

	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	
<b>Single</b>	1 x \$783.96		1 x \$677.73		1 x \$654.40		1 x \$565.18	
EE with Spouse	0 x \$1,567.91		0 x \$1,355.47		0 x \$1,308.81		0 x \$1,130.36	
EE with Child(ren)	0 x \$1,332.73		0 x \$1,152.15		0 x \$1,112.49		0 x \$960.81	
Family	1 x \$2,234.27		1 x \$1,931.55		1 x \$1,865.05		1 x \$1,610.76	
<b>Monthly Cost</b>	2 \$3,018.23		2 \$2,609.28		2 \$2,519.45		2 \$2,175.94	
<b>Annual Cost</b>	\$36,218.76		\$31,311.36		\$30,233.40		\$26,111.28	

	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 \$559.03		1 x \$550.50		1 x \$452.41		1 x \$441.22	
EE with Spouse	0 x \$1,118.07		0 x \$1,101.00		0 x \$904.82		0 x \$882.43	
EE with Child(ren)	0 x \$950.36		0 x \$935.85		0 x \$769.09		0 x \$750.07	
Family	1 x \$1,593.24		1 x \$1,568.93		1 x \$1,289.37		1 x \$1,257.47	
Monthly Cost	2 \$2,152.27		2 \$2,119.43		2 \$1,741.78		2 \$1,698.69	
Annual Cost	\$25,827.24		\$25,433.16		\$20,901.36		\$20,384.28	