

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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; pre-auth req	30% after ded; pre-auth req	\$40	30% after ded	\$15	
<b>Emergency Care</b>								
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; pre-auth req	30% after ded; pre-auth req	\$50	30% after ded	\$50	
<b>Single</b>	1 x	\$1,462.56	1 x	\$1,296.42	1 x	\$1,271.78	1 x	\$1,219.18
EE with Spouse	0 x	\$2,925.13	0 x	\$2,592.83	0 x	\$2,543.56	0 x	\$2,438.35
EE with Child(ren)	0 x	\$2,486.36	0 x	\$2,203.91	0 x	\$2,162.03	0 x	\$2,072.60
Family	1 x	\$4,168.31	1 x	\$3,694.79	1 x	\$3,624.58	1 x	\$3,474.65
<b>Monthly Cost</b>	2	\$5,630.87	2	\$4,991.21	2	\$4,896.36	2	\$4,693.83
<b>Annual Cost</b>		\$67,570.44		\$59,894.52		\$58,756.32		\$56,325.96

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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		\$4,000/\$8,000 (incl ded)		\$5,000/\$10,000 (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%
<b>Office Visits</b>								
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
<b>Inpatient Services</b>								
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
<b>Outpatient Services</b>								
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
<b>Emergency Care</b>								
Emergency Room	\$200 (waived if admitted)		\$200 (waived if admitted) ded waived		\$500 (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
<b>Single</b>	1 x \$1,199.07		1 x \$1,138.50		1 x \$1,068.50		1 x \$1,023.89	
EE with Spouse	0 x \$2,398.14		0 x \$2,277.01		0 x \$2,137.01		0 x \$2,047.78	
EE with Child(ren)	0 x \$2,038.42		0 x \$1,935.46		0 x \$1,816.46		0 x \$1,740.61	
Family	1 x \$3,417.35		1 x \$3,244.73		1 x \$3,045.23		1 x \$2,918.08	
<b>Monthly Cost</b>	2 \$4,616.42		2 \$4,383.23		2 \$4,113.73		2 \$3,941.97	
<b>Annual Cost</b>	\$55,397.04		\$52,598.76		\$49,364.76		\$47,303.64	

	Oxford Freedom F Gold EPO \$50 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold EPO 15/35 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
<b>Prescription Drugs</b>								
Drug Card	10/35/75/100 ded T2-3		15/35/75/100 ded T2-3		15/45/75/100 ded T2-3		15/35/75/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$750/\$1,500		\$1,000/\$2,000		\$2,000/\$4,000		\$1,250/\$2,500	
Individual/Family OOP Limit	\$4,750/\$9,500 (incl ded)		\$5,250/\$10,500 (incl ded)		\$7,900/\$15,800 (incl ded)		\$5,000/\$10,000 (incl ded)	
Co-Insurance	10%		10%		30%		20%	
Office Visits								
Primary Care	\$50 ded waived		\$15 ded waived		\$30 ded waived		\$25 ded waived	
Specialist	\$50 ded waived		\$35 ded waived		\$60 ded waived		\$40 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$250/day after ded; \$2,500 max/cal yr		10% after ded		30% after ded		50% after ded; pre-auth req	
Mental Health Inpatient	\$250/day after ded; \$2,500 max/cal yr		10% after ded		30% after ded		50% after ded; pre-auth req	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$250 after ded; FS-\$150 after ded		Hosp-\$300 after ded; FS-\$150 after ded		30% after ded		50% after ded; pre-auth req	
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	
Mental Health Outpatient	\$50 ded waived		\$35 ded waived		\$60 ded waived		50% after ded	
<b>Emergency Care</b>								
Emergency Room	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		Paid as in-network	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		50% after ded	
Single	1 x	\$1,013.04	1 x	\$1,008.60	1 x	\$998.57	1 x	\$984.67
EE with Spouse	0 x	\$2,026.07	0 x	\$2,017.21	0 x	\$1,997.14	0 x	\$1,969.35
EE with Child(ren)	0 x	\$1,722.16	0 x	\$1,714.62	0 x	\$1,697.57	0 x	\$1,673.95
Family	1 x	\$2,887.15	1 x	\$2,874.52	1 x	\$2,845.92	1 x	\$2,806.33
Monthly Cost	2	\$3,900.19	2	\$3,883.12	2	\$3,844.49	2	\$3,791.00
Annual Cost		\$46,802.28		\$46,597.44		\$46,133.88		\$45,492.00

