

	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 \$923.29		1 x \$818.03		1 x \$802.55		1 x \$779.91	
EE with Spouse	0 x \$1,846.58		0 x \$1,636.06		0 x \$1,605.10		0 x \$1,559.82	
EE with Child(ren)	0 x \$1,569.59		0 x \$1,390.65		0 x \$1,364.34		0 x \$1,325.85	
Family	1 x \$2,631.38		1 x \$2,331.39		1 x \$2,287.27		1 x \$2,222.74	
<b>Monthly Cost</b>	2 \$3,554.67		2 \$3,149.42		2 \$3,089.82		2 \$3,002.65	
<b>Annual Cost</b>	\$42,656.04		\$37,793.04		\$37,077.84		\$36,031.80	

	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 \$710.68		1 x \$675.50		1 x \$668.37		1 x \$639.48	
EE with Spouse	0 x \$1,421.36		0 x \$1,351.00		0 x \$1,336.74		0 x \$1,278.96	
EE with Child(ren)	0 x \$1,208.16		0 x \$1,148.35		0 x \$1,136.23		0 x \$1,087.12	
Family	1 x \$2,025.44		1 x \$1,925.18		1 x \$1,904.85		1 x \$1,822.52	
<b>Monthly Cost</b>	2 \$2,736.12		2 \$2,600.68		2 \$2,573.22		2 \$2,462.00	
<b>Annual Cost</b>	\$32,833.44		\$31,208.16		\$30,878.64		\$29,544.00	

	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 \$549.27		1 x \$542.69		1 x \$547.51		1 x \$548.81	
EE with Spouse	0 x \$1,098.54		0 x \$1,085.38		0 x \$1,095.02		0 x \$1,097.62	
EE with Child(ren)	0 x \$933.76		0 x \$922.57		0 x \$930.77		0 x \$932.98	
Family	1 x \$1,565.42		1 x \$1,546.67		1 x \$1,560.40		1 x \$1,564.11	
Monthly Cost	2 \$2,114.69		2 \$2,089.36		2 \$2,107.91		2 \$2,112.92	
Annual Cost	\$25,376.28		\$25,072.32		\$25,294.92		\$25,355.04	