

	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 \$1,098.73		1 x \$949.65		1 x \$904.17		1 x \$889.61	
EE with Spouse	0 x \$2,197.46		0 x \$1,899.30		0 x \$1,808.34		0 x \$1,779.21	
EE with Child(ren)	0 x \$1,867.84		0 x \$1,614.40		0 x \$1,537.09		0 x \$1,512.33	
Family	1 x \$3,131.39		1 x \$2,706.50		1 x \$2,576.89		1 x \$2,535.38	
<b>Monthly Cost</b>	2 \$4,230.12		2 \$3,656.15		2 \$3,481.06		2 \$3,424.99	
<b>Annual Cost</b>	\$50,761.44		\$43,873.80		\$41,772.72		\$41,099.88	

	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 \$819.70		1 x \$814.14		1 x \$784.78		1 x \$781.27	
EE with Spouse	0 x \$1,639.39		0 x \$1,628.28		0 x \$1,569.57		0 x \$1,562.54	
EE with Child(ren)	0 x \$1,393.48		0 x \$1,384.04		0 x \$1,334.13		0 x \$1,328.16	
Family	1 x \$2,336.13		1 x \$2,320.30		1 x \$2,236.64		1 x \$2,226.62	
<b>Monthly Cost</b>	2 \$3,155.83		2 \$3,134.44		2 \$3,021.42		2 \$3,007.89	
<b>Annual Cost</b>	\$37,869.96		\$37,613.28		\$36,257.04		\$36,094.68	

	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 \$775.13		1 x \$751.00		1 x \$717.67		1 x \$717.42	
EE with Spouse	0 x \$1,550.26		0 x \$1,502.00		0 x \$1,435.34		0 x \$1,434.84	
EE with Child(ren)	0 x \$1,317.72		0 x \$1,276.70		0 x \$1,220.04		0 x \$1,219.61	
Family	1 x \$2,209.13		1 x \$2,140.35		1 x \$2,045.37		1 x \$2,044.65	
<b>Monthly Cost</b>	2 \$2,984.26		2 \$2,891.35		2 \$2,763.04		2 \$2,762.07	
<b>Annual Cost</b>	\$35,811.12		\$34,696.20		\$33,156.48		\$33,144.84	

	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 \$714.46		1 x \$676.57		1 x \$667.99	
EE with Spouse	0 x \$1,428.92		0 x \$1,353.13		0 x \$1,335.98	
EE with Child(ren)	0 x \$1,214.58		0 x \$1,150.16		0 x \$1,135.58	
Family	1 x \$2,036.20		1 x \$1,928.21		1 x \$1,903.77	
<b>Monthly Cost</b>	2 \$2,750.66		2 \$2,604.78		2 \$2,571.76	
<b>Annual Cost</b>	\$33,007.92		\$31,257.36		\$30,861.12	