

	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 \$1,420.50		1 x \$1,259.12		1 x \$1,235.20		1 x \$1,184.12	
EE with Spouse	0 x \$2,840.99		0 x \$2,518.25		0 x \$2,470.41		0 x \$2,368.24	
EE with Child(ren)	0 x \$2,414.84		0 x \$2,140.51		0 x \$2,099.85		0 x \$2,013.00	
Family	1 x \$4,048.41		1 x \$3,588.50		1 x \$3,520.33		1 x \$3,374.74	
Monthly Cost	2 \$5,468.91		2 \$4,847.62		2 \$4,755.53		2 \$4,558.86	
Annual Cost	\$65,626.92		\$58,171.44		\$57,066.36		\$54,706.32	

	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 \$1,164.58		1 x \$1,105.77		1 x \$1,037.77		1 x \$994.44	
EE with Spouse	0 x \$2,329.17		0 x \$2,211.54		0 x \$2,075.55		0 x \$1,988.88	
EE with Child(ren)	0 x \$1,979.79		0 x \$1,879.80		0 x \$1,764.21		0 x \$1,690.55	
Family	1 x \$3,319.06		1 x \$3,151.44		1 x \$2,957.65		1 x \$2,834.15	
Monthly Cost	2 \$4,483.64		2 \$4,257.21		2 \$3,995.42		2 \$3,828.59	
Annual Cost	\$53,803.68		\$51,086.52		\$47,945.04		\$45,943.08	

	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 \$983.90		1 x \$979.59		1 x \$969.85		1 x \$956.35	
EE with Spouse	0 x \$1,967.81		0 x \$1,959.19		0 x \$1,939.69		0 x \$1,912.70	
EE with Child(ren)	0 x \$1,672.63		0 x \$1,665.31		0 x \$1,648.74		0 x \$1,625.79	
Family	1 x \$2,804.13		1 x \$2,791.85		1 x \$2,764.06		1 x \$2,725.60	
Monthly Cost	2 \$3,788.03		2 \$3,771.44		2 \$3,733.91		2 \$3,681.95	
Annual Cost	\$45,456.36		\$45,257.28		\$44,806.92		\$44,183.40	

	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 \$930.70		1 x \$905.97		1 x \$885.60		1 x \$877.69	
EE with Spouse	0 x \$1,861.40		0 x \$1,811.94		0 x \$1,771.20		0 x \$1,755.39	
EE with Child(ren)	0 x \$1,582.19		0 x \$1,540.15		0 x \$1,505.52		0 x \$1,492.08	
Family	1 x \$2,652.49		1 x \$2,582.02		1 x \$2,523.95		1 x \$2,501.43	
Monthly Cost	2 \$3,583.19		2 \$3,487.99		2 \$3,409.55		2 \$3,379.12	
Annual Cost	\$42,998.28		\$41,855.88		\$40,914.60		\$40,549.44	

	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 \$824.48		1 x \$819.44		1 x \$789.39		1 x \$679.84	
EE with Spouse	0 x \$1,648.96		0 x \$1,638.88		0 x \$1,578.79		0 x \$1,359.67	
EE with Child(ren)	0 x \$1,401.62		0 x \$1,393.05		0 x \$1,341.97		0 x \$1,155.72	
Family	1 x \$2,349.77		1 x \$2,335.40		1 x \$2,249.77		1 x \$1,937.53	
Monthly Cost	2 \$3,174.25		2 \$3,154.84		2 \$3,039.16		2 \$2,617.37	
Annual Cost	\$38,091.00		\$37,858.08		\$36,469.92		\$31,408.44	

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