

	Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI FAIR CNT (PPO) (UCR=80fh%)		Oxford Freedom F Platinum PPO 5/15 Non-Gated OHI CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum EPO 5/15 Non-Gated OHI 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	5/30/60/100 ded T2-3		5/30/60/100 ded T2-3		5/30/60/100 ded T2-3		5/30/60/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$3,000/\$6,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	\$5,000/\$10,000 (incl ded)	\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	
Co-Insurance	N/A	20%	N/A	30%	N/A	30%	N/A	
Office Visits								
Primary Care	\$20	20% after ded	\$5	30% after ded	\$20	30% after ded	\$5	
Specialist	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Inpatient Services								
Inpatient Hospital	\$500/admit	20% after ded	\$150/admit	30% after ded	\$500/admit	30% after ded	\$150/admit	
Mental Health Inpatient	\$500/admit	20% after ded	\$150/admit	30% after ded	\$500/admit	30% after ded	\$150/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300 FS-\$100	20% after ded	Hosp-\$100 FS-\$50	30% after ded	Hosp-\$300 FS-\$100	30% after ded	Hosp-\$100 FS-\$50	
Lab/X-Ray	Lab-No charge; X-ray-\$90	20% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	
Mental Health Outpatient	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Emergency Care								
Emergency Room	\$200 (waived if admitted)	Paid as in-network	\$100 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$100 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	1 x	\$1,131.72	1 x	\$1,011.79	1 x	\$984.11	1 x	\$927.42
EE with Spouse	0 x	\$2,263.44	0 x	\$2,023.58	0 x	\$1,968.22	0 x	\$1,854.85
EE with Child(ren)	0 x	\$1,923.92	0 x	\$1,720.04	0 x	\$1,672.99	0 x	\$1,576.62
Family	1 x	\$3,225.40	1 x	\$2,883.60	1 x	\$2,804.71	1 x	\$2,643.15
Monthly Cost	2	\$4,357.12	2	\$3,895.39	2	\$3,788.82	2	\$3,570.57
Annual Cost		\$52,285.44		\$46,744.68		\$45,465.84		\$42,846.84

	Oxford Freedom F Platinum EPO 20/40 Non-Gated OHI CNT (EPO) (UCR=N/A)		Oxford Freedom F Gold PPO 25/40 Non-Gated OHI CNT (PPOc) (UCR=140mc%)		Oxford Freedom F Gold EPO 15/30 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold EPO 25/40 Non-Gated OHI 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	5/30/60/100 ded T2-3		10/35/75/100 ded T2-3		10/35/75/100 ded T2-3		10/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,000/\$2,000		\$800/\$1,600		\$1,250/\$2,500	
Individual/Family OOP Limit	\$3,000/\$6,000		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$5,000/\$10,000 (incl ded)	
Co-Insurance	N/A		20%		10%		20%	
Office Visits								
Primary Care	\$20		\$25 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$40		\$40 ded waived		\$30 ded waived		\$40 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		20% after ded		10% after ded		20% after ded	
Mental Health Inpatient	\$500/admit		20% after ded		10% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$300 FS-\$100		Hosp-\$250 after ded FS-\$150 after ded		Hosp-\$250 after ded FS-\$150 after ded		Hosp-\$250 after ded FS-\$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-20% after ded		Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived	
Mental Health Outpatient	\$40		\$40 ded waived		\$30 ded waived		\$40 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$300 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived	
Urgent Care	\$50		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x	\$905.25	1 x	\$852.99	1 x	\$795.67	1 x	\$763.46
EE with Spouse	0 x	\$1,810.50	0 x	\$1,705.98	0 x	\$1,591.34	0 x	\$1,526.93
EE with Child(ren)	0 x	\$1,538.92	0 x	\$1,450.08	0 x	\$1,352.64	0 x	\$1,297.89
Family	1 x	\$2,579.95	1 x	\$2,431.02	1 x	\$2,267.67	1 x	\$2,175.87
Monthly Cost	2	\$3,485.20	2	\$3,284.01	2	\$3,063.34	2	\$2,939.33
Annual Cost		\$41,822.40		\$39,408.12		\$36,760.08		\$35,271.96

