

	Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI FAIR CNT (PPO) (UCR=80fh%)		Oxford Freedom F Platinum PPO 5/15 Non-Gated OHI CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum EPO 5/15 Non-Gated OHI CNT (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60/50 ded T2-3		5/30/60/50 ded T2-3		5/30/60/50 ded T2-3		5/30/60/50 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$3,000/\$6,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$2,500/\$5,000	\$7,500/\$15,000 (incl ded)	\$2,500/\$5,000	\$5,000/\$10,000 (incl ded)	\$2,500/\$5,000	\$7,500/\$15,000 (incl ded)	\$2,500/\$5,000	
Co-Insurance	0%	20%	0%	30%	0%	30%	0%	
Office Visits								
Primary Care	\$20	20% after ded	\$5	30% after ded	\$20	30% after ded	\$5	
Specialist	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Inpatient Services								
Inpatient Hospital	\$400/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$400/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Mental Health Inpatient	\$400/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$400/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100; pre-auth req	20% after ded; pre-auth req	Hosp-\$100; FS-\$50; pre-auth req	30% after ded; pre-auth req	Hosp-\$300; FS-\$100; pre-auth req	30% after ded; pre-auth req	Hosp-\$100; FS-\$50	
Lab/X-Ray	Lab-No charge; X-ray-\$90	20% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	
Mental Health Outpatient	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Emergency Care								
Emergency Room	\$200 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	1 x	\$1,483.40	1 x	\$1,312.71	1 x	\$1,289.30	1 x	\$1,234.15
EE with Spouse	0 x	\$2,966.81	0 x	\$2,625.43	0 x	\$2,578.60	0 x	\$2,468.30
EE with Child(ren)	0 x	\$2,521.79	0 x	\$2,231.61	0 x	\$2,191.81	0 x	\$2,098.06
Family	1 x	\$4,227.70	1 x	\$3,741.23	1 x	\$3,674.51	1 x	\$3,517.33
Monthly Cost	2	\$5,711.10	2	\$5,053.94	2	\$4,963.81	2	\$4,751.48
Annual Cost		\$68,533.20		\$60,647.28		\$59,565.72		\$57,017.76

	Oxford Freedom F Platinum EPO 20/40 Non-Gated OHI CNT (EPO) (UCR=N/A)		Oxford Freedom F Platinum EPO 10/30 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold PPO 25/40 Non-Gated OHI CNT (PPOc) (UCR=140mc%)		Oxford Freedom F Gold PPO HSA \$1500 Non-Gated OHI CNT (HSA) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60/50 ded T2-3		5/30/60/50 ded T2-3		10/35/75/100 ded T2-3		10/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		\$500/\$1,000		\$1,000/\$2,000	\$3,000/\$6,000	\$1,500/\$3,000	\$3,000/\$6,000
Individual/Family OOP Limit	\$2,500/\$5,000		\$3,000/\$6,000 (incl ded)		\$4,500/\$9,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$7,500/\$15,000 (incl ded)
Co-Insurance	0%		10%		20%	40%	10%	40%
Office Visits								
Primary Care	\$20		\$10 ded waived		\$25 ded waived	40% after ded	10% after ded	40% after ded
Specialist	\$40		\$30 ded waived		\$40 ded waived	40% after ded	10% after ded	40% after ded
Inpatient Services								
Inpatient Hospital	\$400/admit		10% after ded		20% after ded; pre-auth req	40% after ded; pre-auth req	10% after ded; pre-auth req	40% after ded; pre-auth req
Mental Health Inpatient	\$400/admit		10% after ded		20% after ded; pre-auth req	40% after ded; pre-auth req	10% after ded; pre-auth req	40% after ded; pre-auth req
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100		Hosp-\$300 after ded; FS-\$150 after ded		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	40% after ded; pre-auth req	10% after ded; pre-auth req	40% after ded; pre-auth req
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$25 after ded	40% after ded	10% after ded	40% after ded
Mental Health Outpatient	\$40		\$30 ded waived		\$40 ded waived	40% after ded	10% after ded	40% after ded
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$200 (waived if admitted) ded waived		\$400 (waived if admitted) ded waived	Paid as in-network	10% after ded	Paid as in-network
Urgent Care	\$50		\$50 ded waived		\$75 ded waived	40% after ded	10% after ded	40% after ded
Single	1 x \$1,215.64		1 x \$1,177.12		1 x \$1,122.49		1 x \$1,069.35	
EE with Spouse	0 x \$2,431.28		0 x \$2,354.24		0 x \$2,244.99		0 x \$2,138.69	
EE with Child(ren)	0 x \$2,066.59		0 x \$2,001.10		0 x \$1,908.24		0 x \$1,817.89	
Family	1 x \$3,464.58		1 x \$3,354.79		1 x \$3,199.11		1 x \$3,047.64	
Monthly Cost	2 \$4,680.22		2 \$4,531.91		2 \$4,321.60		2 \$4,116.99	
Annual Cost	\$56,162.64		\$54,382.92		\$51,859.20		\$49,403.88	

