

	Oxford Metro M Platinum EPO 15/30 Gated OHI CNT		Oxford Metro M Gold EPO 25/40 Non-Gated OHI CNT		Oxford Metro M Gold EPO 15/30 Gated OHI CNT		Oxford Metro M Gold EPO 25/40 Gated OHI CNT	
	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		10/65/90/100 ded T2-3		10/65/50%to\$800		10/65/50%to\$800	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$1,250/\$2,500		\$750/\$1,500		\$1,250/\$2,500	
Individual/Family OOP Limit	\$3,000/\$6,000		\$5,000/\$10,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,500/\$9,000 (incl ded)	
Co-Insurance	0%		20%		20%		20%	
<b>Office Visits</b>								
Primary Care	\$15		\$25 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$30		\$40 ded waived		\$30 ded waived		\$40 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$200/day; \$800 max/admit		20% after ded		20% after ded		20% after ded	
Mental Health Inpatient	\$200/day; \$800 max/admit		20% after ded		20% after ded		20% after ded	
<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-\$500 after ded; FS-\$200 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$20		Lab-No charge; X-ray-\$50 after ded		Lab-No charge; X-ray-\$50 after ded		Lab-No charge; X-ray-\$50 after ded	
Mental Health Outpatient	\$30		\$40 ded waived		\$30 ded waived		\$40 ded waived	
<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) ded waived	
Urgent Care	\$50		\$65 ded waived		\$65 ded waived		\$65 ded waived	
<b>Single</b>	1 x \$785.87		1 x \$696.27		1 x \$683.10		1 x \$663.83	
EE with Spouse	0 x \$1,571.74		0 x \$1,392.54		0 x \$1,366.20		0 x \$1,327.66	
EE with Child(ren)	0 x \$1,335.98		0 x \$1,183.66		0 x \$1,161.27		0 x \$1,128.51	
Family	1 x \$2,239.73		1 x \$1,984.37		1 x \$1,946.84		1 x \$1,891.92	
<b>Monthly Cost</b>	2 \$3,025.60		2 \$2,680.64		2 \$2,629.94		2 \$2,555.75	
<b>Annual Cost</b>	\$36,307.20		\$32,167.68		\$31,559.28		\$30,669.00	

	Oxford Metro M Silver EPO 30/60 Non-Gated OHI CNT		Oxford Metro M Silver EPO 30/60 Gated OHI CNT		Oxford Metro M Silver EPO Prim Adv \$2000 Gated OHI CNT		Oxford Metro M Silver EPO HSA \$2000 35/50 Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/65/90/100 ded T2-3		10/65/50%to\$800		10/65/50%to\$800 IntDed T2-3		10/65/50%to\$800 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$2,500/\$5,000		\$2,500/\$5,000		\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$6,850/\$13,700 (incl ded)		\$6,850/\$13,700 (incl ded)		\$6,500/\$13,000 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	30%		30%		30%		30%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$30 ded waived		\$30 ded waived		\$35 after ded	
Specialist	\$60 ded waived		\$60 ded waived		\$60 after ded		\$50 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	30% after ded		30% after ded		\$400/day after ded; \$1,600 max/admit		30% after ded	
Mental Health Inpatient	30% after ded		30% after ded		\$400/day after ded; \$1,600 max/admit		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	30% after ded		30% after ded		Hosp-\$750 after ded; FS- \$300 after ded		Hosp-\$750 after ded; FS- \$300 after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded		Lab-No charge; X-ray-30% after ded		Lab-\$60 after ded; X-ray- \$50 after ded		Lab-30% after ded; X-ray- \$50 after ded	
Mental Health Outpatient	\$60 ded waived		\$60 ded waived		\$60 ded waived		\$50 after ded	
<b>Emergency Care</b>								
Emergency Room	30% after ded		30% after ded		\$500 (waived if admitted) after ded		\$500 (waived if admitted) after ded	
Urgent Care	\$80 ded waived		\$80 ded waived		\$80 after ded		\$80 after ded	
Single	1 x \$604.90		1 x \$574.95		1 x \$568.89		1 x \$544.30	
EE with Spouse	0 x \$1,209.80		0 x \$1,149.90		0 x \$1,137.78		0 x \$1,088.60	
EE with Child(ren)	0 x \$1,028.33		0 x \$977.42		0 x \$967.11		0 x \$925.31	
Family	1 x \$1,723.97		1 x \$1,638.61		1 x \$1,621.34		1 x \$1,551.26	
Monthly Cost	2 \$2,328.87		2 \$2,213.56		2 \$2,190.23		2 \$2,095.56	
Annual Cost	\$27,946.44		\$26,562.72		\$26,282.76		\$25,146.72	

	Oxford Metro M Bronze EPO HSA \$5750 40/75 Gated OHI CNT		Oxford Metro M Bronze EPO HSA \$6550 100% Gated OHI CNT		Oxford Metro M Bronze EPO HSA \$3200 Gated OHI CNT		Oxford Metro M Bronze EPO HSA \$5500 Gated OHI CNT	
	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 IntDed		0%/0%/0% IntDed T2-3		50%/50%/50% IntDed T2-3		10/65/50%to\$800 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$5,750/\$11,500		\$6,550/\$13,100		\$3,200/\$6,400		\$5,500/\$11,000	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	50%		0%		50%		30%	
<b>Office Visits</b>								
Primary Care	\$40 after ded		0% after ded		50% after ded		30% after ded	
Specialist	\$75 after ded		0% after ded		50% after ded		30% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	50% after ded		0% after ded		\$250/day after ded; \$1,250 max/admit		30% after ded	
Mental Health Inpatient	50% after ded		0% after ded		\$250/day after ded; \$1,250 max/admit		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$1,000 after ded; FS-\$500 after ded		0% after ded		50% after ded		30% after ded	
Lab/X-Ray	50% after ded		0% after ded		50% after ded		30% after ded	
Mental Health Outpatient	\$75 after ded		0% after ded		50% after ded		30% after ded	
<b>Emergency Care</b>								
Emergency Room	\$500 (waived if admitted) after ded		0% after ded		50% after ded		30% after ded	
Urgent Care	\$80 after ded		0% after ded		50% after ded		30% after ded	
<b>Single</b>	1 x \$467.52		1 x \$461.91		1 x \$466.01		1 x \$467.13	
EE with Spouse	0 x \$935.04		0 x \$923.82		0 x \$932.02		0 x \$934.26	
EE with Child(ren)	0 x \$794.78		0 x \$785.25		0 x \$792.22		0 x \$794.12	
Family	1 x \$1,332.43		1 x \$1,316.44		1 x \$1,328.13		1 x \$1,331.32	
Monthly Cost	2 \$1,799.95		2 \$1,778.35		2 \$1,794.14		2 \$1,798.45	
Annual Cost	\$21,599.40		\$21,340.20		\$21,529.68		\$21,581.40	