

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$15		\$25 ded waived		\$25 ded waived		\$30 ded waived	
Specialist	\$30		\$40 ded waived		\$40 ded waived		\$80 ded waived	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$946.56		1 x \$827.51		1 x \$794.39		1 x \$697.81	
EE with Spouse	0 x \$1,893.13		0 x \$1,655.03		0 x \$1,588.77		0 x \$1,395.63	
EE with Child(ren)	0 x \$1,609.16		0 x \$1,406.77		0 x \$1,350.46		0 x \$1,186.28	
Family	1 x \$2,697.71		1 x \$2,358.41		1 x \$2,264.01		1 x \$1,988.77	
Monthly Cost	2 \$3,644.27		2 \$3,185.92		2 \$3,058.40		2 \$2,686.58	
Annual Cost	\$43,731.24		\$38,231.04		\$36,700.80		\$32,238.96	

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$674.32		1 x \$672.77		1 x \$642.55		1 x \$560.36	
EE with Spouse	0 x \$1,348.64		0 x \$1,345.54		0 x \$1,285.11		0 x \$1,120.72	
EE with Child(ren)	0 x \$1,146.34		0 x \$1,143.71		0 x \$1,092.34		0 x \$952.61	
Family	1 x \$1,921.81		1 x \$1,917.40		1 x \$1,831.28		1 x \$1,597.02	
Monthly Cost	2 \$2,596.13		2 \$2,590.17		2 \$2,473.83		2 \$2,157.38	
Annual Cost	\$31,153.56		\$31,082.04		\$29,685.96		\$25,888.56	

	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
Prescription Drugs				
Drug Card	10/65/90 IntDed		0%/0%/0% IntDed	
Cost Share Information				
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%	
Office Visits				
Primary Care	\$40 after ded		0% after ded	
Specialist	\$75 after ded		0% after ded	
Inpatient Services				
Inpatient Hospital	50% after ded		0% after ded	
Mental Health Inpatient	50% after ded		0% after ded	
Outpatient Services				
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	
Emergency Care				
Emergency Room	\$500 (waived if admitted) after ded		0% after ded	
Urgent Care	\$80 after ded		0% after ded	
Single	1 x \$555.26		1 x \$554.81	
EE with Spouse	0 x \$1,110.52		0 x \$1,109.63	
EE with Child(ren)	0 x \$943.95		0 x \$943.19	
Family	1 x \$1,582.50		1 x \$1,581.22	
Monthly Cost	2 \$2,137.76		2 \$2,136.03	
Annual Cost	\$25,653.12		\$25,632.36	