

	Oxford Liberty L Platinum EPO 15/35 Gated CNT		Oxford Liberty L Gold EPO 30/60 Gated OHI CNT		Oxford Liberty L Gold EPO 25/45 \$1500 Gated CNT		Oxford Liberty L Gold EPO 30/60 Non-Gated CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	5/30/60/150 ded T2-3		15/35/75/100 ded T2-3		5/45/75/150 ded T2-3		15/45/75/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$250/\$500		\$1,000/\$2,000		\$1,500/\$3,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,850/\$13,700 (incl ded)	
Co-Insurance	10%		0%		20%		30%	
<b>Office Visits</b>								
Primary Care	\$15 ded waived		\$30 ded waived		\$25 ded waived		\$30 ded waived	
Specialist	\$35 ded waived		\$60 ded waived		\$45 ded waived		\$60 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		\$500/day after ded; \$2,000 max/admit		20% after ded		30% after ded	
Mental Health Inpatient	10% after ded		\$500/day after ded; \$2,000 max/admit		20% after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	10% after ded		Hosp-\$250 after ded; FS- \$150 after ded		20% after ded		30% after ded	
Lab/X-Ray	10% after ded		Lab-No charge; X-ray-\$35 after ded		20% after ded		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$35 ded waived		\$60 ded waived		\$45 ded waived		\$60 ded waived	
<b>Emergency Care</b>								
Emergency Room	10% after ded		\$300 (waived if admitted) ded waived		20% after ded		\$500 (waived if admitted) ded waived	
Urgent Care	\$50 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
<b>Single</b>	1 x \$953.44		1 x \$824.07		1 x \$784.60		1 x \$771.96	
EE with Spouse	0 x \$1,906.87		0 x \$1,648.13		0 x \$1,569.20		0 x \$1,543.91	
EE with Child(ren)	0 x \$1,620.84		0 x \$1,400.91		0 x \$1,333.82		0 x \$1,312.33	
Family	1 x \$2,717.29		1 x \$2,348.59		1 x \$2,236.11		1 x \$2,200.08	
<b>Monthly Cost</b>	2 \$3,670.73		2 \$3,172.66		2 \$3,020.71		2 \$2,972.04	
<b>Annual Cost</b>	\$44,048.76		\$38,071.92		\$36,248.52		\$35,664.48	

	Oxford Liberty L Silver EPO 40/70 Non-Gated OHI CNT		Oxford Liberty L Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT		Oxford Liberty L Silver EPO Prim Adv \$2000 Non-Gated OHI CNT		Oxford Liberty L Silver EPO 25/50 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	15/45/75/100 ded T2-3		15/35/75 IntDed		15/35/75 IntDed T2-3		15/65/85/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$2,500/\$5,000		\$2,000/\$4,000		\$2,000/\$4,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$7,150/\$14,300 (incl ded)	
Co-Insurance	30%		20%		30%		50%	
<b>Office Visits</b>								
Primary Care	\$40 ded waived		\$25 after ded		\$25 ded waived		\$25 ded waived	
Specialist	\$70 ded waived		\$50 after ded		\$50 after ded		\$50 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	30% after ded		20% after ded		\$250/day after ded; \$1,250 max/admit		50% after ded	
Mental Health Inpatient	30% after ded		20% after ded		\$250/day after ded; \$1,250 max/admit		50% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	30% after ded		Hosp-\$250 after ded; FS-\$150 after ded		Hosp-\$250 after ded; FS-\$150 after ded		50% after ded	
Lab/X-Ray	Lab-\$20 ded waived; X-ray-30% after ded		Lab-20% after ded; X-ray-\$90 after ded		Lab-\$50 after ded; X-ray-\$90 after ded		Lab-No charge; X-ray-50% after ded	
Mental Health Outpatient	\$70 ded waived		\$50 after ded		\$50 ded waived		\$50 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$700 (waived if admitted) ded waived		\$250 (waived if admitted) after ded		30% after ded		\$700 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 after ded		\$75 after ded		\$80 ded waived	
<b>Single</b>	1 x \$711.30		1 x \$706.48		1 x \$681.00		1 x \$677.95	
EE with Spouse	0 x \$1,422.60		0 x \$1,412.95		0 x \$1,362.01		0 x \$1,355.91	
EE with Child(ren)	0 x \$1,209.21		0 x \$1,201.01		0 x \$1,157.71		0 x \$1,152.52	
Family	1 x \$2,027.21		1 x \$2,013.45		1 x \$1,940.86		1 x \$1,932.17	
<b>Monthly Cost</b>	2 \$2,738.51		2 \$2,719.93		2 \$2,621.86		2 \$2,610.12	
<b>Annual Cost</b>	\$32,862.12		\$32,639.16		\$31,462.32		\$31,321.44	

