

	Oxford Liberty L Platinum Standard PPO 15/35 Gated CAL (PPO) (UCR=140mc%)		Oxford Liberty L Platinum Standard EPO 15/35 Gated CAL (EPO) (UCR=N/A)		Oxford Liberty L Platinum HMO 20/40 Gated CNT (HMO) (UCR=N/A)		Oxford Liberty L Gold HMO 30/60 Gated CNT (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network		In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/30/60		10/30/60		10/30/60/100 ded T2-3		15/35/75/100 T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A	\$3,000/\$6,000	N/A		N/A		\$1,000/\$2,000	
Individual/Family OOP Limit	\$2,000/\$4,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$2,000/\$4,000 (incl ded)		\$3,000/\$6,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	N/A	30%	N/A		N/A		N/A	
<b>Office Visits</b>								
Primary Care	\$15	30% after ded	\$15		\$20		\$30 ded waived	
Specialist	\$35	30% after ded	\$35		\$40		\$60 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit	30% after ded	\$500/admit		\$500/day; \$1,000 max/admit		\$500/day after ded; \$2,000 max/admit	
Mental Health Inpatient	\$500/admit	30% after ded	\$500/admit		\$500/day; \$1,000 max/admit		\$500/day after ded; \$2,000 max/admit	
<b>Outpatient Services</b>								
Outpatient Facility	\$100	30% after ded	\$100		\$250		\$250 after ded	
Lab/X-Ray	\$35	30% after ded	\$35		Lab-No charge; X-ray-\$35; \$500 max/contr yr		Lab-No charge; X-ray-\$35 ded waived; \$500 max/contr yr	
Mental Health Outpatient	\$15	30% after ded	\$15		\$40		\$60 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$100 (waived if admitted)	\$100 (waived if admitted) ded waived	\$100 (waived if admitted)		\$150 (waived if admitted)		\$200 (waived if admitted) ded waived	
Urgent Care	\$55	30% after ded	\$55		\$50		\$75 ded waived	
Single	1 x	\$889.46	1 x	\$820.76	1 x	\$814.93	1 x	\$703.09
EE with Spouse	0 x	\$1,778.93	0 x	\$1,641.52	0 x	\$1,629.86	0 x	\$1,406.17
EE with Child(ren)	0 x	\$1,512.09	0 x	\$1,395.29	0 x	\$1,385.39	0 x	\$1,195.25
Family	1 x	\$2,534.98	1 x	\$2,339.17	1 x	\$2,322.55	1 x	\$2,003.79
Monthly Cost	2	\$3,424.44	2	\$3,159.93	2	\$3,137.48	2	\$2,706.88
Annual Cost		\$41,093.28		\$37,919.16		\$37,649.76		\$32,482.56

	Oxford Liberty L Gold EPO 15/25 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 20/40 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold Prim Adv EPO \$500 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold Standard EPO 25/40 Gated CAL (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/35/75/100 T2-3		15/35/75/100 T2-3		15/35/75 IntDed T2-3		10/35/70	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$800/\$1,600		\$1,250/\$2,500		\$500/\$1,000		\$600/\$1,200	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	10%		10%		N/A		20%	
<b>Office Visits</b>								
Primary Care	\$15 ded waived		\$20 ded waived		\$25 ded waived		\$25 after ded	
Specialist	\$25 ded waived		\$40 ded waived		\$50 after ded		\$40 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		10% after ded		\$250/day after ded; \$1,250 max/admit		\$1,000/admit after ded	
Mental Health Inpatient	10% after ded		10% after ded		\$250/day after ded; \$1,250 max/admit		\$1,000/admit after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$250 after ded		\$250 after ded		\$250 after ded		\$100 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived		Lab-\$50 after ded; X-ray-\$90 after ded		\$40 after ded	
Mental Health Outpatient	\$25 ded waived		\$40 ded waived		\$50 after ded		\$25 after ded	
<b>Emergency Care</b>								
Emergency Room	\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$250 (waived if admitted) after ded		\$150 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 after ded		\$60 after ded	
Single	1 x	\$731.11	1 x	\$712.97	1 x	\$700.44	1 x	\$695.36
EE with Spouse	0 x	\$1,462.22	0 x	\$1,425.93	0 x	\$1,400.88	0 x	\$1,390.73
EE with Child(ren)	0 x	\$1,242.89	0 x	\$1,212.04	0 x	\$1,190.75	0 x	\$1,182.12
Family	1 x	\$2,083.67	1 x	\$2,031.96	1 x	\$1,996.26	1 x	\$1,981.79
Monthly Cost	2	\$2,814.78	2	\$2,744.93	2	\$2,696.70	2	\$2,677.15
Annual Cost		\$33,777.36		\$32,939.16		\$32,360.40		\$32,125.80