	Oxford Freedom F Gold EPO 15/35 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold EPO \$50 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold PPO 30/60 Non-Gated CNT (PPOc) (UCR=140mc%)		Oxford Freedom F Gold EPO 25/40 Non-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	15/35/75/100 ded T2-3		10/35/75/100 ded T2-3		15/45/75/100 ded T2-3		15/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000		\$750/\$1,500		\$2,000/\$4,000	\$4,000/\$8,000	\$1,250/\$2,500	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$6,850/\$13,700 (incl ded)	\$10,000/\$20,000 (incl ded)	\$5,000/\$10,000 (incl ded)	
Co-Insurance	10%		10%		30%	50%	20%	
Office Visits								
Primary Care	\$15 ded waived		\$50 ded waived		\$30 ded waived	50% after ded	\$25 ded waived	
Specialist	\$35 ded waived		\$50 ded waived		\$60 ded waived	50% after ded	\$40 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		\$250/day after ded; \$2,500 max/contr yr		30% after ded	50% after ded; pre-auth req	20% after ded	
Mental Health Inpatient	10% after ded		\$250/day after ded; \$2,500 max/contr yr		30% after ded	50% after ded; pre-auth req	20% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$300 after ded; FS-\$150 after ded		Hosp-\$250 after ded; FS-\$150 after ded		30% after ded	50% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-30% after ded	50% after ded	Lab-No charge; X-ray-\$80 after ded	
Mental Health Outpatient	\$35 ded waived		\$50 ded waived		\$60 ded waived	50% after ded	\$40 ded waived	
Emergency Care								
Emergency Room	\$400 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived	Paid as in-network	\$400 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived	50% after ded	\$75 ded waived	
Single	1 x \$1,039.65		1 x \$1,037.03		1 x \$1,017.97		1 x \$1,008.57	
EE with Spouse	0 x \$2,079.30		0 x \$2,074.06		0 x \$2,035.93		0 x \$2,017.13	
EE with Child(ren)	0 x \$1,767.40		0 x \$1,762.95		0 x \$1,730.54		0 x \$1,714.56	
Family	1 x \$2,963.00		1 x \$2,955.53		1 x \$2,901.20		1 x \$2,874.41	
Monthly Cost	2 \$4,002.65		2 \$3,992.56		2 \$3,919.17		2 \$3,882.98	
Annual Cost	\$48,031.80		\$47,910.72		\$47,030.04		\$46,595.76	

