

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$1,389.06		1 x \$1,231.27		1 x \$1,207.88		1 x \$1,157.92	
EE with Spouse	0 x \$2,778.13		0 x \$2,462.53		0 x \$2,415.76		0 x \$2,315.83	
EE with Child(ren)	0 x \$2,361.41		0 x \$2,093.15		0 x \$2,053.40		0 x \$1,968.46	
Family	1 x \$3,958.83		1 x \$3,509.10		1 x \$3,442.45		1 x \$3,300.06	
Monthly Cost	2 \$5,347.89		2 \$4,740.37		2 \$4,650.33		2 \$4,457.98	
Annual Cost	\$64,174.68		\$56,884.44		\$55,803.96		\$53,495.76	

	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
Prescription Drugs								
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	
Cost Share Information								
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%
Office Visits								
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
Inpatient Services								
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
Outpatient Services								
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
Emergency Care								
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 \$1,138.82		1 x \$1,081.30		1 x \$1,014.81		1 x \$972.43	
EE with Spouse	0 x \$2,277.64		0 x \$2,162.59		0 x \$2,029.63		0 x \$1,944.87	
EE with Child(ren)	0 x \$1,935.99		0 x \$1,838.20		0 x \$1,725.18		0 x \$1,653.14	
Family	1 x \$3,245.63		1 x \$3,081.70		1 x \$2,892.22		1 x \$2,771.44	
Monthly Cost	2 \$4,384.45		2 \$4,163.00		2 \$3,907.03		2 \$3,743.87	
Annual Cost	\$52,613.40		\$49,956.00		\$46,884.36		\$44,926.44	

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$962.13		1 x \$957.92		1 x \$948.39		1 x \$935.19	
EE with Spouse	0 x \$1,924.27		0 x \$1,915.84		0 x \$1,896.78		0 x \$1,870.38	
EE with Child(ren)	0 x \$1,635.63		0 x \$1,628.46		0 x \$1,612.27		0 x \$1,589.82	
Family	1 x \$2,742.08		1 x \$2,730.07		1 x \$2,702.91		1 x \$2,665.29	
Monthly Cost	2 \$3,704.21		2 \$3,687.99		2 \$3,651.30		2 \$3,600.48	
Annual Cost	\$44,450.52		\$44,255.88		\$43,815.60		\$43,205.76	

	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
Prescription Drugs								
Drug Card	10/35/75 IntDed		15/45/75/100 ded T2-3		15/45/75/200 ded T2-3		15/35/75 IntDed	
Cost Share Information								
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%
Office Visits								
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
Inpatient Services								
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
Outpatient Services								
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
Emergency Care								
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 \$910.10		1 x \$885.93		1 x \$866.01		1 x \$858.27	
EE with Spouse	0 x \$1,820.20		0 x \$1,771.86		0 x \$1,732.01		0 x \$1,716.55	
EE with Child(ren)	0 x \$1,547.16		0 x \$1,506.09		0 x \$1,472.21		0 x \$1,459.06	
Family	1 x \$2,593.78		1 x \$2,524.90		1 x \$2,468.11		1 x \$2,446.08	
Monthly Cost	2 \$3,503.88		2 \$3,410.83		2 \$3,334.12		2 \$3,304.35	
Annual Cost	\$42,046.56		\$40,929.96		\$40,009.44		\$39,652.20	

	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
Prescription Drugs								
Drug Card	15/45/75/200 ded T2-3		15/35/75 IntDed		15/35/75 IntDed		10/40/80 IntDed	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$806.24		1 x \$801.31		1 x \$771.92		1 x \$664.79	
EE with Spouse	0 x \$1,612.48		0 x \$1,602.62		0 x \$1,543.84		0 x \$1,329.58	
EE with Child(ren)	0 x \$1,370.60		0 x \$1,362.23		0 x \$1,312.27		0 x \$1,130.14	
Family	1 x \$2,297.78		1 x \$2,283.73		1 x \$2,199.98		1 x \$1,894.65	
Monthly Cost	2 \$3,104.02		2 \$3,085.04		2 \$2,971.90		2 \$2,559.44	
Annual Cost	\$37,248.24		\$37,020.48		\$35,662.80		\$30,713.28	