

	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	30% after ded	\$50	30% after ded	\$50	
Single	1 x \$1,495.65		1 x \$1,325.75		1 x \$1,300.56		1 x \$1,246.77	
EE with Spouse	0 x \$2,991.30		0 x \$2,651.50		0 x \$2,601.13		0 x \$2,493.54	
EE with Child(ren)	0 x \$2,542.61		0 x \$2,253.77		0 x \$2,210.96		0 x \$2,119.51	
Family	1 x \$4,262.61		1 x \$3,778.38		1 x \$3,706.61		1 x \$3,553.29	
Monthly Cost	2 \$5,758.26		2 \$5,104.13		2 \$5,007.17		2 \$4,800.06	
Annual Cost	\$69,099.12		\$61,249.56		\$60,086.04		\$57,600.72	

	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
Single	1 x \$1,226.21		1 x \$1,164.27		1 x \$1,092.68		1 x \$1,047.06	
EE with Spouse	0 x \$2,452.41		0 x \$2,328.54		0 x \$2,185.36		0 x \$2,094.11	
EE with Child(ren)	0 x \$2,084.55		0 x \$1,979.26		0 x \$1,857.56		0 x \$1,779.99	
Family	1 x \$3,494.68		1 x \$3,318.17		1 x \$3,114.14		1 x \$2,984.11	
Monthly Cost	2 \$4,720.89		2 \$4,482.44		2 \$4,206.82		2 \$4,031.17	
Annual Cost	\$56,650.68		\$53,789.28		\$50,481.84		\$48,374.04	

	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	\$4,000/\$8,000	\$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)	\$10,000/\$20,000 (incl ded)	\$5,000/\$10,000 (incl ded)	
Co-Insurance	10%		10%		30%	50%	20%	
<b>Office Visits</b>								
Primary Care	\$50 ded waived		\$15 ded waived		\$30 ded waived	50% after ded	\$25 ded waived	
Specialist	\$50 ded waived		\$35 ded waived		\$60 ded waived	50% after ded	\$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	20% after ded	
Mental Health Inpatient	\$250/day after ded; \$2,500 max/cal yr		10% after ded		30% after ded	50% after ded; pre-auth req	20% after ded	
<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	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	\$50 ded waived		\$35 ded waived		\$60 ded waived	50% after ded	\$40 ded waived	
<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	\$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 \$1,035.96		1 x \$1,031.42		1 x \$1,021.16		1 x \$1,006.96	
EE with Spouse	0 x \$2,071.91		0 x \$2,062.84		0 x \$2,042.32		0 x \$2,013.92	
EE with Child(ren)	0 x \$1,761.12		0 x \$1,753.42		0 x \$1,735.97		0 x \$1,711.83	
Family	1 x \$2,952.48		1 x \$2,939.55		1 x \$2,910.30		1 x \$2,869.83	
Monthly Cost	2 \$3,988.44		2 \$3,970.97		2 \$3,931.46		2 \$3,876.79	
Annual Cost	\$47,861.28		\$47,651.64		\$47,177.52		\$46,521.48	

	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
Single	1 x \$979.94		1 x \$953.91		1 x \$932.46		1 x \$924.14	
EE with Spouse	0 x \$1,959.87		0 x \$1,907.81		0 x \$1,864.92		0 x \$1,848.27	
EE with Child(ren)	0 x \$1,665.89		0 x \$1,621.64		0 x \$1,585.18		0 x \$1,571.04	
Family	1 x \$2,792.82		1 x \$2,718.63		1 x \$2,657.51		1 x \$2,633.79	
Monthly Cost	2 \$3,772.76		2 \$3,672.54		2 \$3,589.97		2 \$3,557.93	
Annual Cost	\$45,273.12		\$44,070.48		\$43,079.64		\$42,695.16	

	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	
Single	1 x \$868.11		1 x \$862.80		1 x \$831.16		1 x \$715.81	
EE with Spouse	0 x \$1,736.21		0 x \$1,725.60		0 x \$1,662.31		0 x \$1,431.61	
EE with Child(ren)	0 x \$1,475.78		0 x \$1,466.76		0 x \$1,412.96		0 x \$1,216.88	
Family	1 x \$2,474.11		1 x \$2,458.98		1 x \$2,368.80		1 x \$2,040.05	
Monthly Cost	2 \$3,342.22		2 \$3,321.78		2 \$3,199.96		2 \$2,755.86	
Annual Cost	\$40,106.64		\$39,861.36		\$38,399.52		\$33,070.32	