

	Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI FAIR CNT		Oxford Freedom F Platinum PPO 5/15 Non-Gated OHI CNT		Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI CNT		Oxford Freedom F Platinum EPO 5/15 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60/50 ded T2-3		5/30/60/50 ded T2-3		5/30/60/50 ded T2-3		5/30/60/50 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$3,000/\$6,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$2,500/\$5,000	\$7,500/\$15,000 (incl ded)	\$2,500/\$5,000	\$5,000/\$10,000 (incl ded)	\$2,500/\$5,000	\$7,500/\$15,000 (incl ded)	\$2,500/\$5,000	
Co-Insurance	0%	20%	0%	30%	0%	30%	0%	
Office Visits								
Primary Care	\$20	20% after ded	\$5	30% after ded	\$20	30% after ded	\$5	
Specialist	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Inpatient Services								
Inpatient Hospital	\$400/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$400/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Mental Health Inpatient	\$400/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$400/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100; pre-auth req	20% after ded; pre-auth req	Hosp-\$100; FS-\$50; pre-auth req	30% after ded; pre-auth req	Hosp-\$300; FS-\$100; pre-auth req	30% after ded; pre-auth req	Hosp-\$100; FS-\$50	
Lab/X-Ray	Lab-No charge; X-ray-\$90	20% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	
Mental Health Outpatient	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Emergency Care								
Emergency Room	\$200 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	1 x	\$1,258.26	1 x	\$1,113.47	1 x	\$1,093.61	1 x	\$1,046.84
EE with Spouse	0 x	\$2,516.53	0 x	\$2,226.95	0 x	\$2,187.23	0 x	\$2,093.67
EE with Child(ren)	0 x	\$2,139.05	0 x	\$1,892.90	0 x	\$1,859.14	0 x	\$1,779.62
Family	1 x	\$3,586.05	1 x	\$3,173.40	1 x	\$3,116.80	1 x	\$2,983.48
Monthly Cost	2	\$4,844.31	2	\$4,286.87	2	\$4,210.41	2	\$4,030.32
Annual Cost		\$58,131.72		\$51,442.44		\$50,524.92		\$48,363.84

	Oxford Freedom F Platinum EPO 20/40 Non-Gated OHI CNT		Oxford Freedom F Platinum EPO 10/30 Non-Gated CNT		Oxford Freedom F Gold PPO 25/40 Non-Gated OHI CNT		Oxford Freedom F Gold PPO HSA \$1500 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60/50 ded T2-3		5/30/60/50 ded T2-3		10/35/75/100 ded T2-3		10/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		\$500/\$1,000		\$1,000/\$2,000	\$3,000/\$6,000	\$1,500/\$3,000	\$3,000/\$6,000
Individual/Family OOP Limit	\$2,500/\$5,000		\$3,000/\$6,000 (incl ded)		\$4,500/\$9,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$7,500/\$15,000 (incl ded)
Co-Insurance	0%		10%		20%	40%	10%	40%
Office Visits								
Primary Care	\$20		\$10 ded waived		\$25 ded waived	40% after ded	10% after ded	40% after ded
Specialist	\$40		\$30 ded waived		\$40 ded waived	40% after ded	10% after ded	40% after ded
Inpatient Services								
Inpatient Hospital	\$400/admit		10% after ded		20% after ded; pre-auth req	40% after ded; pre-auth req	10% after ded; pre-auth req	40% after ded; pre-auth req
Mental Health Inpatient	\$400/admit		10% after ded		20% after ded; pre-auth req	40% after ded; pre-auth req	10% after ded; pre-auth req	40% after ded; pre-auth req
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100		Hosp-\$300 after ded; FS-\$150 after ded		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	40% after ded; pre-auth req	10% after ded; pre-auth req	40% after ded; pre-auth req
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$25 after ded	40% after ded	10% after ded	40% after ded
Mental Health Outpatient	\$40		\$30 ded waived		\$40 ded waived	40% after ded	10% after ded	40% after ded
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$200 (waived if admitted) ded waived		\$400 (waived if admitted) ded waived	Paid as in-network	10% after ded	Paid as in-network
Urgent Care	\$50		\$50 ded waived		\$75 ded waived	40% after ded	10% after ded	40% after ded
Single	1 x	\$1,031.14	1 x	\$998.47	1 x	\$952.13	1 x	\$907.06
EE with Spouse	0 x	\$2,062.29	0 x	\$1,996.93	0 x	\$1,904.27	0 x	\$1,814.11
EE with Child(ren)	0 x	\$1,752.94	0 x	\$1,697.39	0 x	\$1,618.63	0 x	\$1,542.00
Family	1 x	\$2,938.76	1 x	\$2,845.63	1 x	\$2,713.58	1 x	\$2,585.11
Monthly Cost	2	\$3,969.90	2	\$3,844.10	2	\$3,665.71	2	\$3,492.17
Annual Cost		\$47,638.80		\$46,129.20		\$43,988.52		\$41,906.04

