

	Oxford Liberty L Platinum Standard PPO 15/35 Gated CAL (PPOc) (UCR=140mc%)		Oxford Liberty L Platinum Standard EPO 15/35 Gated CAL (EPOc) (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
Prescription Drugs								
Drug Card	10/30/60		10/30/60		10/30/60/100 ded T2-3		15/35/75/100 T2-3	
Cost Share Information								
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	10%	30%	10%		N/A		N/A	
Office Visits								
Primary Care	\$15	30% after ded	\$15		\$20		\$30 ded waived	
Specialist	\$35	30% after ded	\$35		\$40		\$60 ded waived	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$912.87		1 x \$842.36		1 x \$836.37		1 x \$721.59	
EE with Spouse	0 x \$1,825.74		0 x \$1,684.73		0 x \$1,672.75		0 x \$1,443.18	
EE with Child(ren)	0 x \$1,551.88		0 x \$1,432.02		0 x \$1,421.84		0 x \$1,226.70	
Family	1 x \$2,601.68		1 x \$2,400.74		1 x \$2,383.66		1 x \$2,056.53	
Monthly Cost	2 \$3,514.55		2 \$3,243.10		2 \$3,220.03		2 \$2,778.12	
Annual Cost	\$42,174.60		\$38,917.20		\$38,640.36		\$33,337.44	

	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
Prescription Drugs								
Drug Card	15/35/75/100 T2-3		15/35/75/100 T2-3		15/35/75 IntDed T2-3		10/35/70	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$750.35		1 x \$731.73		1 x \$718.87		1 x \$713.66	
EE with Spouse	0 x \$1,500.70		0 x \$1,463.45		0 x \$1,437.74		0 x \$1,427.33	
EE with Child(ren)	0 x \$1,275.60		0 x \$1,243.93		0 x \$1,222.07		0 x \$1,213.23	
Family	1 x \$2,138.49		1 x \$2,085.42		1 x \$2,048.78		1 x \$2,033.94	
Monthly Cost	2 \$2,888.84		2 \$2,817.15		2 \$2,767.65		2 \$2,747.60	
Annual Cost	\$34,666.08		\$33,805.80		\$33,211.80		\$32,971.20	

	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
Prescription Drugs								
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	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000		\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000	\$3,000/\$6,000	\$2,000/\$4,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,350/\$12,700 (incl ded)	\$10,000/\$20,000 (incl ded)	\$5,500/\$11,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$6,350/\$12,700 (incl ded)	
Co-Insurance	0%		30%	50%	30%	30%	30%	
Office Visits								
Primary Care	\$30 ded waived		\$40 ded waived	50% after ded	\$30 after ded	30% after ded	\$40 ded waived	
Specialist	\$60 ded waived		\$70 ded waived	50% after ded	\$50 after ded	30% after ded	\$70 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/day after ded; \$2,000 max/admit		30% after ded	50% after ded	\$1,500/admit after ded	30% after ded	30% after ded	
Mental Health Inpatient	\$500/day after ded; \$2,000 max/admit		30% after ded	50% after ded	\$1,500/admit after ded	30% after ded	30% after ded	
Outpatient Services								
Outpatient Facility	Freestanding-\$150 after ded OP Hosp-\$250 after ded		\$250 after ded	50% after ded	\$100 after ded	30% 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	\$50 after ded	30% after ded	Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$60 ded waived		\$70 ded waived	50% after ded	\$30 after ded	30% after ded	\$70 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted) ded waived		30% after ded	30% after ded	\$150 (waived if admitted) after ded	\$150 (waived if admitted) after ded	30% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived	50% after ded	\$70 after ded	30% after ded	\$75 ded waived	
Single	1 x \$712.06		1 x \$695.17		1 x \$670.22		1 x \$634.38	
EE with Spouse	0 x \$1,424.11		0 x \$1,390.34		0 x \$1,340.45		0 x \$1,268.75	
EE with Child(ren)	0 x \$1,210.50		0 x \$1,181.80		0 x \$1,139.38		0 x \$1,078.44	
Family	1 x \$2,029.35		1 x \$1,981.24		1 x \$1,910.14		1 x \$1,807.97	
Monthly Cost	2 \$2,741.41		2 \$2,676.41		2 \$2,580.36		2 \$2,442.35	
Annual Cost	\$32,896.92		\$32,116.92		\$30,964.32		\$29,308.20	

	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
Prescription Drugs								
Drug Card	15/35/75 IntDed T2-3		10/65/50%to\$800		10/35/70		10/35/70 IntDed	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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-No charge; 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	
Emergency Care								
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 \$625.21		1 x \$617.24		1 x \$603.69		1 x \$500.69	
EE with Spouse	0 x \$1,250.42		0 x \$1,234.47		0 x \$1,207.38		0 x \$1,001.37	
EE with Child(ren)	0 x \$1,062.86		0 x \$1,049.30		0 x \$1,026.27		0 x \$851.16	
Family	1 x \$1,781.84		1 x \$1,759.12		1 x \$1,720.52		1 x \$1,426.95	
Monthly Cost	2 \$2,407.05		2 \$2,376.36		2 \$2,324.21		2 \$1,927.64	
Annual Cost	\$28,884.60		\$28,516.32		\$27,890.52		\$23,131.68	

	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
Prescription Drugs								
Drug Card	15/35/75 IntDed		15/35/75 IntDed		20/40/80 IntDed		20/40/80 IntDed	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$592.89		1 x \$582.62		1 x \$549.13		1 x \$499.49	
EE with Spouse	0 x \$1,185.79		0 x \$1,165.24		0 x \$1,098.26		0 x \$998.98	
EE with Child(ren)	0 x \$1,007.92		0 x \$990.46		0 x \$933.52		0 x \$849.13	
Family	1 x \$1,689.75		1 x \$1,660.48		1 x \$1,565.02		1 x \$1,423.55	
Monthly Cost	2 \$2,282.64		2 \$2,243.10		2 \$2,114.15		2 \$1,923.04	
Annual Cost	\$27,391.68		\$26,917.20		\$25,369.80		\$23,076.48	

		Oxford Liberty L Bronze EPO HSA \$5000 Non-Gated CNT (HSA) (UCR=N/A)	
		In-Network	Out-Network
Prescription Drugs			
Drug Card		20/40/80 IntDed	
Cost Share Information			
Individual/Family Deductible		\$5,000/\$10,000	
Individual/Family OOP Limit		\$6,350/\$12,700 (incl ded)	
Co-Insurance		20%	
Office Visits			
Primary Care		20% after ded	
Specialist		20% after ded	
Inpatient Services			
Inpatient Hospital		20% after ded	
Mental Health Inpatient		20% after ded	
Outpatient Services			
Outpatient Facility		20% after ded	
Lab/X-Ray		20% after ded	
Mental Health Outpatient		20% after ded	
Emergency Care			
Emergency Room		20% after ded	
Urgent Care		20% after ded	
Single	1 x	\$475.90	
EE with Spouse	0 x	\$951.80	
EE with Child(ren)	0 x	\$809.04	
Family	1 x	\$1,356.32	
Monthly Cost	2	\$1,832.22	
Annual Cost		\$21,986.64	