

	Oxford Liberty L Platinum EPO 15/35 Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 30/60 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 25/45 \$1500 Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 30/60 Non-Gated CNT (EPOc) (UCR=N/A)	
	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 \$1,074.00		1 x \$928.27		1 x \$883.82		1 x \$869.58	
EE with Spouse	0 x \$2,148.00		0 x \$1,856.55		0 x \$1,767.64		0 x \$1,739.16	
EE with Child(ren)	0 x \$1,825.80		0 x \$1,578.07		0 x \$1,502.49		0 x \$1,478.29	
Family	1 x \$3,060.89		1 x \$2,645.58		1 x \$2,518.88		1 x \$2,478.31	
Monthly Cost	2 \$4,134.89		2 \$3,573.85		2 \$3,402.70		2 \$3,347.89	
Annual Cost	\$49,618.68		\$42,886.20		\$40,832.40		\$40,174.68	

	Oxford Liberty L Silver EPO 40/70 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Liberty L Silver EPO Prim Adv \$2000 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO 25/50 Gated OHI CNT (EPOc) (UCR=N/A)	
	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 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 \$801.24		1 x \$795.82		1 x \$767.12		1 x \$763.68	
EE with Spouse	0 x \$1,602.49		0 x \$1,591.63		0 x \$1,534.24		0 x \$1,527.37	
EE with Child(ren)	0 x \$1,362.12		0 x \$1,352.89		0 x \$1,304.10		0 x \$1,298.26	
Family	1 x \$2,283.55		1 x \$2,268.08		1 x \$2,186.29		1 x \$2,176.50	
Monthly Cost	2 \$3,084.79		2 \$3,063.90		2 \$2,953.41		2 \$2,940.18	
Annual Cost	\$37,017.48		\$36,766.80		\$35,440.92		\$35,282.16	

	Oxford Liberty L Silver EPO 30/75 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO 30/70 \$4000 Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Bronze PPO HSA \$6000 30/60 Non-Gated OHI CNT (HSA) (UCR=140mc%)		Oxford Liberty L Silver EPO Prim Adv \$4000 Gated CNT (EPOc) (UCR=N/A)	
	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 \$757.69		1 x \$734.09		1 x \$701.51		1 x \$701.28	
EE with Spouse	0 x \$1,515.38		0 x \$1,468.19		0 x \$1,403.03		0 x \$1,402.56	
EE with Child(ren)	0 x \$1,288.07		0 x \$1,247.96		0 x \$1,192.57		0 x \$1,192.18	
Family	1 x \$2,159.42		1 x \$2,092.17		1 x \$1,999.31		1 x \$1,998.65	
Monthly Cost	2 \$2,917.11		2 \$2,826.26		2 \$2,700.82		2 \$2,699.93	
Annual Cost	\$35,005.32		\$33,915.12		\$32,409.84		\$32,399.16	

	Oxford Liberty L Bronze EPO HSA \$3000 25/75 Non-Gated CNT (HSA) (UCR=N/A)		Oxford Liberty L Bronze EPO HSA \$5500 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Liberty L Bronze EPO HSA \$6550 100% Non-Gated OHI CNT (HSA) (UCR=N/A)	
	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 \$698.38		1 x \$661.34		1 x \$652.95	
EE with Spouse	0 x \$1,396.75		0 x \$1,322.68		0 x \$1,305.90	
EE with Child(ren)	0 x \$1,187.24		0 x \$1,124.28		0 x \$1,110.01	
Family	1 x \$1,990.37		1 x \$1,884.81		1 x \$1,860.90	
Monthly Cost	2 \$2,688.75		2 \$2,546.15		2 \$2,513.85	
Annual Cost	\$32,265.00		\$30,553.80		\$30,166.20	