

	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 \$1,079.61		1 x \$946.68		1 x \$902.80		1 x \$892.38	
EE with Spouse	0 x \$2,159.23		0 x \$1,893.35		0 x \$1,805.61		0 x \$1,784.76	
EE with Child(ren)	0 x \$1,835.34		0 x \$1,609.36		0 x \$1,534.76		0 x \$1,517.04	
Family	1 x \$3,076.89		1 x \$2,698.03		1 x \$2,572.99		1 x \$2,543.28	
Monthly Cost	2 \$4,156.50		2 \$3,644.71		2 \$3,475.79		2 \$3,435.66	
Annual Cost	\$49,878.00		\$43,736.52		\$41,709.48		\$41,227.92	

	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 \$821.59		1 x \$816.57		1 x \$801.70		1 x \$791.12	
EE with Spouse	0 x \$1,643.18		0 x \$1,633.13		0 x \$1,603.40		0 x \$1,582.23	
EE with Child(ren)	0 x \$1,396.70		0 x \$1,388.17		0 x \$1,362.89		0 x \$1,344.89	
Family	1 x \$2,341.53		1 x \$2,327.22		1 x \$2,284.85		1 x \$2,254.68	
Monthly Cost	2 \$3,163.12		2 \$3,143.79		2 \$3,086.55		2 \$3,045.80	
Annual Cost	\$37,957.44		\$37,725.48		\$37,038.60		\$36,549.60	

	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 \$770.99		1 x \$746.88		1 x \$727.49		1 x \$720.32	
EE with Spouse	0 x \$1,541.98		0 x \$1,493.76		0 x \$1,454.97		0 x \$1,440.63	
EE with Child(ren)	0 x \$1,310.68		0 x \$1,269.70		0 x \$1,236.72		0 x \$1,224.54	
Family	1 x \$2,197.33		1 x \$2,128.61		1 x \$2,073.34		1 x \$2,052.90	
Monthly Cost	2 \$2,968.32		2 \$2,875.49		2 \$2,800.83		2 \$2,773.22	
Annual Cost	\$35,619.84		\$34,505.88		\$33,609.96		\$33,278.64	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

	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 \$704.21		1 x \$677.45		1 x \$673.34	
EE with Spouse	0 x \$1,408.43		0 x \$1,354.90		0 x \$1,346.68	
EE with Child(ren)	0 x \$1,197.16		0 x \$1,151.67		0 x \$1,144.68	
Family	1 x \$2,007.01		1 x \$1,930.73		1 x \$1,919.02	
Monthly Cost	2 \$2,711.22		2 \$2,608.18		2 \$2,592.36	
Annual Cost	\$32,534.64		\$31,298.16		\$31,108.32	