

	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	\$1,055.72	1 x	\$925.72	1 x	\$882.83	1 x	\$872.63
EE with Spouse	0 x	\$2,111.44	0 x	\$1,851.45	0 x	\$1,765.66	0 x	\$1,745.27
EE with Child(ren)	0 x	\$1,794.73	0 x	\$1,573.73	0 x	\$1,500.81	0 x	\$1,483.48
Family	1 x	\$3,008.80	1 x	\$2,638.31	1 x	\$2,516.07	1 x	\$2,487.01
Monthly Cost	2	\$4,064.52	2	\$3,564.03	2	\$3,398.90	2	\$3,359.64
Annual Cost		\$48,774.24		\$42,768.36		\$40,786.80		\$40,315.68

	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 \$803.40		1 x \$798.50		1 x \$783.95		1 x \$773.62	
EE with Spouse	0 x \$1,606.81		0 x \$1,596.99		0 x \$1,567.91		0 x \$1,547.23	
EE with Child(ren)	0 x \$1,365.79		0 x \$1,357.45		0 x \$1,332.72		0 x \$1,315.14	
Family	1 x \$2,289.70		1 x \$2,275.72		1 x \$2,234.27		1 x \$2,204.80	
Monthly Cost	2 \$3,093.10		2 \$3,074.22		2 \$3,018.22		2 \$2,978.42	
Annual Cost	\$37,117.20		\$36,890.64		\$36,218.64		\$35,741.04	

	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 \$753.93		1 x \$730.36		1 x \$711.38		1 x \$704.38	
EE with Spouse	0 x \$1,507.85		0 x \$1,460.72		0 x \$1,422.77		0 x \$1,408.75	
EE with Child(ren)	0 x \$1,281.67		0 x \$1,241.61		0 x \$1,209.35		0 x \$1,197.43	
Family	1 x \$2,148.70		1 x \$2,081.52		1 x \$2,027.45		1 x \$2,007.47	
Monthly Cost	2 \$2,902.63		2 \$2,811.88		2 \$2,738.83		2 \$2,711.85	
Annual Cost	\$34,831.56		\$33,742.56		\$32,865.96		\$32,542.20	

	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 \$688.63		1 x \$662.46		1 x \$658.44	
EE with Spouse	0 x \$1,377.27		0 x \$1,324.92		0 x \$1,316.87	
EE with Child(ren)	0 x \$1,170.68		0 x \$1,126.18		0 x \$1,119.34	
Family	1 x \$1,962.60		1 x \$1,888.01		1 x \$1,876.55	
Monthly Cost	2 \$2,651.23		2 \$2,550.47		2 \$2,534.99	
Annual Cost	\$31,814.76		\$30,605.64		\$30,419.88	