	Oxford Liberty L Silver EPO 30/75 Non-Gated OHI CNT		Oxford Liberty L Silver EPO 30/70 \$4000 Gated CNT		Oxford Liberty L Bronze PPO HSA \$6000 30/60 Non-Gated OHI CNT		Oxford Liberty L Silver EPO Prim Adv \$4000 Gated CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/65/50%to\$800/100 ded T2-3		15/50/90/150 ded T2-3		15/35/75 IntDed		10/65/50%to\$800 IntDed T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$3,000/\$6,000		\$4,000/\$8,000		\$6,000/\$12,000	\$10,000/\$20,000	\$4,000/\$8,000	
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)		\$7,350/\$14,700 (incl ded)		\$6,550/\$13,100 (incl ded)	\$25,000/\$50,000 (incl ded)	\$7,350/\$14,700 (incl ded)	
Co-Insurance	40%		40%		20%	20%	30%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$30 ded waived		\$30 after ded	20% after ded	\$20 ded waived	
Specialist	\$75 ded waived		\$70 ded waived		\$60 after ded	20% after ded	\$60 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	40% after ded		40% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	\$500/day after ded; \$2,000 max/admit	
Mental Health Inpatient	40% after ded		40% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	\$500/day after ded; \$2,000 max/admit	
<b>Outpatient Services</b>								
Outpatient Facility	40% after ded		40% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	Hosp-\$750 after ded; FS- \$250 after ded	
Lab/X-Ray	Lab-No charge; X-ray-40% after ded		40% after ded		20% after ded	20% after ded	Lab-\$20 after ded; X-ray- \$50 after ded	
Mental Health Outpatient	\$75 ded waived		\$70 ded waived		\$60 after ded	20% after ded	\$60 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$500 (waived if admitted) after ded		40% after ded		20% after ded	Paid as in-network	\$500 after ded	
Urgent Care	\$80 ded waived		\$80 ded waived		20% after ded	20% after ded	\$60 after ded	
Single	1 x \$672.63		1 x \$651.69		1 x \$622.77		1 x \$622.55	
EE with Spouse	0 x \$1,345.26		0 x \$1,303.37		0 x \$1,245.53		0 x \$1,245.11	
EE with Child(ren)	0 x \$1,143.48		0 x \$1,107.87		0 x \$1,058.70		0 x \$1,058.34	
Family	1 x \$1,917.00		1 x \$1,857.30		1 x \$1,774.88		1 x \$1,774.28	
Monthly Cost	2 \$2,589.63		2 \$2,508.99		2 \$2,397.65		2 \$2,396.83	
Annual Cost	\$31,075.56		\$30,107.88		\$28,771.80		\$28,761.96	

	Oxford Liberty L Bronze EPO HSA \$3000 25/75 Non-Gated CNT		Oxford Liberty L Bronze EPO HSA \$5500 Non-Gated OHI CNT		Oxford Liberty L Bronze EPO HSA \$6550 100% Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	30%/30%/30% IntDed		10/40/80 IntDed		0%/0%/0% IntDed	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$3,000/\$6,000		\$5,500/\$11,000		\$6,550/\$13,100	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	30%		30%		0%	
<b>Office Visits</b>						
Primary Care	\$25 after ded		30% after ded		0% after ded	
Specialist	\$75 after ded		30% after ded		0% after ded	
<b>Inpatient Services</b>						
Inpatient Hospital	30% after ded		30% after ded		0% after ded	
Mental Health Inpatient	30% after ded		30% after ded		0% after ded	
<b>Outpatient Services</b>						
Outpatient Facility	30% after ded		30% after ded		0% after ded	
Lab/X-Ray	30% after ded		30% after ded		0% after ded	
Mental Health Outpatient	\$75 after ded		30% after ded		0% after ded	
<b>Emergency Care</b>						
Emergency Room	30% after ded		30% after ded		0% after ded	
Urgent Care	30% after ded		30% after ded		0% after ded	
Single	1 x \$619.98		1 x \$587.09		1 x \$579.65	
EE with Spouse	0 x \$1,239.96		0 x \$1,174.18		0 x \$1,159.30	
EE with Child(ren)	0 x \$1,053.96		0 x \$998.05		0 x \$985.40	
Family	1 x \$1,766.94		1 x \$1,673.20		1 x \$1,652.00	
Monthly Cost	2 \$2,386.92		2 \$2,260.29		2 \$2,231.65	
Annual Cost	\$28,643.04		\$27,123.48		\$26,779.80	