	Oxford Freedom F Gold EPO HSA \$1500 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Freedom F Gold EPO 30/60 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Freedom F Silver PPO HSA \$2000 30/60 Non-Gated OHI CNT (HSA) (UCR=140mc%)		Oxford Freedom F Silver PPO 40/70 Non-Gated OHI CNT (PPOc) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75 IntDed		15/45/75/100 ded T2-3		15/35/75 IntDed		15/45/75/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000		\$2,000/\$4,000		\$2,000/\$4,000	\$4,000/\$8,000	\$2,500/\$5,000	\$4,000/\$8,000
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,850/\$13,700 (incl ded)		\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$7,150/\$14,300 (incl ded)	\$10,000/\$20,000 (incl ded)
Co-Insurance	10%		30%		20%	50%	30%	50%
Office Visits								
Primary Care	10% after ded		\$30 ded waived		\$30 after ded	50% after ded	\$40 ded waived	50% after ded
Specialist	10% after ded		\$60 ded waived		\$60 after ded	50% after ded	\$70 ded waived	50% after ded
Inpatient Services								
Inpatient Hospital	10% after ded		30% after ded		20% after ded; pre-auth req	50% after ded; pre-auth req	30% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Inpatient	10% after ded		30% after ded		20% after ded; pre-auth req	50% after ded; pre-auth req	30% after ded; pre-auth req	50% after ded; pre-auth req
Outpatient Services								
Outpatient Facility	10% after ded		30% after ded		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	50% after ded; pre-auth req	30% after ded; pre-auth req	50% after ded; pre-auth req
Lab/X-Ray	10% after ded		Lab-No charge; X-ray-30% after ded		20% after ded	50% after ded	Lab-\$20 ded waived; X-ray-30% after ded	50% after ded
Mental Health Outpatient	10% after ded		\$60 ded waived		\$60 after ded	50% after ded	\$70 ded waived	50% after ded
Emergency Care								
Emergency Room	10% after ded		\$500 (waived if admitted) ded waived		20% after ded	Paid as in-network	\$700 (waived if admitted) ded waived	Paid as in-network
Urgent Care	10% after ded		\$75 ded waived		\$75 after ded	50% after ded	\$75 ded waived	50% after ded
Single	1 x	\$1,004.09	1 x	\$952.44	1 x	\$942.62	1 x	\$942.32
EE with Spouse	0 x	\$2,008.18	0 x	\$1,904.87	0 x	\$1,885.24	0 x	\$1,884.63
EE with Child(ren)	0 x	\$1,706.95	0 x	\$1,619.14	0 x	\$1,602.45	0 x	\$1,601.94
Family	1 x	\$2,861.65	1 x	\$2,714.44	1 x	\$2,686.46	1 x	\$2,685.60
Monthly Cost	2	\$3,865.74	2	\$3,666.88	2	\$3,629.08	2	\$3,627.92
Annual Cost		\$46,388.88		\$44,002.56		\$43,548.96		\$43,535.04

	Oxford Freedom F Silver EPO 40/70 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Freedom F Silver EPO HSA \$2000 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Freedom F Bronze EPO HSA \$5500 Non-Gated OHI CNT (HSA) (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		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,500/\$5,000		\$2,000/\$4,000		\$2,000/\$4,000		\$5,500/\$11,000	
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	30%		20%		30%		30%	
Office Visits								
Primary Care	\$40 ded waived		\$25 after ded		30% after ded		30% after ded	
Specialist	\$70 ded waived		\$50 after ded		30% after ded		30% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		20% after ded		30% after ded		30% after ded	
Mental Health Inpatient	30% after ded		20% after ded		30% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		Hosp-\$250 after ded; FS-\$150 after ded		30% after ded		30% after ded	
Lab/X-Ray	Lab-\$20 ded waived; X-ray-30% after ded		Lab-20% after ded; X-ray-\$90 after ded		30% after ded		30% after ded	
Mental Health Outpatient	\$70 ded waived		\$50 after ded		30% after ded		30% after ded	
Emergency Care								
Emergency Room	\$700 (waived if admitted) ded waived		\$250 (waived if admitted) after ded		30% after ded		30% after ded	
Urgent Care	\$75 ded waived		\$75 after ded		30% after ded		30% after ded	
Single	1 x \$877.60		1 x \$871.66		1 x \$847.45		1 x \$724.36	
EE with Spouse	0 x \$1,755.20		0 x \$1,743.32		0 x \$1,694.90		0 x \$1,448.73	
EE with Child(ren)	0 x \$1,491.92		0 x \$1,481.82		0 x \$1,440.66		0 x \$1,231.42	
Family	1 x \$2,501.17		1 x \$2,484.23		1 x \$2,415.23		1 x \$2,064.43	
Monthly Cost	2 \$3,378.77		2 \$3,355.89		2 \$3,262.68		2 \$2,788.79	
Annual Cost	\$40,545.24		\$40,270.68		\$39,152.16		\$33,465.48	