

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$980.48		1 x \$859.76		1 x \$819.91		1 x \$810.44	
EE with Spouse	0 x \$1,960.96		0 x \$1,719.51		0 x \$1,639.81		0 x \$1,620.88	
EE with Child(ren)	0 x \$1,666.81		0 x \$1,461.58		0 x \$1,393.84		0 x \$1,377.75	
Family	1 x \$2,794.37		1 x \$2,450.31		1 x \$2,336.73		1 x \$2,309.76	
Monthly Cost	2 \$3,774.85		2 \$3,310.07		2 \$3,156.64		2 \$3,120.20	
Annual Cost	\$45,298.20		\$39,720.84		\$37,879.68		\$37,442.40	

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$746.15		1 x \$741.59		1 x \$728.09		1 x \$718.48	
EE with Spouse	0 x \$1,492.29		0 x \$1,483.18		0 x \$1,456.17		0 x \$1,436.96	
EE with Child(ren)	0 x \$1,268.45		0 x \$1,260.70		0 x \$1,237.74		0 x \$1,221.41	
Family	1 x \$2,126.52		1 x \$2,113.53		1 x \$2,075.04		1 x \$2,047.67	
Monthly Cost	2 \$2,872.67		2 \$2,855.12		2 \$2,803.13		2 \$2,766.15	
Annual Cost	\$34,472.04		\$34,261.44		\$33,637.56		\$33,193.80	

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$700.20		1 x \$678.31		1 x \$660.69		1 x \$654.18	
EE with Spouse	0 x \$1,400.40		0 x \$1,356.61		0 x \$1,321.38		0 x \$1,308.35	
EE with Child(ren)	0 x \$1,190.34		0 x \$1,153.12		0 x \$1,123.17		0 x \$1,112.10	
Family	1 x \$1,995.57		1 x \$1,933.17		1 x \$1,882.97		1 x \$1,864.40	
Monthly Cost	2 \$2,695.77		2 \$2,611.48		2 \$2,543.66		2 \$2,518.58	
Annual Cost	\$32,349.24		\$31,337.76		\$30,523.92		\$30,222.96	

	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
<b>Prescription Drugs</b>						
Drug Card	30%/30%/30% IntDed		10/40/80 IntDed		0%/0%/0% IntDed	
<b>Cost Share Information</b>						
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%	
<b>Office Visits</b>						
Primary Care	\$25 after ded		30% after ded		0% after ded	
Specialist	\$75 after ded		30% after ded		0% after ded	
<b>Inpatient Services</b>						
Inpatient Hospital	30% after ded		30% after ded		0% after ded	
Mental Health Inpatient	30% after ded		30% after ded		0% after ded	
<b>Outpatient Services</b>						
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	
<b>Emergency Care</b>						
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 \$639.56		1 x \$615.25		1 x \$611.51	
EE with Spouse	0 x \$1,279.12		0 x \$1,230.50		0 x \$1,223.02	
EE with Child(ren)	0 x \$1,087.25		0 x \$1,045.92		0 x \$1,039.57	
Family	1 x \$1,822.74		1 x \$1,753.46		1 x \$1,742.81	
Monthly Cost	2 \$2,462.30		2 \$2,368.71		2 \$2,354.32	
Annual Cost	\$29,547.60		\$28,424.52		\$28,251.84	