

	Oxford Freedom P FRDM NG 20/40/100 PPO FAIR 20 CNT (PPO) (UCR=80fh%)		Oxford Freedom P FRDM NG 5/15/100 PPO 20 CNT (PPO) (UCR=140mc%)		Oxford Freedom P FRDM NG 20/40/100 PPO 20 CNT (PPO) (UCR=140mc%)		Oxford Freedom P FRDM NG 5/15/100 EPO 20 CNT (EPO) (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	5/30/60/50 ded T2-3		5/30/60/50 ded T2-3		5/30/60/50 ded T2-3		5/30/60/50 ded T2-3	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	2 x \$1,633.35		2 x \$1,451.22		2 x \$1,420.34		2 x \$1,369.51	
EE with Spouse	0 x \$3,266.69		0 x \$2,902.45		0 x \$2,840.67		0 x \$2,739.01	
EE with Child(ren)	0 x \$2,776.69		0 x \$2,467.09		0 x \$2,414.57		0 x \$2,328.16	
Family	0 x \$4,655.04		0 x \$4,135.99		0 x \$4,047.96		0 x \$3,903.09	
Monthly Cost	2 \$3,266.70		2 \$2,902.44		2 \$2,840.68		2 \$2,739.02	
Annual Cost	\$39,200.40		\$34,829.28		\$34,088.16		\$32,868.24	

	Oxford Freedom P FRDM NG 20/40/100 EPO 20 CNT (EPO) (UCR=N/A)		Oxford Freedom G FRDM NG 25/40/1000/80 PPO 20 CNT (PPOc) (UCR=140mc%)		Oxford Freedom G FRDM NG 1500/90 PPO HSA 20 CNT (HSA) (UCR=140mc%)		Oxford Freedom G FRDM NG 50/50/750/90 EPO 20 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	5/30/60/50 ded T2-3		10/35/75/100 ded T2-3		10/35/75 IntDed		10/35/75/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$1,000/\$2,000		\$1,500/\$3,000		\$750/\$1,500	
Individual/Family OOP Limit	\$2,500/\$5,000		\$5,800/\$11,600 (incl ded)		\$4,000/\$8,000 (incl ded)		\$5,200/\$10,400 (incl ded)	
Co-Insurance	0%		20%		10%		10%	
<b>Office Visits</b>								
Primary Care	\$20		\$25 ded waived		10% after ded		\$50 ded waived	
Specialist	\$40		\$40 ded waived		10% after ded		\$50 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$400/admit		20% after ded; pre-auth req		10% after ded; pre-auth req		\$250/day after ded; \$2,500 max/admit	
Mental Health Inpatient	\$400/admit		20% after ded; pre-auth req		10% after ded; pre-auth req		\$250/day after ded; \$2,500 max/admit	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$300; FS-\$100		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req		10% after ded; pre-auth req		Hosp-\$250 after ded; FS-\$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$25 after ded		10% after ded		Lab-No charge; X-ray-\$80 after ded	
Mental Health Outpatient	\$40		\$40 ded waived		10% after ded		\$50 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$200 (waived if admitted)		\$500 (waived if admitted) ded waived		10% after ded		\$500 (waived if admitted) ded waived	
Urgent Care	\$50		\$75 ded waived		10% after ded		\$75 ded waived	
Single	2 x	\$1,342.62	2 x	\$1,215.33	2 x	\$1,157.20	2 x	\$1,149.98
EE with Spouse	0 x	\$2,685.24	0 x	\$2,430.66	0 x	\$2,314.39	0 x	\$2,299.96
EE with Child(ren)	0 x	\$2,282.46	0 x	\$2,066.06	0 x	\$1,967.24	0 x	\$1,954.97
Family	0 x	\$3,826.46	0 x	\$3,463.68	0 x	\$3,298.01	0 x	\$3,277.45
Monthly Cost	2	\$2,685.24	2	\$2,430.66	2	\$2,314.40	2	\$2,299.96
Annual Cost		\$32,222.88		\$29,167.92		\$27,772.80		\$27,599.52

	Oxford Freedom G FRDM NG 15/35/1000/90 EPO 20 CNT (EPOc) (UCR=N/A)		Oxford Freedom G FRDM NG 25/40/1250/80 EPO 20 CNT (EPOc) (UCR=N/A)		Oxford Freedom G FRDM NG 1500/90 EPO HSA 20 CNT (HSA) (UCR=N/A)		Oxford Freedom G FRDM NG 30/60/2250/70 EPO 20 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	15/35/75/100 ded T2-3		15/35/75/100 ded T2-3		10/35/75 IntDed		15/45/75/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,000/\$2,000		\$1,250/\$2,500		\$1,500/\$3,000		\$2,250/\$4,500	
Individual/Family OOP Limit	\$6,500/\$13,000 (incl ded)		\$5,000/\$10,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$8,150/\$16,300 (incl ded)	
Co-Insurance	10%		20%		10%		30%	
<b>Office Visits</b>								
Primary Care	\$15 ded waived		\$25 ded waived		10% after ded		\$30 ded waived	
Specialist	\$35 ded waived		\$40 ded waived		10% after ded		\$60 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		20% after ded		10% after ded		30% after ded	
Mental Health Inpatient	10% after ded		20% after ded		10% after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$300 after ded; FS-\$150 after ded		Hosp-\$250 after ded; FS-\$150 after ded		10% after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$80 after ded		10% after ded		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$35 ded waived		\$40 ded waived		10% after ded		\$60 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$500 (waived if admitted) ded waived		\$400 (waived if admitted) ded waived		10% after ded		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		10% after ded		\$75 ded waived	
Single	2 x \$1,148.84		2 x \$1,125.23		2 x \$1,087.71		2 x \$1,039.66	
EE with Spouse	0 x \$2,297.67		0 x \$2,250.46		0 x \$2,175.41		0 x \$2,079.31	
EE with Child(ren)	0 x \$1,953.02		0 x \$1,912.90		0 x \$1,849.10		0 x \$1,767.42	
Family	0 x \$3,274.18		0 x \$3,206.91		0 x \$3,099.97		0 x \$2,963.02	
Monthly Cost	2 \$2,297.68		2 \$2,250.46		2 \$2,175.42		2 \$2,079.32	
Annual Cost	\$27,572.16		\$27,005.52		\$26,105.04		\$24,951.84	

