

	Oxford Metro M Platinum EPO 15/30 Gated OHI CNT (EPO) (UCR=N/A)		Oxford Metro M Gold EPO 25/40 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Gold EPO 25/40 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Silver EPO 30/80 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	10/65/90/100 ded T2-3		10/65/90/100 ded T2-3		10/65/90/100 ded T2-3		10/65/90/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$1,250/\$2,500		\$1,250/\$2,500		\$3,000/\$6,000	
Individual/Family OOP Limit	\$2,500/\$5,000		\$5,000/\$10,000 (incl ded)		\$5,500/\$11,000 (incl ded)		\$7,900/\$15,800 (incl ded)	
Co-Insurance	0%		20%		20%		30%	
<b>Office Visits</b>								
Primary Care	\$15		\$25 ded waived		\$25 ded waived		\$30 ded waived	
Specialist	\$30		\$40 ded waived		\$40 ded waived		\$80 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$200/day; \$800 max/admit		20% after ded		20% after ded		30% after ded	
Mental Health Inpatient	\$200/day; \$800 max/admit		20% after ded		20% after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$500; FS-\$100		Hosp-\$500 after ded; FS-\$200 after ded		Hosp-\$500 after ded; FS-\$200 after ded		30% after ded	
Lab/X-Ray	Lab-\$15; X-ray-\$20		Lab-\$15 ded waived; X-ray-\$50 after ded		Lab-\$15 ded waived; X-ray-\$50 after ded		Lab-\$15 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$30		\$40 ded waived		\$40 ded waived		\$80 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$200 (waived if admitted)		\$400 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		30% after ded	
Urgent Care	\$50		\$65 ded waived		\$65 ded waived		\$80 ded waived	
Single	1 x \$925.62		1 x \$809.21		1 x \$776.81		1 x \$682.38	
EE with Spouse	0 x \$1,851.24		0 x \$1,618.41		0 x \$1,553.62		0 x \$1,364.75	
EE with Child(ren)	0 x \$1,573.56		0 x \$1,375.65		0 x \$1,320.58		0 x \$1,160.04	
Family	1 x \$2,638.02		1 x \$2,306.24		1 x \$2,213.91		1 x \$1,944.77	
Monthly Cost	2 \$3,563.64		2 \$3,115.45		2 \$2,990.72		2 \$2,627.15	
Annual Cost	\$42,763.68		\$37,385.40		\$35,888.64		\$31,525.80	

	Oxford Metro M Silver EPO 30/80 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Silver EPO HSA \$1500 35/50 Gated OHI CNT (HSA) (UCR=N/A)		Oxford Metro M Silver EPO Prim Adv \$3000 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Bronze EPO HSA \$5500 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	10/65/90/100 ded T2-3		10/65/50%to\$800 IntDed		5/65/90 IntDed T2-3		10/65/90 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$3,000/\$6,000		\$1,500/\$3,000		\$3,000/\$6,000		\$5,500/\$11,000	
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)		\$6,550/\$13,100 (incl ded)		\$7,900/\$15,800 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	30%		30%		30%		30%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$35 after ded		\$15 ded waived		30% after ded	
Specialist	\$80 ded waived		\$50 after ded		\$70 after ded		30% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	30% after ded		30% after ded		\$400/day after ded; \$1,600 max/admit		30% after ded	
Mental Health Inpatient	30% after ded		30% after ded		\$400/day after ded; \$1,600 max/admit		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	30% after ded		Hosp-\$750 after ded; FS-\$300 after ded		Hosp-\$500 after ded; FS-\$250 after ded		30% after ded	
Lab/X-Ray	Lab-\$15 ded waived; X-ray-30% after ded		Lab-\$15 after ded; X-ray-\$50 after ded		\$15 after ded		Lab-\$15 after ded; X-ray-30% after ded	
Mental Health Outpatient	\$80 ded waived		\$50 after ded		\$70 ded waived		30% after ded	
<b>Emergency Care</b>								
Emergency Room	30% after ded		\$500 (waived if admitted) after ded		50% after ded		30% after ded	
Urgent Care	\$80 ded waived		\$80 after ded		\$70 ded waived		30% after ded	
Single	1 x \$659.40		1 x \$657.89		1 x \$628.33		1 x \$547.97	
EE with Spouse	0 x \$1,318.80		0 x \$1,315.77		0 x \$1,256.67		0 x \$1,095.93	
EE with Child(ren)	0 x \$1,120.98		0 x \$1,118.41		0 x \$1,068.17		0 x \$931.55	
Family	1 x \$1,879.29		1 x \$1,874.97		1 x \$1,790.75		1 x \$1,561.71	
Monthly Cost	2 \$2,538.69		2 \$2,532.86		2 \$2,419.08		2 \$2,109.68	
Annual Cost	\$30,464.28		\$30,394.32		\$29,028.96		\$25,316.16	

	Oxford Metro M Bronze EPO HSA \$5750 40/75 Gated OHI CNT (HSA) (UCR=N/A)		Oxford Metro M Bronze EPO HSA \$6550 100% Gated OHI CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	10/65/90 IntDed		0%/0%/0% IntDed	
<b>Cost Share Information</b>				
Individual/Family Deductible	\$5,750/\$11,500		\$6,550/\$13,100	
Individual/Family OOP Limit	\$6,700/\$13,400 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	50%		0%	
<b>Office Visits</b>				
Primary Care	\$40 after ded		0% after ded	
Specialist	\$75 after ded		0% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	50% after ded		0% after ded	
Mental Health Inpatient	50% after ded		0% after ded	
<b>Outpatient Services</b>				
Outpatient Facility	Hosp-\$1,000 after ded; FS-\$500 after ded		0% after ded	
Lab/X-Ray	Lab-\$15 after ded; X-ray-50% after ded		0% after ded	
Mental Health Outpatient	\$75 after ded		0% after ded	
<b>Emergency Care</b>				
Emergency Room	\$500 (waived if admitted) after ded		0% after ded	
Urgent Care	\$80 after ded		0% after ded	
Single	1 x \$542.97		1 x \$542.54	
EE with Spouse	0 x \$1,085.95		0 x \$1,085.07	
EE with Child(ren)	0 x \$923.05		0 x \$922.31	
Family	1 x \$1,547.48		1 x \$1,546.23	
Monthly Cost	2 \$2,090.45		2 \$2,088.77	
Annual Cost	\$25,085.40		\$25,065.24	