

	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 \$997.84		1 x \$862.45		1 x \$821.15		1 x \$807.92	
EE with Spouse	0 x \$1,995.69		0 x \$1,724.91		0 x \$1,642.30		0 x \$1,615.83	
EE with Child(ren)	0 x \$1,696.33		0 x \$1,466.17		0 x \$1,395.96		0 x \$1,373.46	
Family	1 x \$2,843.86		1 x \$2,457.99		1 x \$2,340.28		1 x \$2,302.56	
Monthly Cost	2 \$3,841.70		2 \$3,320.44		2 \$3,161.43		2 \$3,110.48	
Annual Cost	\$46,100.40		\$39,845.28		\$37,937.16		\$37,325.76	

	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 \$744.44		1 x \$739.39		1 x \$712.73		1 x \$709.53	
EE with Spouse	0 x \$1,488.87		0 x \$1,478.77		0 x \$1,425.46		0 x \$1,419.07	
EE with Child(ren)	0 x \$1,265.54		0 x \$1,256.96		0 x \$1,211.64		0 x \$1,206.21	
Family	1 x \$2,121.64		1 x \$2,107.25		1 x \$2,031.28		1 x \$2,022.17	
Monthly Cost	2 \$2,866.08		2 \$2,846.64		2 \$2,744.01		2 \$2,731.70	
Annual Cost	\$34,392.96		\$34,159.68		\$32,928.12		\$32,780.40	

	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 \$703.96		1 x \$682.04		1 x \$651.77		1 x \$651.55	
EE with Spouse	0 x \$1,407.92		0 x \$1,364.08		0 x \$1,303.55		0 x \$1,303.10	
EE with Child(ren)	0 x \$1,196.73		0 x \$1,159.47		0 x \$1,108.01		0 x \$1,107.63	
Family	1 x \$2,006.29		1 x \$1,943.82		1 x \$1,857.55		1 x \$1,856.92	
Monthly Cost	2 \$2,710.25		2 \$2,625.86		2 \$2,509.32		2 \$2,508.47	
Annual Cost	\$32,523.00		\$31,510.32		\$30,111.84		\$30,101.64	

	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 \$648.86		1 x \$614.44		1 x \$606.66	
EE with Spouse	0 x \$1,297.72		0 x \$1,228.89		0 x \$1,213.31	
EE with Child(ren)	0 x \$1,103.06		0 x \$1,044.55		0 x \$1,031.31	
Family	1 x \$1,849.25		1 x \$1,751.17		1 x \$1,728.97	
Monthly Cost	2 \$2,498.11		2 \$2,365.61		2 \$2,335.63	
Annual Cost	\$29,977.32		\$28,387.32		\$28,027.56	