

	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 \$972.11		1 x \$896.89		1 x \$949.43		1 x \$879.71	
EE with Spouse	0 x \$1,944.22		0 x \$1,793.77		0 x \$1,898.86		0 x \$1,759.42	
EE with Child(ren)	0 x \$1,652.59		0 x \$1,524.71		0 x \$1,614.04		0 x \$1,495.50	
Family	1 x \$2,770.52		1 x \$2,556.13		1 x \$2,705.88		1 x \$2,507.17	
Monthly Cost	2 \$3,742.63		2 \$3,453.02		2 \$3,655.31		2 \$3,386.88	
Annual Cost	\$44,911.56		\$41,436.24		\$43,863.72		\$40,642.56	

	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 \$813.31		1 x \$768.93		1 x \$755.21		1 x \$749.86	
EE with Spouse	0 x \$1,626.63		0 x \$1,537.87		0 x \$1,510.42		0 x \$1,499.72	
EE with Child(ren)	0 x \$1,382.63		0 x \$1,307.18		0 x \$1,283.86		0 x \$1,274.76	
Family	1 x \$2,317.94		1 x \$2,191.46		1 x \$2,152.35		1 x \$2,137.10	
Monthly Cost	2 \$3,131.25		2 \$2,960.39		2 \$2,907.56		2 \$2,886.96	
Annual Cost	\$37,575.00		\$35,524.68		\$34,890.72		\$34,643.52	

	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 \$710.87		1 x \$650.08		1 x \$792.73		1 x \$730.47	
EE with Spouse	0 x \$1,421.74		0 x \$1,300.17		0 x \$1,585.46		0 x \$1,460.93	
EE with Child(ren)	0 x \$1,208.47		0 x \$1,105.14		0 x \$1,347.65		0 x \$1,241.79	
Family	1 x \$2,025.98		1 x \$1,852.74		1 x \$2,259.28		1 x \$2,081.83	
Monthly Cost	2 \$2,736.85		2 \$2,502.82		2 \$3,052.01		2 \$2,812.30	
Annual Cost	\$32,842.20		\$30,033.84		\$36,624.12		\$33,747.60	

	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 \$667.08		1 x \$607.56		1 x \$597.03		1 x \$487.65	
EE with Spouse	0 x \$1,334.16		0 x \$1,215.12		0 x \$1,194.06		0 x \$975.31	
EE with Child(ren)	0 x \$1,134.03		0 x \$1,032.86		0 x \$1,014.95		0 x \$829.01	
Family	1 x \$1,901.17		1 x \$1,731.55		1 x \$1,701.55		1 x \$1,389.82	
Monthly Cost	2 \$2,568.25		2 \$2,339.11		2 \$2,298.58		2 \$1,877.47	
Annual Cost	\$30,819.00		\$28,069.32		\$27,582.96		\$22,529.64	