	Oxford Liberty L Gold EPO 30/60 Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver PPO 40/70 Non-Gated CNT (PPOc) (UCR=140mc%)		Oxford Liberty L Silver Standard PPO 30/50 Gated CAL (PPOc) (UCR=140mc%)		Oxford Liberty L Silver EPO 40/70 Non-Gated CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/35/75/100 ded T2-3		15/35/75/100 ded T2-3		10/35/70		15/35/75/100 T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,000/\$2,000		\$2,000/\$4,000		\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,350/\$12,700 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,350/\$12,700 (incl ded)	
Co-Insurance	0%		30%		30%		30%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$40 ded waived		\$30 after ded		\$40 ded waived	
Specialist	\$60 ded waived		\$70 ded waived		\$50 after ded		\$70 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/day after ded; \$2,000 max/admit		30% after ded		\$1,500/admit after ded		30% after ded	
Mental Health Inpatient	\$500/day after ded; \$2,000 max/admit		30% after ded		\$1,500/admit after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Freestanding-\$150 after ded OP Hosp-\$250 after ded		\$250 after ded		\$100 after ded		\$250 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$35 ded waived; \$500 max/contr yr		Lab-No charge; X-ray-30% after ded		\$50 after ded		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$60 ded waived		\$70 ded waived		\$30 after ded		\$70 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$200 (waived if admitted) ded waived		30% after ded		\$150 (waived if admitted) after ded		\$150 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$70 after ded		\$75 ded waived	
Single	1 x \$693.80		1 x \$677.35		1 x \$653.04		1 x \$618.11	
EE with Spouse	0 x \$1,387.60		0 x \$1,354.70		0 x \$1,306.07		0 x \$1,236.22	
EE with Child(ren)	0 x \$1,179.46		0 x \$1,151.50		0 x \$1,110.16		0 x \$1,050.79	
Family	1 x \$1,977.33		1 x \$1,930.44		1 x \$1,861.15		1 x \$1,761.61	
Monthly Cost	2 \$2,671.13		2 \$2,607.79		2 \$2,514.19		2 \$2,379.72	
Annual Cost	\$32,053.56		\$31,293.48		\$30,170.28		\$28,556.64	

	Oxford Liberty L Silver Prim Adv EPO \$1,500 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO 25/50 Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver Standard EPO 30/50 Gated CAL (EPOc) (UCR=N/A)		Oxford Liberty L Bronze Standard EPO \$3000 Gated CAL (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/35/75 IntDed T2-3		10/65/50%to\$800		10/35/70		10/35/70 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,500/\$3,000		\$2,000/\$4,000		\$2,000/\$4,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$5,600/\$11,200 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,350/\$12,700 (incl ded)	
Co-Insurance	N/A		30%		30%		50%	
<b>Office Visits</b>								
Primary Care	\$25 ded waived		\$25 ded waived		\$30 after ded		50% after ded	
Specialist	\$50 after ded		\$50 ded waived		\$50 after ded		50% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$250/day after ded; \$1,250 max/admit		30% after ded		\$1,500/admit after ded		50% after ded	
Mental Health Inpatient	\$250/day after ded; \$1,250 max/admit		30% after ded		\$1,500/admit after ded		50% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$250 after ded		30% after ded		\$100 after ded		50% after ded	
Lab/X-Ray	Lab-\$50 after ded; X-ray- \$90 after ded		Lab-\$100 ded waived; X-ray-30% after ded		\$50 after ded		50% after ded	
Mental Health Outpatient	\$50 after ded		\$50 ded waived		\$30 after ded		50% after ded	
<b>Emergency Care</b>								
Emergency Room	\$250 (waived if admitted) after ded		30% after ded		\$150 (waived if admitted) after ded		50% after ded	
Urgent Care	\$75 after ded		\$80 ded waived		\$70 after ded		50% after ded	
Single	1 x	\$609.18	1 x	\$601.41	1 x	\$588.21	1 x	\$487.85
EE with Spouse	0 x	\$1,218.36	0 x	\$1,202.82	0 x	\$1,176.43	0 x	\$975.70
EE with Child(ren)	0 x	\$1,035.61	0 x	\$1,022.39	0 x	\$999.96	0 x	\$829.34
Family	1 x	\$1,736.16	1 x	\$1,714.01	1 x	\$1,676.40	1 x	\$1,390.37
Monthly Cost	2	\$2,345.34	2	\$2,315.42	2	\$2,264.61	2	\$1,878.22
Annual Cost		\$28,144.08		\$27,785.04		\$27,175.32		\$22,538.64

