

	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
<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	10%	30%	10%		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	\$936.89	1 x	\$864.53	1 x	\$858.39	1 x	\$740.58
EE with Spouse	0 x	\$1,873.78	0 x	\$1,729.07	0 x	\$1,716.78	0 x	\$1,481.16
EE with Child(ren)	0 x	\$1,592.71	0 x	\$1,469.70	0 x	\$1,459.26	0 x	\$1,258.99
Family	1 x	\$2,670.13	1 x	\$2,463.92	1 x	\$2,446.41	1 x	\$2,110.65
Monthly Cost	2	\$3,607.02	2	\$3,328.45	2	\$3,304.80	2	\$2,851.23
Annual Cost		\$43,284.24		\$39,941.40		\$39,657.60		\$34,214.76

	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 \$770.09		1 x \$750.98		1 x \$737.79		1 x \$732.44	
EE with Spouse	0 x \$1,540.18		0 x \$1,501.96		0 x \$1,475.57		0 x \$1,464.89	
EE with Child(ren)	0 x \$1,309.15		0 x \$1,276.67		0 x \$1,254.23		0 x \$1,245.16	
Family	1 x \$2,194.76		1 x \$2,140.30		1 x \$2,102.69		1 x \$2,087.46	
Monthly Cost	2 \$2,964.85		2 \$2,891.28		2 \$2,840.48		2 \$2,819.90	
Annual Cost	\$35,578.20		\$34,695.36		\$34,085.76		\$33,838.80	

	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	\$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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$730.80		1 x \$713.46		1 x \$687.86		1 x \$651.07	
EE with Spouse	0 x \$1,461.59		0 x \$1,426.92		0 x \$1,375.72		0 x \$1,302.14	
EE with Child(ren)	0 x \$1,242.35		0 x \$1,212.89		0 x \$1,169.36		0 x \$1,106.81	
Family	1 x \$2,082.77		1 x \$2,033.36		1 x \$1,960.40		1 x \$1,855.54	
Monthly Cost	2 \$2,813.57		2 \$2,746.82		2 \$2,648.26		2 \$2,506.61	
Annual Cost	\$33,762.84		\$32,961.84		\$31,779.12		\$30,079.32	

	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-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	
<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 \$641.66		1 x \$633.48		1 x \$619.58		1 x \$513.86	
EE with Spouse	0 x \$1,283.32		0 x \$1,266.95		0 x \$1,239.16		0 x \$1,027.73	
EE with Child(ren)	0 x \$1,090.82		0 x \$1,076.91		0 x \$1,053.29		0 x \$873.56	
Family	1 x \$1,828.73		1 x \$1,805.40		1 x \$1,765.81		1 x \$1,464.51	
Monthly Cost	2 \$2,470.39		2 \$2,438.88		2 \$2,385.39		2 \$1,978.37	
Annual Cost	\$29,644.68		\$29,266.56		\$28,624.68		\$23,740.44	

	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 \$608.50		1 x \$597.95		1 x \$563.58		1 x \$512.63	
EE with Spouse	0 x \$1,217.00		0 x \$1,195.90		0 x \$1,127.15		0 x \$1,025.26	
EE with Child(ren)	0 x \$1,034.45		0 x \$1,016.52		0 x \$958.09		0 x \$871.48	
Family	1 x \$1,734.23		1 x \$1,704.17		1 x \$1,606.19		1 x \$1,461.00	
Monthly Cost	2 \$2,342.73		2 \$2,302.12		2 \$2,169.77		2 \$1,973.63	
Annual Cost	\$28,112.76		\$27,625.44		\$26,037.24		\$23,683.56	

<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	\$488.43
EE with Spouse	0 x	\$976.85
EE with Child(ren)	0 x	\$830.33
Family	1 x	\$1,392.02
Monthly Cost	2	\$1,880.45
Annual Cost		\$22,565.40