

	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
<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 \$975.38		1 x \$843.04		1 x \$802.67		1 x \$789.74	
EE with Spouse	0 x \$1,950.77		0 x \$1,686.08		0 x \$1,605.34		0 x \$1,579.47	
EE with Child(ren)	0 x \$1,658.15		0 x \$1,433.17		0 x \$1,364.54		0 x \$1,342.55	
Family	1 x \$2,779.84		1 x \$2,402.67		1 x \$2,287.62		1 x \$2,250.75	
<b>Monthly Cost</b>	2 \$3,755.22		2 \$3,245.71		2 \$3,090.29		2 \$3,040.49	
<b>Annual Cost</b>	\$45,062.64		\$38,948.52		\$37,083.48		\$36,485.88	

	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
<b>Prescription Drugs</b>								
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	
<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 \$727.67		1 x \$722.74		1 x \$696.69		1 x \$693.57	
EE with Spouse	0 x \$1,455.35		0 x \$1,445.48		0 x \$1,393.37		0 x \$1,387.14	
EE with Child(ren)	0 x \$1,237.05		0 x \$1,228.66		0 x \$1,184.37		0 x \$1,179.07	
Family	1 x \$2,073.87		1 x \$2,059.81		1 x \$1,985.56		1 x \$1,976.67	
<b>Monthly Cost</b>	2 \$2,801.54		2 \$2,782.55		2 \$2,682.25		2 \$2,670.24	
<b>Annual Cost</b>	\$33,618.48		\$33,390.60		\$32,187.00		\$32,042.88	

	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
<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	
<b>Single</b>	1 x \$688.12		1 x \$666.69		1 x \$637.10		1 x \$636.89	
EE with Spouse	0 x \$1,376.24		0 x \$1,333.38		0 x \$1,274.20		0 x \$1,273.77	
EE with Child(ren)	0 x \$1,169.81		0 x \$1,133.37		0 x \$1,083.07		0 x \$1,082.71	
Family	1 x \$1,961.15		1 x \$1,900.06		1 x \$1,815.73		1 x \$1,815.13	
<b>Monthly Cost</b>	2 \$2,649.27		2 \$2,566.75		2 \$2,452.83		2 \$2,452.02	
<b>Annual Cost</b>	\$31,791.24		\$30,801.00		\$29,433.96		\$29,424.24	

	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
<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	
<b>Single</b>	1 x \$634.25		1 x \$600.62		1 x \$593.00	
EE with Spouse	0 x \$1,268.51		0 x \$1,201.23		0 x \$1,186.00	
EE with Child(ren)	0 x \$1,078.23		0 x \$1,021.05		0 x \$1,008.10	
Family	1 x \$1,807.63		1 x \$1,711.75		1 x \$1,690.06	
<b>Monthly Cost</b>	2 \$2,441.88		2 \$2,312.37		2 \$2,283.06	
<b>Annual Cost</b>	\$29,302.56		\$27,748.44		\$27,396.72	