	Oxford Liberty L Silver EPO HSA \$2,000 25/50 Non-Gated CNT (HSA) (UCR=N/A)		Oxford Liberty L Silver EPO HSA \$2,000 Non-Gated CNT (HSA) (UCR=N/A)		Oxford Liberty L Bronze PPO HSA \$3750 Non-Gated CNT (HSA) (UCR=140mc%)		Oxford Liberty L Bronze EPO HSA \$3500 40/75 Non-Gated CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/35/75 IntDed		15/35/75 IntDed		20/40/80 IntDed		20/40/80 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$2,000/\$4,000		\$2,000/\$4,000		\$3,750/\$7,500	\$6,000/\$12,000	\$3,500/\$7,000	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,350/\$12,700 (incl ded)	\$15,000/\$30,000 (incl ded)	\$6,350/\$12,700 (incl ded)	
Co-Insurance	20%		20%		20%	40%	50%	
<b>Office Visits</b>								
Primary Care	\$25 after ded		20% after ded		20% after ded	40% after ded	\$40 after ded	
Specialist	\$50 after ded		20% after ded		20% after ded	40% after ded	\$75 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	20% after ded		20% after ded		20% after ded	40% after ded	50% after ded	
Mental Health Inpatient	20% after ded		20% after ded		20% after ded	40% after ded	50% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$250 after ded		20% after ded		20% after ded	40% after ded	\$250 after ded	
Lab/X-Ray	Lab-20% after ded; X-ray-\$100 after ded		20% after ded		20% after ded	40% after ded	50% after ded	
Mental Health Outpatient	\$50 after ded		20% after ded		20% after ded	40% after ded	\$75 after ded	
<b>Emergency Care</b>								
Emergency Room	\$250 (waived if admitted) after ded		20% after ded		20% after ded	20% after ded	\$250 after ded	
Urgent Care	\$75 after ded		20% after ded		20% after ded	40% after ded	\$100 after ded	
Single	1 x \$577.69		1 x \$567.68		1 x \$535.05		1 x \$486.68	
EE with Spouse	0 x \$1,155.39		0 x \$1,135.36		0 x \$1,070.10		0 x \$973.36	
EE with Child(ren)	0 x \$982.08		0 x \$965.06		0 x \$909.59		0 x \$827.35	
Family	1 x \$1,646.42		1 x \$1,617.88		1 x \$1,524.90		1 x \$1,387.04	
Monthly Cost	2 \$2,224.11		2 \$2,185.56		2 \$2,059.95		2 \$1,873.72	
Annual Cost	\$26,689.32		\$26,226.72		\$24,719.40		\$22,484.64	

		<b>Oxford Liberty L Bronze EPO HSA \$5000 Non-Gated CNT (HSA) (UCR=N/A)</b>	
		<b>In-Network</b>	<b>Out-Network</b>
<b>Prescription Drugs</b>			
Drug Card		20/40/80 IntDed	
<b>Cost Share Information</b>			
Individual/Family Deductible		\$5,000/\$10,000	
Individual/Family OOP Limit		\$6,350/\$12,700 (incl ded)	
Co-Insurance		20%	
<b>Office Visits</b>			
Primary Care		20% after ded	
Specialist		20% after ded	
<b>Inpatient Services</b>			
Inpatient Hospital		20% after ded	
Mental Health Inpatient		20% after ded	
<b>Outpatient Services</b>			
Outpatient Facility		20% after ded	
Lab/X-Ray		20% after ded	
Mental Health Outpatient		20% after ded	
<b>Emergency Care</b>			
Emergency Room		20% after ded	
Urgent Care		20% after ded	
Single	1 x	\$463.70	
EE with Spouse	0 x	\$927.40	
EE with Child(ren)	0 x	\$788.29	
Family	1 x	\$1,321.54	
Monthly Cost	2	\$1,785.24	
Annual Cost		\$21,422.88	