	Oxford Freedom F Gold EPO 15/35 Non-Gated OHI CNT		Oxford Freedom F Gold EPO \$50 Non-Gated OHI CNT		Oxford Freedom F Gold PPO 30/60 Non-Gated CNT		Oxford Freedom F Gold EPO 25/40 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75/100 ded T2-3		10/35/75/100 ded T2-3		15/45/75/100 ded T2-3		15/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000		\$750/\$1,500		\$2,000/\$4,000		\$4,000/\$8,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$6,850/\$13,700 (incl ded)		\$10,000/\$20,000 (incl ded)	
Co-Insurance	10%		10%		30%		50%	
Office Visits								
Primary Care	\$15 ded waived		\$50 ded waived		\$30 ded waived		50% after ded	
Specialist	\$35 ded waived		\$50 ded waived		\$60 ded waived		50% after ded	
Inpatient Services								
Inpatient Hospital	10% after ded		\$250/day after ded; \$2,500 max/contr yr		30% after ded		50% after ded; pre-auth req	
Mental Health Inpatient	10% after ded		\$250/day after ded; \$2,500 max/contr yr		30% after ded		50% after ded; pre-auth req	
Outpatient Services								
Outpatient Facility	Hosp-\$300 after ded; FS-\$150 after ded		Hosp-\$250 after ded; FS-\$150 after ded		30% after ded		50% after ded; pre-auth req	
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-30% after ded		50% after ded	
Mental Health Outpatient	\$35 ded waived		\$50 ded waived		\$60 ded waived		50% after ded	
Emergency Care								
Emergency Room	\$400 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		Paid as in-network	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		50% after ded	
Single	1 x	\$881.86	1 x	\$879.63	1 x	\$863.46	1 x	\$855.49
EE with Spouse	0 x	\$1,763.71	0 x	\$1,759.26	0 x	\$1,726.93	0 x	\$1,710.98
EE with Child(ren)	0 x	\$1,499.16	0 x	\$1,495.37	0 x	\$1,467.89	0 x	\$1,454.33
Family	1 x	\$2,513.29	1 x	\$2,506.95	1 x	\$2,460.87	1 x	\$2,438.15
Monthly Cost	2	\$3,395.15	2	\$3,386.58	2	\$3,324.33	2	\$3,293.64
Annual Cost		\$40,741.80		\$40,638.96		\$39,891.96		\$39,523.68

