

	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	
Single	1 x	\$903.55	1 x	\$800.54	1 x	\$785.39	1 x	\$763.24
EE with Spouse	0 x	\$1,807.10	0 x	\$1,601.08	0 x	\$1,570.78	0 x	\$1,526.48
EE with Child(ren)	0 x	\$1,536.04	0 x	\$1,360.92	0 x	\$1,335.16	0 x	\$1,297.51
Family	1 x	\$2,575.12	1 x	\$2,281.54	1 x	\$2,238.36	1 x	\$2,175.23
Monthly Cost	2	\$3,478.67	2	\$3,082.08	2	\$3,023.75	2	\$2,938.47
Annual Cost		\$41,744.04		\$36,984.96		\$36,285.00		\$35,261.64

	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	
<b>Single</b>	1 x \$695.48		1 x \$661.05		1 x \$654.08		1 x \$625.81	
EE with Spouse	0 x \$1,390.96		0 x \$1,322.10		0 x \$1,308.16		0 x \$1,251.62	
EE with Child(ren)	0 x \$1,182.32		0 x \$1,123.79		0 x \$1,111.94		0 x \$1,063.88	
Family	1 x \$1,982.12		1 x \$1,883.99		1 x \$1,864.13		1 x \$1,783.56	
<b>Monthly Cost</b>	2 \$2,677.60		2 \$2,545.04		2 \$2,518.21		2 \$2,409.37	
<b>Annual Cost</b>	\$32,131.20		\$30,540.48		\$30,218.52		\$28,912.44	

	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 \$537.53		1 x \$531.08		1 x \$535.80		1 x \$537.08	
EE with Spouse	0 x \$1,075.06		0 x \$1,062.16		0 x \$1,071.60		0 x \$1,074.16	
EE with Child(ren)	0 x \$913.80		0 x \$902.84		0 x \$910.86		0 x \$913.04	
Family	1 x \$1,531.96		1 x \$1,513.58		1 x \$1,527.03		1 x \$1,530.68	
Monthly Cost	2 \$2,069.49		2 \$2,044.66		2 \$2,062.83		2 \$2,067.76	
Annual Cost	\$24,833.88		\$24,535.92		\$24,753.96		\$24,813.12	