

	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
Prescription Drugs								
Drug Card	5/65/50%to\$800		10/65/90/100 ded T2-3		10/65/50%to\$800		10/65/50%to\$800	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$15		\$25 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$30		\$40 ded waived		\$30 ded waived		\$40 ded waived	
Inpatient Services								
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	
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-\$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	
Emergency Care								
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	
Single	1 x \$803.04		1 x \$711.48		1 x \$698.03		1 x \$678.34	
EE with Spouse	0 x \$1,606.08		0 x \$1,422.96		0 x \$1,396.06		0 x \$1,356.68	
EE with Child(ren)	0 x \$1,365.17		0 x \$1,209.52		0 x \$1,186.65		0 x \$1,153.18	
Family	1 x \$2,288.66		1 x \$2,027.72		1 x \$1,989.39		1 x \$1,933.27	
Monthly Cost	2 \$3,091.70		2 \$2,739.20		2 \$2,687.42		2 \$2,611.61	
Annual Cost	\$37,100.40		\$32,870.40		\$32,249.04		\$31,339.32	

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$618.12		1 x \$587.52		1 x \$581.32		1 x \$556.19	
EE with Spouse	0 x \$1,236.24		0 x \$1,175.04		0 x \$1,162.64		0 x \$1,112.38	
EE with Child(ren)	0 x \$1,050.80		0 x \$998.78		0 x \$988.24		0 x \$945.52	
Family	1 x \$1,761.64		1 x \$1,674.43		1 x \$1,656.76		1 x \$1,585.14	
Monthly Cost	2 \$2,379.76		2 \$2,261.95		2 \$2,238.08		2 \$2,141.33	
Annual Cost	\$28,557.12		\$27,143.40		\$26,856.96		\$25,695.96	

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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	
Single	1 x \$477.73		1 x \$472.01		1 x \$476.20		1 x \$477.33	
EE with Spouse	0 x \$955.46		0 x \$944.02		0 x \$952.40		0 x \$954.66	
EE with Child(ren)	0 x \$812.14		0 x \$802.42		0 x \$809.54		0 x \$811.46	
Family	1 x \$1,361.53		1 x \$1,345.23		1 x \$1,357.17		1 x \$1,360.39	
Monthly Cost	2 \$1,839.26		2 \$1,817.24		2 \$1,833.37		2 \$1,837.72	
Annual Cost	\$22,071.12		\$21,806.88		\$22,000.44		\$22,052.64	