

	Oxford Metro M Platinum EPO 10/20 Gated OHI CNT (EPO) (UCR=N/A)		Oxford Metro M Gold EPO 15/30 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Gold EPO 25/40 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Silver EPO Prim Adv \$2000 Gated OHI 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	5/65/50%to\$800		5/65/50%to\$800		5/65/50%to\$800		10/65/50%to\$800 IntDed T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$750/\$1,500		\$1,250/\$2,500		\$2,000/\$4,000	
Individual/Family OOP Limit	\$3,000/\$6,000		\$3,500/\$7,000 (incl ded)		\$4,500/\$9,000 (incl ded)		\$6,500/\$13,000 (incl ded)	
Co-Insurance	N/A		20%		20%		30%	
<b>Office Visits</b>								
Primary Care	\$10		\$15 ded waived		\$25 ded waived		\$30 ded waived	
Specialist	\$20		\$30 ded waived		\$40 ded waived		\$60 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$200/day; \$800 max/admit		20% after ded		20% after ded		\$400/day after ded; \$1,600 max/admit	
Mental Health Inpatient	\$200/day; \$800 max/admit		20% after ded		20% after ded		\$400/day after ded; \$1,600 max/admit	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$500 FS-\$100		Hosp-\$500 after ded FS- \$200 after ded		Hosp-\$500 after ded FS- \$200 after ded		Hosp-\$750 after ded FS- \$300 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$20		Lab-No charge; X-ray-\$35 ded waived		Lab-No charge; X-ray-\$35 ded waived		Lab-\$60 after ded; X-ray- \$50 after ded	
Mental Health Outpatient	\$20		\$30 ded waived		\$40 ded waived		\$30 after ded	
<b>Emergency Care</b>								
Emergency Room	\$200 (waived if admitted)		\$400 (waived if admitted) ded waived		\$400 (waived if admitted) ded waived		\$500 (waived if admitted) after ded	
Urgent Care	\$50		\$65 ded waived		\$65 ded waived		\$80 after ded	
Single	1 x \$751.61		1 x \$649.78		1 x \$627.42		1 x \$541.87	
EE with Spouse	0 x \$1,503.23		0 x \$1,299.56		0 x \$1,254.84		0 x \$1,083.73	
EE with Child(ren)	0 x \$1,277.74		0 x \$1,104.63		0 x \$1,066.62		0 x \$921.17	
Family	1 x \$2,142.10		1 x \$1,851.88		1 x \$1,788.14		1 x \$1,544.33	
Monthly Cost	2 \$2,893.71		2 \$2,501.66		2 \$2,415.56		2 \$2,086.20	
Annual Cost	\$34,724.52		\$30,019.92		\$28,986.72		\$25,034.40	

	Oxford Metro M Silver EPO 30/60 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Silver EPO HSA \$2000 35/50 Gated OHI CNT (HSA) (UCR=N/A)		Oxford Metro M Bronze EPO HSA \$4250 40/75 Gated OHI CNT (HSA) (UCR=N/A)		Oxford Metro M Bronze EPO HSA \$5000 Gated OHI 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	10/65/50%to\$800		10/65/50%to\$800 IntDed		10/65/50%to\$800 IntDed		10/65/50%to\$800 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$2,500/\$5,000		\$2,000/\$4,000		\$4,250/\$8,500		\$5,000/\$10,000	
Individual/Family OOP Limit	\$5,600/\$11,200 (incl ded)		\$4,500/\$9,000 (incl ded)		\$6,450/\$12,900 (incl ded)		\$6,450/\$12,900 (incl ded)	
Co-Insurance	30%		30%		40%		30%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$35 after ded		\$40 after ded		30% after ded	
Specialist	\$60 ded waived		\$50 after ded		\$75 after ded		30% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	30% after ded		30% after ded		40% after ded		30% after ded	
Mental Health Inpatient	30% after ded		30% after ded		40% after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	30% after ded		Hosp-\$750 after ded FS-\$300 after ded		Hosp-\$1,000 after ded FS-\$400 after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded		Lab-30% after ded; X-ray-\$50 after ded		40% after ded		30% after ded	
Mental Health Outpatient	\$60 ded waived		\$50 after ded		\$75 after ded		30% after ded	
<b>Emergency Care</b>								
Emergency Room	30% after ded		\$500 (waived if admitted) after ded		\$500 (waived if admitted) after ded		30% after ded	
Urgent Care	\$80 ded waived		\$80 after ded		\$80 after ded		30% after ded	
Single	1 x \$535.98		1 x \$527.79		1 x \$433.75		1 x \$423.02	
EE with Spouse	0 x \$1,071.95		0 x \$1,055.58		0 x \$867.50		0 x \$846.03	
EE with Child(ren)	0 x \$911.16		0 x \$897.24		0 x \$737.37		0 x \$719.13	
Family	1 x \$1,527.54		1 x \$1,504.21		1 x \$1,236.18		1 x \$1,205.60	
Monthly Cost	2 \$2,063.52		2 \$2,032.00		2 \$1,669.93		2 \$1,628.62	
Annual Cost	\$24,762.24		\$24,384.00		\$20,039.16		\$19,543.44	