	Oxford Freedom S FRDM NG 30/60/2000/80 PPO HSA 20 CNT (HSA) (UCR=140mc%)		Oxford Freedom S FRDM NG 40/70/2500/65 PPO 20 CNT (PPOc) (UCR=140mc%)		Oxford Freedom S FRDM NG 25/50/2000/80 EPO HSA 20 CNT (HSA) (UCR=N/A)		Oxford Freedom S FRDM NG 40/70/2500/65 EPO 20 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	15/35/75 IntDed		15/45/75/200 ded T2-3		15/35/75 IntDed		15/45/75/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$2,000/\$4,000	\$4,000/\$8,000	\$2,500/\$5,000	\$4,000/\$8,000	\$2,000/\$4,000		\$2,500/\$5,000	
Individual/Family OOP Limit	\$6,400/\$12,800 (incl ded)	\$10,000/\$20,000 (incl ded)	\$8,150/\$16,300 (incl ded)	\$10,000/\$20,000 (incl ded)	\$6,400/\$12,800 (incl ded)		\$8,150/\$16,300 (incl ded)	
Co-Insurance	20%	50%	35%	50%	20%		35%	
<b>Office Visits</b>								
Primary Care	\$30 after ded	50% after ded	\$40 ded waived	50% after ded	\$25 after ded		\$40 ded waived	
Specialist	\$60 after ded	50% after ded	\$70 ded waived	50% after ded	\$50 after ded		\$70 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	20% after ded; pre-auth req	50% after ded; pre-auth req	35% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		35% after ded	
Mental Health Inpatient	20% after ded; pre-auth req	50% after ded; pre-auth req	35% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		35% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	50% after ded; pre-auth req	35% after ded; pre-auth req	50% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 after ded		35% after ded	
Lab/X-Ray	20% after ded	50% after ded	Lab-\$25 ded waived; X-ray-35% after ded	50% after ded	Lab-20% after ded; X-ray-\$90 after ded		Lab-\$25 ded waived; X-ray-35% after ded	
Mental Health Outpatient	\$60 after ded; pre-auth req	50% after ded; pre-auth req	\$70 ded waived; pre-auth req	50% after ded; pre-auth req	\$50 after ded		\$70 ded waived	
<b>Emergency Care</b>								
Emergency Room	20% after ded	Paid as in-network	50% after ded	Paid as in-network	\$500 (waived if admitted) after ded		50% after ded	
Urgent Care	\$75 after ded	50% after ded	\$75 ded waived	50% after ded	\$75 after ded		\$75 ded waived	
Single	2 x \$1,001.88		2 x \$995.85		2 x \$938.99		2 x \$929.85	
EE with Spouse	0 x \$2,003.77		0 x \$1,991.70		0 x \$1,877.97		0 x \$1,859.70	
EE with Child(ren)	0 x \$1,703.21		0 x \$1,692.94		0 x \$1,596.28		0 x \$1,580.75	
Family	0 x \$2,855.37		0 x \$2,838.18		0 x \$2,676.11		0 x \$2,650.07	
Monthly Cost	2 \$2,003.76		2 \$1,991.70		2 \$1,877.98		2 \$1,859.70	
Annual Cost	\$24,045.12		\$23,900.40		\$22,535.76		\$22,316.40	

	Oxford Freedom S FRDM NG 2000/70 EPO HSA 20 CNT (HSA) (UCR=N/A)		Oxford Freedom B FRDM NG 5500/70 EPO HSA 20 CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	15/35/75 IntDed		10/40/80 IntDed	
<b>Cost Share Information</b>				
Individual/Family Deductible	\$2,000/\$4,000		\$5,500/\$11,000	
Individual/Family OOP Limit	\$6,750/\$13,500 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	30%		30%	
<b>Office Visits</b>				
Primary Care	30% after ded		30% after ded	
Specialist	30% after ded		30% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	30% after ded		30% after ded	
Mental Health Inpatient	30% after ded		30% after ded	
<b>Outpatient Services</b>				
Outpatient Facility	30% after ded		30% after ded	
Lab/X-Ray	30% after ded		30% after ded	
Mental Health Outpatient	30% after ded		30% after ded	
<b>Emergency Care</b>				
Emergency Room	30% after ded		50% after ded	
Urgent Care	30% after ded		30% after ded	
Single	2 x \$917.24		2 x \$788.50	
EE with Spouse	0 x \$1,834.49		0 x \$1,576.99	
EE with Child(ren)	0 x \$1,559.32		0 x \$1,340.44	
Family	0 x \$2,614.14		0 x \$2,247.21	
Monthly Cost	2 \$1,834.48		2 \$1,577.00	
Annual Cost	\$22,013.76		\$18,924.00	