	Oxford Freedom F Gold EPO HSA \$1500 Non-Gated OHI CNT		Oxford Freedom F Gold EPO 30/60 Non-Gated CNT		Oxford Freedom F Silver PPO HSA \$2000 30/60 Non-Gated OHI CNT		Oxford Freedom F Silver PPO 40/70 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75 IntDed		15/45/75/100 ded T2-3		15/35/75 IntDed		15/45/75/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000		\$2,000/\$4,000		\$2,000/\$4,000	\$4,000/\$8,000	\$2,500/\$5,000	\$4,000/\$8,000
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,850/\$13,700 (incl ded)		\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$7,150/\$14,300 (incl ded)	\$10,000/\$20,000 (incl ded)
Co-Insurance	10%		30%		20%	50%	30%	50%
Office Visits								
Primary Care	10% after ded		\$30 ded waived		\$30 after ded	50% after ded	\$40 ded waived	50% after ded
Specialist	10% after ded		\$60 ded waived		\$60 after ded	50% after ded	\$70 ded waived	50% after ded
Inpatient Services								
Inpatient Hospital	10% after ded		30% after ded		20% after ded; pre-auth req	50% after ded; pre-auth req	30% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Inpatient	10% after ded		30% after ded		20% after ded; pre-auth req	50% after ded; pre-auth req	30% after ded; pre-auth req	50% after ded; pre-auth req
Outpatient Services								
Outpatient Facility	10% after ded		30% after ded		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	50% after ded; pre-auth req	30% after ded; pre-auth req	50% after ded; pre-auth req
Lab/X-Ray	10% after ded		Lab-No charge; X-ray-30% after ded		20% after ded	50% after ded	Lab-\$20 ded waived; X-ray-30% after ded	50% after ded
Mental Health Outpatient	10% after ded		\$60 ded waived		\$60 after ded	50% after ded	\$70 ded waived	50% after ded
Emergency Care								
Emergency Room	10% after ded		\$500 (waived if admitted) ded waived		20% after ded	Paid as in-network	\$700 (waived if admitted) ded waived	Paid as in-network
Urgent Care	10% after ded		\$75 ded waived		\$75 after ded	50% after ded	\$75 ded waived	50% after ded
Single	1 x \$851.69		1 x \$807.89		1 x \$799.56		1 x \$799.30	
EE with Spouse	0 x \$1,703.39		0 x \$1,615.77		0 x \$1,599.11		0 x \$1,598.61	
EE with Child(ren)	0 x \$1,447.88		0 x \$1,373.41		0 x \$1,359.24		0 x \$1,358.81	
Family	1 x \$2,427.33		1 x \$2,302.48		1 x \$2,278.73		1 x \$2,278.01	
Monthly Cost	2 \$3,279.02		2 \$3,110.37		2 \$3,078.29		2 \$3,077.31	
Annual Cost	\$39,348.24		\$37,324.44		\$36,939.48		\$36,927.72	

	Oxford Freedom F Silver EPO 40/70 Non-Gated OHI CNT		Oxford Freedom F Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT		Oxford Freedom F Silver EPO HSA \$2000 Non-Gated OHI CNT		Oxford Freedom F Bronze EPO HSA \$5500 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/45/75/200 ded T2-3		15/35/75 IntDed		15/35/75 IntDed		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,500/\$5,000		\$2,000/\$4,000		\$2,000/\$4,000		\$5,500/\$11,000	
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	30%		20%		30%		30%	
Office Visits								
Primary Care	\$40 ded waived		\$25 after ded		30% after ded		30% after ded	
Specialist	\$70 ded waived		\$50 after ded		30% after ded		30% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		20% after ded		30% after ded		30% after ded	
Mental Health Inpatient	30% after ded		20% after ded		30% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		Hosp-\$250 after ded; FS-\$150 after ded		30% after ded		30% after ded	
Lab/X-Ray	Lab-\$20 ded waived; X-ray-30% after ded		Lab-20% after ded; X-ray-\$90 after ded		30% after ded		30% after ded	
Mental Health Outpatient	\$70 ded waived		\$50 after ded		30% after ded		30% after ded	
Emergency Care								
Emergency Room	\$700 (waived if admitted) ded waived		\$250 (waived if admitted) after ded		30% after ded		30% after ded	
Urgent Care	\$75 ded waived		\$75 after ded		30% after ded		30% after ded	
Single	1 x \$744.41		1 x \$739.37		1 x \$718.83		1 x \$614.42	
EE with Spouse	0 x \$1,488.81		0 x \$1,478.73		0 x \$1,437.66		0 x \$1,228.85	
EE with Child(ren)	0 x \$1,265.49		0 x \$1,256.92		0 x \$1,222.01		0 x \$1,044.52	
Family	1 x \$2,121.56		1 x \$2,107.19		1 x \$2,048.66		1 x \$1,751.11	
Monthly Cost	2 \$2,865.97		2 \$2,846.56		2 \$2,767.49		2 \$2,365.53	
Annual Cost	\$34,391.64		\$34,158.72		\$33,209.88		\$28,386.36	