	Oxford Freedom F Gold EPO \$50 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold PPO HSA \$1500 Non-Gated OHI CNT (HSA) (UCR=140mc%)		Oxford Freedom F Gold EPO HSA \$1500 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Freedom F Silver PPO 40/70 Non-Gated OHI CNT (PPOc) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75/100 ded T2-3		10/35/75 IntDed		10/35/75 IntDed		15/45/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$750/\$1,500		\$1,500/\$3,000	\$3,000/\$6,000	\$1,500/\$3,000		\$2,000/\$4,000	\$4,000/\$8,000
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$2,000/\$4,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$2,000/\$4,000 (incl ded)		\$6,600/\$13,200 (incl ded)	\$10,000/\$20,000 (incl ded)
Co-Insurance	10%		10%	40%	10%		30%	50%
Office Visits								
Primary Care	\$50 ded waived		10% after ded	40% after ded	10% after ded		\$40 ded waived	50% after ded
Specialist	\$50 ded waived		10% after ded	40% after ded	10% after ded		\$70 ded waived	50% after ded
Inpatient Services								
Inpatient Hospital	\$250/day after ded; \$2,500 max/contr yr		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
Mental Health Inpatient	\$250/day after ded; \$2,500 max/contr yr		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded FS- \$150 after ded		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
Lab/X-Ray	Lab-No charge; X-ray-\$90 ded waived		10% after ded	40% after ded	10% after ded		Lab-No charge; X-ray-30% after ded	50% after ded
Mental Health Outpatient	\$50 ded waived		10% after ded	40% after ded	10% after ded		\$70 ded waived	50% after ded
Emergency Care								
Emergency Room	\$300 (waived if admitted) ded waived		10% after ded	Paid as in-network	10% after ded		\$500 (waived if admitted) ded waived	Paid as in-network
Urgent Care	\$75 ded waived		10% after ded	40% after ded	10% after ded		\$75 ded waived	50% after ded
Single	1 x \$780.99		1 x \$821.54		1 x \$751.03		1 x \$736.05	
EE with Spouse	0 x \$1,561.97		0 x \$1,643.08		0 x \$1,502.06		0 x \$1,472.09	
EE with Child(ren)	0 x \$1,327.67		0 x \$1,396.62		0 x \$1,276.76		0 x \$1,251.27	
Family	1 x \$2,225.81		1 x \$2,341.39		1 x \$2,140.44		1 x \$2,097.73	
Monthly Cost	2 \$3,006.80		2 \$3,162.93		2 \$2,891.47		2 \$2,833.78	
Annual Cost	\$36,081.60		\$37,955.16		\$34,697.64		\$34,005.36	

	Oxford Freedom F Silver EPO 40/70 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Silver PPO HSA \$2000 30/60 Non-Gated OHI CNT (HSA) (UCR=140mc%)		Oxford Freedom F Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Freedom F Silver EPO HSA \$2000 Non-Gated OHI 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	15/45/75/100 ded T2-3		15/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000		\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$4,500/\$9,000 (incl ded)		\$6,400/\$12,800 (incl ded)	
Co-Insurance	30%		10%	50%	20%		30%	
Office Visits								
Primary Care	\$40 ded waived		\$30 after ded	50% after ded	\$25 after ded		30% after ded	
Specialist	\$70 ded waived		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		10% after ded	50% after ded	20% after ded		30% after ded	
Mental Health Inpatient	30% after ded		10% after ded	50% after ded	20% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		Hosp-\$250 after ded FS-\$150 after ded	50% after ded	Hosp-\$250 after ded FS-\$150 after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded		10% after ded	50% after ded	Lab-20% after ded; X-ray-\$90 after ded		30% after ded	
Mental Health Outpatient	\$70 ded waived		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		10% after ded	Paid as in-network	\$250 (waived if admitted) after ded		30% after ded	
Urgent Care	\$75 ded waived		\$75 after ded	50% after ded	\$75 after ded		30% after ded	
Single	1 x \$665.55		1 x \$703.78		1 x \$645.43		1 x \$596.51	
EE with Spouse	0 x \$1,331.09		0 x \$1,407.56		0 x \$1,290.86		0 x \$1,193.01	
EE with Child(ren)	0 x \$1,131.43		0 x \$1,196.42		0 x \$1,097.23		0 x \$1,014.06	
Family	1 x \$1,896.81		1 x \$2,005.77		1 x \$1,839.47		1 x \$1,700.04	
Monthly Cost	2 \$2,562.36		2 \$2,709.55		2 \$2,484.90		2 \$2,296.55	
Annual Cost	\$30,748.32		\$32,514.60		\$29,818.80		\$27,558.60	

Oxford Freedom F Bronze EPO HSA \$5000 Non-Gated OHI CNT (HSA) (UCR=N/A)		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/40/80 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	\$510.71
EE with Spouse	0 x	\$1,021.42
EE with Child(ren)	0 x	\$868.21
Family	1 x	\$1,455.52
Monthly Cost	2	\$1,966.23
Annual Cost		\$23,594.76