

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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	
Single	1 x \$1,049.83		1 x \$907.38		1 x \$863.93		1 x \$850.00	
EE with Spouse	0 x \$2,099.65		0 x \$1,814.75		0 x \$1,727.86		0 x \$1,700.01	
EE with Child(ren)	0 x \$1,784.71		0 x \$1,542.54		0 x \$1,468.68		0 x \$1,445.01	
Family	1 x \$2,992.01		1 x \$2,586.02		1 x \$2,462.20		1 x \$2,422.51	
Monthly Cost	2 \$4,041.84		2 \$3,493.40		2 \$3,326.13		2 \$3,272.51	
Annual Cost	\$48,502.08		\$41,920.80		\$39,913.56		\$39,270.12	

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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	
Single	1 x \$783.21		1 x \$777.90		1 x \$749.85		1 x \$746.49	
EE with Spouse	0 x \$1,566.42		0 x \$1,555.80		0 x \$1,499.71		0 x \$1,492.99	
EE with Child(ren)	0 x \$1,331.46		0 x \$1,322.43		0 x \$1,274.75		0 x \$1,269.04	
Family	1 x \$2,232.15		1 x \$2,217.01		1 x \$2,137.08		1 x \$2,127.51	
Monthly Cost	2 \$3,015.36		2 \$2,994.91		2 \$2,886.93		2 \$2,874.00	
Annual Cost	\$36,184.32		\$35,938.92		\$34,643.16		\$34,488.00	

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$740.63		1 x \$717.57		1 x \$685.72		1 x \$685.49	
EE with Spouse	0 x \$1,481.26		0 x \$1,435.15		0 x \$1,371.45		0 x \$1,370.98	
EE with Child(ren)	0 x \$1,259.07		0 x \$1,219.88		0 x \$1,165.73		0 x \$1,165.33	
Family	1 x \$2,110.79		1 x \$2,045.09		1 x \$1,954.31		1 x \$1,953.65	
Monthly Cost	2 \$2,851.42		2 \$2,762.66		2 \$2,640.03		2 \$2,639.14	
Annual Cost	\$34,217.04		\$33,151.92		\$31,680.36		\$31,669.68	

	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
Prescription Drugs						
Drug Card	30%/30%/30% IntDed		10/40/80 IntDed		0%/0%/0% IntDed	
Cost Share Information						
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%	
Office Visits						
Primary Care	\$25 after ded		30% after ded		0% after ded	
Specialist	\$75 after ded		30% after ded		0% after ded	
Inpatient Services						
Inpatient Hospital	30% after ded		30% after ded		0% after ded	
Mental Health Inpatient	30% after ded		30% after ded		0% after ded	
Outpatient Services						
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	
Emergency Care						
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 \$682.66		1 x \$646.45		1 x \$638.26	
EE with Spouse	0 x \$1,365.33		0 x \$1,292.90		0 x \$1,276.51	
EE with Child(ren)	0 x \$1,160.53		0 x \$1,098.97		0 x \$1,085.03	
Family	1 x \$1,945.59		1 x \$1,842.39		1 x \$1,819.03	
Monthly Cost	2 \$2,628.25		2 \$2,488.84		2 \$2,457.29	
Annual Cost	\$31,539.00		\$29,866.08		\$29,487.48	