

| | 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 | \$958.78 | 1 x | \$840.72 | 1 x | \$801.77 | 1 x | \$792.50 |
| EE with Spouse | 0 x | \$1,917.57 | 0 x | \$1,681.45 | 0 x | \$1,603.54 | 0 x | \$1,585.01 |
| EE with Child(ren) | 0 x | \$1,629.94 | 0 x | \$1,429.24 | 0 x | \$1,363.00 | 0 x | \$1,347.26 |
| Family | 1 x | \$2,732.54 | 1 x | \$2,396.07 | 1 x | \$2,285.04 | 1 x | \$2,258.63 |
| Monthly Cost | 2 | \$3,691.32 | 2 | \$3,236.79 | 2 | \$3,086.81 | 2 | \$3,051.13 |
| Annual Cost | | \$44,295.84 | | \$38,841.48 | | \$37,041.72 | | \$36,613.56 |

| | 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 \$729.64 | | 1 x \$725.19 | | 1 x \$711.97 | | 1 x \$702.58 | |
| EE with Spouse | 0 x \$1,459.27 | | 0 x \$1,450.37 | | 0 x \$1,423.95 | | 0 x \$1,405.16 | |
| EE with Child(ren) | 0 x \$1,240.39 | | 0 x \$1,232.82 | | 0 x \$1,210.36 | | 0 x \$1,194.38 | |
| Family | 1 x \$2,079.47 | | 1 x \$2,066.78 | | 1 x \$2,029.12 | | 1 x \$2,002.35 | |
| Monthly Cost | 2 \$2,809.11 | | 2 \$2,791.97 | | 2 \$2,741.09 | | 2 \$2,704.93 | |
| Annual Cost | \$33,709.32 | | \$33,503.64 | | \$32,893.08 | | \$32,459.16 | |

| | 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 \$684.71 | | 1 x \$663.30 | | 1 x \$646.07 | | 1 x \$639.70 | |
| EE with Spouse | 0 x \$1,369.41 | | 0 x \$1,326.59 | | 0 x \$1,292.15 | | 0 x \$1,279.40 | |
| EE with Child(ren) | 0 x \$1,164.00 | | 0 x \$1,127.61 | | 0 x \$1,098.32 | | 0 x \$1,087.49 | |
| Family | 1 x \$1,951.41 | | 1 x \$1,890.40 | | 1 x \$1,841.31 | | 1 x \$1,823.14 | |
| Monthly Cost | 2 \$2,636.12 | | 2 \$2,553.70 | | 2 \$2,487.38 | | 2 \$2,462.84 | |
| Annual Cost | \$31,633.44 | | \$30,644.40 | | \$29,848.56 | | \$29,554.08 | |

| | 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 \$625.41 | | 1 x \$601.64 | | 1 x \$597.99 | |
| EE with Spouse | 0 x \$1,250.81 | | 0 x \$1,203.27 | | 0 x \$1,195.97 | |
| EE with Child(ren) | 0 x \$1,063.19 | | 0 x \$1,022.78 | | 0 x \$1,016.57 | |
| Family | 1 x \$1,782.41 | | 1 x \$1,714.66 | | 1 x \$1,704.26 | |
| Monthly Cost | 2 \$2,407.82 | | 2 \$2,316.30 | | 2 \$2,302.25 | |
| Annual Cost | \$28,893.84 | | \$27,795.60 | | \$27,627.00 | |