

| | 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 \$1,020.82 | | 1 x \$882.31 | | 1 x \$840.06 | | 1 x \$826.52 | |
| EE with Spouse | 0 x \$2,041.64 | | 0 x \$1,764.62 | | 0 x \$1,680.12 | | 0 x \$1,653.05 | |
| EE with Child(ren) | 0 x \$1,735.39 | | 0 x \$1,499.93 | | 0 x \$1,428.10 | | 0 x \$1,405.09 | |
| Family | 1 x \$2,909.34 | | 1 x \$2,514.59 | | 1 x \$2,394.17 | | 1 x \$2,355.59 | |
| Monthly Cost | 2 \$3,930.16 | | 2 \$3,396.90 | | 2 \$3,234.23 | | 2 \$3,182.11 | |
| Annual Cost | \$47,161.92 | | \$40,762.80 | | \$38,810.76 | | \$38,185.32 | |

| | 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 \$761.58 | | 1 x \$756.41 | | 1 x \$729.14 | | 1 x \$725.88 | |
| EE with Spouse | 0 x \$1,523.15 | | 0 x \$1,512.82 | | 0 x \$1,458.28 | | 0 x \$1,451.76 | |
| EE with Child(ren) | 0 x \$1,294.68 | | 0 x \$1,285.90 | | 0 x \$1,239.54 | | 0 x \$1,233.99 | |
| Family | 1 x \$2,170.49 | | 1 x \$2,155.77 | | 1 x \$2,078.05 | | 1 x \$2,068.75 | |
| Monthly Cost | 2 \$2,932.07 | | 2 \$2,912.18 | | 2 \$2,807.19 | | 2 \$2,794.63 | |
| Annual Cost | \$35,184.84 | | \$34,946.16 | | \$33,686.28 | | \$33,535.56 | |

| | 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 \$720.17 | | 1 x \$697.75 | | 1 x \$666.79 | | 1 x \$666.55 | |
| EE with Spouse | 0 x \$1,440.34 | | 0 x \$1,395.49 | | 0 x \$1,333.57 | | 0 x \$1,333.11 | |
| EE with Child(ren) | 0 x \$1,224.29 | | 0 x \$1,186.17 | | 0 x \$1,133.54 | | 0 x \$1,133.14 | |
| Family | 1 x \$2,052.48 | | 1 x \$1,988.57 | | 1 x \$1,900.34 | | 1 x \$1,899.68 | |
| Monthly Cost | 2 \$2,772.65 | | 2 \$2,686.32 | | 2 \$2,567.13 | | 2 \$2,566.23 | |
| Annual Cost | \$33,271.80 | | \$32,235.84 | | \$30,805.56 | | \$30,794.76 | |

| | 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 \$663.81 | | 1 x \$628.59 | | 1 x \$620.62 | |
| EE with Spouse | 0 x \$1,327.61 | | 0 x \$1,257.19 | | 0 x \$1,241.24 | |
| EE with Child(ren) | 0 x \$1,128.47 | | 0 x \$1,068.61 | | 0 x \$1,055.05 | |
| Family | 1 x \$1,891.84 | | 1 x \$1,791.49 | | 1 x \$1,768.77 | |
| Monthly Cost | 2 \$2,555.65 | | 2 \$2,420.08 | | 2 \$2,389.39 | |
| Annual Cost | \$30,667.80 | | \$29,040.96 | | \$28,672.68 | |