

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$10		\$15 ded waived		\$25 ded waived		\$30 ded waived	
Specialist	\$20		\$30 ded waived		\$40 ded waived		\$60 after ded	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$767.62		1 x \$663.61		1 x \$640.77		1 x \$553.40	
EE with Spouse	0 x \$1,535.23		0 x \$1,327.22		0 x \$1,281.54		0 x \$1,106.79	
EE with Child(ren)	0 x \$1,304.94		0 x \$1,128.14		0 x \$1,089.31		0 x \$940.77	
Family	1 x \$2,187.71		1 x \$1,891.29		1 x \$1,826.20		1 x \$1,577.17	
Monthly Cost	2 \$2,955.33		2 \$2,554.90		2 \$2,466.97		2 \$2,130.57	
Annual Cost	\$35,463.96		\$30,658.80		\$29,603.64		\$25,566.84	

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$547.38		1 x \$539.03		1 x \$442.98		1 x \$432.02	
EE with Spouse	0 x \$1,094.77		0 x \$1,078.06		0 x \$885.97		0 x \$864.04	
EE with Child(ren)	0 x \$930.55		0 x \$916.35		0 x \$753.07		0 x \$734.43	
Family	1 x \$1,560.04		1 x \$1,536.24		1 x \$1,262.50		1 x \$1,231.25	
Monthly Cost	2 \$2,107.42		2 \$2,075.27		2 \$1,705.48		2 \$1,663.27	
Annual Cost	\$25,289.04		\$24,903.24		\$20,465.76		\$19,959.24	