

	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 \$1,529.50		1 x \$1,355.75		1 x \$1,329.99		1 x \$1,274.98	
EE with Spouse	0 x \$3,059.00		0 x \$2,711.49		0 x \$2,659.98		0 x \$2,549.96	
EE with Child(ren)	0 x \$2,600.16		0 x \$2,304.77		0 x \$2,260.98		0 x \$2,167.46	
Family	1 x \$4,359.08		1 x \$3,863.87		1 x \$3,790.47		1 x \$3,633.69	
Monthly Cost	2 \$5,888.58		2 \$5,219.62		2 \$5,120.46		2 \$4,908.67	
Annual Cost	\$70,662.96		\$62,635.44		\$61,445.52		\$58,904.04	

	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 \$1,253.95		1 x \$1,190.62		1 x \$1,117.41		1 x \$1,070.75	
EE with Spouse	0 x \$2,507.90		0 x \$2,381.23		0 x \$2,234.82		0 x \$2,141.50	
EE with Child(ren)	0 x \$2,131.71		0 x \$2,024.05		0 x \$1,899.59		0 x \$1,820.27	
Family	1 x \$3,573.76		1 x \$3,393.26		1 x \$3,184.62		1 x \$3,051.63	
Monthly Cost	2 \$4,827.71		2 \$4,583.88		2 \$4,302.03		2 \$4,122.38	
Annual Cost	\$57,932.52		\$55,006.56		\$51,624.36		\$49,468.56	

	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 \$1,059.40		1 x \$1,054.76		1 x \$1,044.27		1 x \$1,029.74	
EE with Spouse	0 x \$2,118.80		0 x \$2,109.52		0 x \$2,088.54		0 x \$2,059.47	
EE with Child(ren)	0 x \$1,800.98		0 x \$1,793.09		0 x \$1,775.26		0 x \$1,750.56	
Family	1 x \$3,019.30		1 x \$3,006.07		1 x \$2,976.17		1 x \$2,934.75	
Monthly Cost	2 \$4,078.70		2 \$4,060.83		2 \$4,020.44		2 \$3,964.49	
Annual Cost	\$48,944.40		\$48,729.96		\$48,245.28		\$47,573.88	

	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 \$1,002.12		1 x \$975.50		1 x \$953.55		1 x \$945.04	
EE with Spouse	0 x \$2,004.23		0 x \$1,950.99		0 x \$1,907.11		0 x \$1,890.08	
EE with Child(ren)	0 x \$1,703.60		0 x \$1,658.35		0 x \$1,621.05		0 x \$1,606.57	
Family	1 x \$2,856.03		1 x \$2,780.16		1 x \$2,717.63		1 x \$2,693.37	
Monthly Cost	2 \$3,858.15		2 \$3,755.66		2 \$3,671.18		2 \$3,638.41	
Annual Cost	\$46,297.80		\$45,067.92		\$44,054.16		\$43,660.92	

	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 \$887.75		1 x \$882.33		1 x \$849.97		1 x \$732.00	
EE with Spouse	0 x \$1,775.49		0 x \$1,764.65		0 x \$1,699.94		0 x \$1,464.01	
EE with Child(ren)	0 x \$1,509.17		0 x \$1,499.95		0 x \$1,444.95		0 x \$1,244.41	
Family	1 x \$2,530.08		1 x \$2,514.63		1 x \$2,422.41		1 x \$2,086.21	
Monthly Cost	2 \$3,417.83		2 \$3,396.96		2 \$3,272.38		2 \$2,818.21	
Annual Cost	\$41,013.96		\$40,763.52		\$39,268.56		\$33,818.52	