

	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
Prescription Drugs			
Drug Card	10/30/60/100 ded T2-3	15/35/75/100 T2-3	
Cost Share Information			
Individual/Family Deductible	N/A	\$1,000/\$2,000	
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)	\$4,000/\$8,000 (incl ded)	
Co-Insurance	N/A	N/A	
Office Visits			
Primary Care	\$20	\$30 ded waived	
Specialist	\$40	\$60 ded waived	
Maternity Prenatal/Postnatal Care	\$20 1st visit only	\$30 1st visit only	
Chiropractic Care	\$40	\$60 ded waived	
Inpatient Services			
Inpatient Hospital	\$500/day; \$1,000 max/admit	\$500/day after ded; \$2,000 max/admit	
Mental Health Inpatient	\$500/day; \$1,000 max/admit	\$500/day after ded; \$2,000 max/admit	
Substance Abuse Inpatient	Rehab-\$500/day; \$1,000 max/admit	Rehab-\$500/day after ded; \$2,000 max/admit	
Outpatient Services			
Outpatient Facility	\$250	\$250 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$35; \$500 max/contr yr	Lab-No charge; X-ray-\$35 ded waived; \$500 max/contr yr	
Advanced Radiology	\$100; \$500 max/contr yr	\$100 ded waived; \$500 max/contr yr	
Mental Health Outpatient	\$40	\$60 ded waived	
Substance Abuse Outpatient	Rehab-\$40	Rehab-\$60 ded waived	
Emergency Care			
Emergency Room	\$150 (waived if admitted)	\$200 (waived if admitted) ded waived	
Ambulance	No charge	No charge	
Urgent Care	\$50	\$75 ded waived	
Recovery/Special Needs			
Home Health Care	\$20; 40 visits/contr yr	\$30 ded waived; 40 visits/contr yr	
Skilled Nursing	\$500/day; \$1,000 max/admit; 210 days/life	\$500/day after ded; \$2,000 max/admit	
Durable Medical Equipment	No charge	No charge	
Single	1 x \$814.93	1 x \$703.09	
EE with Spouse	0 x \$1,629.86	0 x \$1,406.17	
EE with Child(ren)	0 x \$1,385.39	0 x \$1,195.25	
Family	1 x \$2,322.55	1 x \$2,003.79	
Monthly Cost	2 \$3,137.48	2 \$2,706.88	
Annual Cost	\$37,649.76	\$32,482.56	