ded	40% after ded	10% after ded	
Mental Health Inpatient	30% after ded	50% after ded	30% after ded		10% after ded	40% after ded	10% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded	50% after ded	\$250 after ded		10% after ded	40% after ded	10% after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded	50% after ded	Lab-No charge; X-ray-30% after ded		10% after ded	40% after ded	10% after ded	
Mental Health Outpatient	\$70 ded waived	50% after ded	\$70 ded waived		10% after ded	40% after ded	10% after ded	
Emergency Care								
Emergency Room	30% after ded	30% after ded	30% after ded		10% after ded	10% after ded	10% after ded	
Urgent Care	\$75 ded waived	50% after ded	\$75 ded waived		10% after ded	40% after ded	10% after ded	
Single	1 x \$692.64		1 x \$633.41		1 x \$772.41		1 x \$711.73	
EE with Spouse	0 x \$1,385.29		0 x \$1,266.82		0 x \$1,544.82		0 x \$1,423.47	
EE with Child(ren)	0 x \$1,177.49		0 x \$1,076.80		0 x \$1,313.10		0 x \$1,209.95	
Family	1 x \$1,974.03		1 x \$1,805.22		1 x \$2,201.37		1 x \$2,028.44	
Monthly Cost	2 \$2,666.67		2 \$2,438.63		2 \$2,973.78		2 \$2,740.17	
Annual Cost	\$32,000.04		\$29,263.56		\$35,685.36		\$32,882.04	

	Oxford Freedom F Silver PPO HSA \$2,000 30/60 Non-Gated CNT (HSA) (UCR=140mc%)		Oxford Freedom F Silver EPO HSA \$2,000 25/50 Non-Gated CNT (HSA) (UCR=N/A)		Oxford Freedom F Silver EPO HSA \$2,000 Non-Gated CNT (HSA) (UCR=N/A)		Oxford Freedom F Bronze EPO HSA \$5000 Non-Gated 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	15/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed		20/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000		\$2,000/\$4,000		\$5,000/\$10,000	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$5,500/\$11,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,350/\$12,700 (incl ded)	
Co-Insurance	10%	50%	20%		20%		20%	
Office Visits								
Primary Care	\$30 after ded	50% after ded	\$25 after ded		20% after ded		20% after ded	
Specialist	\$60 after ded	50% after ded	\$50 after ded		20% after ded		20% after ded	
Inpatient Services								
Inpatient Hospital	10% after ded	50% after ded	20% after ded		20% after ded		20% after ded	
Mental Health Inpatient	10% after ded	50% after ded	20% after ded		20% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded	50% after ded	\$250 after ded		20% after ded		20% after ded	
Lab/X-Ray	10% after ded	50% after ded	Lab-20% after ded; X-ray-\$100 after ded		20% after ded		20% after ded	
Mental Health Outpatient	\$60 after ded	50% after ded	\$50 after ded		20% after ded		20% after ded	
Emergency Care								
Emergency Room	10% after ded	10% after ded	\$250 (waived if admitted) after ded		20% after ded		20% after ded	
Urgent Care	\$75 after ded	50% after ded	\$75 after ded		20% after ded		20% after ded	
Single	1 x \$649.97		1 x \$591.98		1 x \$581.72		1 x \$475.15	
EE with Spouse	0 x \$1,299.95		0 x \$1,183.97		0 x \$1,163.44		0 x \$950.30	
EE with Child(ren)	0 x \$1,104.95		0 x \$1,006.37		0 x \$988.93		0 x \$807.75	
Family	1 x \$1,852.42		1 x \$1,687.15		1 x \$1,657.90		1 x \$1,354.18	
Monthly Cost	2 \$2,502.39		2 \$2,279.13		2 \$2,239.62		2 \$1,829.33	
Annual Cost	\$30,028.68		\$27,349.56		\$26,875.44		\$21,951.96	