	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 40/70 Non-Gated OHI CNT (PPOc) (UCR=140mc%)		Oxford Freedom F Silver PPO HSA \$2000 30/60 Non-Gated OHI CNT (HSA) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/35/75 IntDed		15/45/75/100 ded T2-3		15/45/75/200 ded T2-3		15/35/75 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,500/\$3,000		\$2,000/\$4,000		\$2,500/\$5,000	\$4,000/\$8,000	\$2,000/\$4,000	\$4,000/\$8,000
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$7,900/\$15,800 (incl ded)		\$7,900/\$15,800 (incl ded)	\$10,000/\$20,000 (incl ded)	\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)
Co-Insurance	10%		30%		30%	50%	20%	50%
<b>Office Visits</b>								
Primary Care	10% after ded		\$30 ded waived		\$40 ded waived	50% after ded	\$30 after ded	50% after ded
Specialist	10% after ded		\$60 ded waived		\$70 ded waived	50% after ded	\$60 after ded	50% after ded
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		30% after ded		30% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Inpatient	10% after ded		30% after ded		30% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded; pre-auth req	50% after ded; pre-auth req
<b>Outpatient Services</b>								
Outpatient Facility	10% after ded		30% after ded		30% after ded; pre-auth req	50% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 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		Lab-\$20 ded waived; X-ray-30% after ded	50% after ded	20% after ded	50% after ded
Mental Health Outpatient	10% after ded		\$60 ded waived		\$70 ded waived; pre-auth req	50% after ded; pre-auth req	\$60 after ded; pre-auth req	50% after ded; pre-auth req
<b>Emergency Care</b>								
Emergency Room	10% after ded		\$500 (waived if admitted) ded waived		30% after ded	Paid as in-network	20% after ded	Paid as in-network
Urgent Care	10% after ded		\$75 ded waived		\$75 ded waived	50% after ded	\$75 after ded	50% after ded
<b>Single</b>	1 x \$958.25		1 x \$932.80		1 x \$911.83		1 x \$903.69	
EE with Spouse	0 x \$1,916.50		0 x \$1,865.60		0 x \$1,823.66		0 x \$1,807.38	
EE with Child(ren)	0 x \$1,629.03		0 x \$1,585.76		0 x \$1,550.11		0 x \$1,536.27	
Family	1 x \$2,731.02		1 x \$2,658.49		1 x \$2,598.71		1 x \$2,575.51	
<b>Monthly Cost</b>	2 \$3,689.27		2 \$3,591.29		2 \$3,510.54		2 \$3,479.20	
<b>Annual Cost</b>	\$44,271.24		\$43,095.48		\$42,126.48		\$41,750.40	

	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
<b>Prescription Drugs</b>								
Drug Card	15/45/75/200 ded T2-3		15/35/75 IntDed		15/35/75 IntDed		10/40/80 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$2,500/\$5,000		\$2,000/\$4,000		\$2,000/\$4,000		\$5,500/\$11,000	
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	30%		20%		30%		30%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
Emergency Room	30% after ded		\$500 (waived if admitted) after ded		30% after ded		50% after ded	
Urgent Care	\$75 ded waived		\$75 after ded		30% after ded		30% after ded	
<b>Single</b>	1 x \$848.89		1 x \$843.70		1 x \$812.77		1 x \$699.97	
EE with Spouse	0 x \$1,697.79		0 x \$1,687.40		0 x \$1,625.54		0 x \$1,399.94	
EE with Child(ren)	0 x \$1,443.12		0 x \$1,434.30		0 x \$1,381.71		0 x \$1,189.95	
Family	1 x \$2,419.35		1 x \$2,404.55		1 x \$2,316.40		1 x \$1,994.92	
<b>Monthly Cost</b>	2 \$3,268.24		2 \$3,248.25		2 \$3,129.17		2 \$2,694.89	
<b>Annual Cost</b>	\$39,218.88		\$38,979.00		\$37,550.04		\$32,338.68	