

	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 30/60 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 25/45 \$1500 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		15/45/75/100 ded T2-3		5/45/75/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$250/\$500		\$1,000/\$2,000		\$2,000/\$4,000		\$1,500/\$3,000	
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)		\$4,500/\$9,000 (incl ded)		\$7,900/\$15,800 (incl ded)		\$6,000/\$12,000 (incl ded)	
Co-Insurance	10%		0%		30%		20%	
Office Visits								
Primary Care	\$15 ded waived		\$30 ded waived		\$30 ded waived		\$25 ded waived	
Specialist	\$35 ded waived		\$60 ded waived		\$60 ded waived		\$45 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		\$500/day after ded; \$2,000 max/admit		30% after ded		20% after ded	
Mental Health Inpatient	10% after ded		\$500/day after ded; \$2,000 max/admit		30% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	10% after ded		Hosp-\$250 after ded; FS- \$150 after ded		30% after ded		20% after ded	
Lab/X-Ray	10% after ded		Lab-No charge; X-ray-\$35 after ded		Lab-No charge; X-ray-30% after ded		20% after ded	
Mental Health Outpatient	\$35 ded waived		\$60 ded waived		\$60 ded waived		\$45 ded waived	
Emergency Care								
Emergency Room	10% after ded		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		20% after ded	
Urgent Care	\$35 ded waived		\$75 ded waived		\$75 ded waived		\$45 ded waived	
Single	1 x \$937.57		1 x \$822.12		1 x \$784.02		1 x \$774.97	
EE with Spouse	0 x \$1,875.13		0 x \$1,644.24		0 x \$1,568.04		0 x \$1,549.93	
EE with Child(ren)	0 x \$1,593.86		0 x \$1,397.60		0 x \$1,332.83		0 x \$1,317.44	
Family	1 x \$2,672.06		1 x \$2,343.04		1 x \$2,234.46		1 x \$2,208.65	
Monthly Cost	2 \$3,609.63		2 \$3,165.16		2 \$3,018.48		2 \$2,983.62	
Annual Cost	\$43,315.56		\$37,981.92		\$36,221.76		\$35,803.44	

	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 30/75 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	15/45/75/200 ded T2-3		15/35/75 IntDed		5/65/90 IntDed T2-3		15/65/50%to\$800/100 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	\$7,900/\$15,800 (incl ded)		\$5,500/\$11,000 (incl ded)		\$7,900/\$15,800 (incl ded)		\$7,900/\$15,800 (incl ded)	
Co-Insurance	30%		20%		30%		40%	
Office Visits								
Primary Care	\$40 ded waived		\$25 after ded		\$10 ded waived		\$30 ded waived	
Specialist	\$70 ded waived		\$50 after ded		\$60 after ded		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	30% after ded		20% after ded		\$250/day after ded; \$1,250 max/admit		40% after ded	
Mental Health Inpatient	30% after ded		20% after ded		\$250/day after ded; \$1,250 max/admit		40% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		Hosp-\$250 after ded; FS- \$150 after ded		Hosp-\$300 after ded; FS- \$150 after ded		40% after ded	
Lab/X-Ray	Lab-\$20 ded waived; X-ray-30% after ded		Lab-20% after ded; X-ray- \$90 after ded		\$10 after ded		Lab-No charge; X-ray-40% after ded	
Mental Health Outpatient	\$70 ded waived		\$50 after ded		\$60 ded waived		\$75 ded waived	
Emergency Care								
Emergency Room	30% after ded		\$500 (waived if admitted) after ded		50% after ded		\$550 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 after ded		\$60 ded waived		\$80 ded waived	
Single	1 x \$713.50		1 x \$709.13		1 x \$696.22		1 x \$687.04	
EE with Spouse	0 x \$1,426.99		0 x \$1,418.26		0 x \$1,392.45		0 x \$1,374.07	
EE with Child(ren)	0 x \$1,212.95		0 x \$1,205.52		0 x \$1,183.58		0 x \$1,167.96	
Family	1 x \$2,033.46		1 x \$2,021.02		1 x \$1,984.24		1 x \$1,958.06	
Monthly Cost	2 \$2,746.96		2 \$2,730.15		2 \$2,680.46		2 \$2,645.10	
Annual Cost	\$32,963.52		\$32,761.80		\$32,165.52		\$31,741.20	

	Oxford Liberty L Silver EPO 25/50 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	15/65/85/100 ded T2-3		15/50/90/150 ded T2-3		15/35/75 IntDed		10/65/90 IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	\$3,500/\$7,000		\$4,000/\$8,000		\$6,000/\$12,000	\$10,000/\$20,000	\$4,000/\$8,000	
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)		\$7,350/\$14,700 (incl ded)		\$6,550/\$13,100 (incl ded)	\$25,000/\$50,000 (incl ded)	\$7,900/\$15,800 (incl ded)	
Co-Insurance	50%		40%		20%	20%	30%	
Office Visits								
Primary Care	\$25 ded waived		\$30 ded waived		\$30 after ded	20% after ded	\$20 ded waived	
Specialist	\$50 ded waived		\$70 ded waived		\$60 after ded	20% after ded	\$75 after ded	
Inpatient Services								
Inpatient Hospital	50% 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	50% 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	50% after ded		40% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	Hosp-\$600 after ded; FS-\$300 after ded	
Lab/X-Ray	Lab-No charge; X-ray-50% after ded		40% after ded		20% after ded	20% after ded	\$20 after ded	
Mental Health Outpatient	\$50 ded waived		\$70 ded waived		\$60 after ded	20% after ded	\$75 ded waived	
Emergency Care								
Emergency Room	50% after ded		40% after ded		20% after ded	Paid as in-network	50% after ded	
Urgent Care	\$80 ded waived		\$70 ded waived		20% after ded	20% after ded	\$75 ded waived	
Single	1 x \$669.56		1 x \$648.62		1 x \$631.78		1 x \$625.55	
EE with Spouse	0 x \$1,339.11		0 x \$1,297.24		0 x \$1,263.56		0 x \$1,251.10	
EE with Child(ren)	0 x \$1,138.25		0 x \$1,102.66		0 x \$1,074.02		0 x \$1,063.43	
Family	1 x \$1,908.23		1 x \$1,848.57		1 x \$1,800.57		1 x \$1,782.81	
Monthly Cost	2 \$2,577.79		2 \$2,497.19		2 \$2,432.35		2 \$2,408.36	
Annual Cost	\$30,933.48		\$29,966.28		\$29,188.20		\$28,900.32	

	Oxford Liberty L Bronze EPO HSA \$3300 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	\$3,300/\$6,600		\$5,500/\$11,000		\$6,550/\$13,100	
Individual/Family OOP Limit	\$6,700/\$13,400 (incl ded)		\$6,700/\$13,400 (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		50% after ded		0% after ded	
Urgent Care	30% after ded		30% after ded		0% after ded	
Single	1 x \$611.57		1 x \$588.32		1 x \$584.75	
EE with Spouse	0 x \$1,223.13		0 x \$1,176.64		0 x \$1,169.49	
EE with Child(ren)	0 x \$1,039.67		0 x \$1,000.15		0 x \$994.07	
Family	1 x \$1,742.97		1 x \$1,676.71		1 x \$1,666.53	
Monthly Cost	2 \$2,354.54		2 \$2,265.03		2 \$2,251.28	
Annual Cost	\$28,254.48		\$27,180.36		\$27,015.36	