

	Oxford Freedom P FRDM NG 20/40/100 PPO FAIR 21 CNT (PPO) (UCR=80fh%)		Oxford Freedom P FRDM NG 5/15/100 PPO 21 CNT (PPO) (UCR=140mc%)		Oxford Freedom P FRDM NG 20/40/100 PPO 21 CNT (PPO) (UCR=140mc%)		Oxford Freedom P FRDM NG 5/15/100 EPO 21 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	5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$5,000/\$10,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	\$5,000/\$10,000 (incl ded)	\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	
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	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	2 x \$1,683.92		2 x \$1,440.10		2 x \$1,407.89		2 x \$1,386.63	
EE with Spouse	0 x \$3,367.85		0 x \$2,880.19		0 x \$2,815.78		0 x \$2,773.26	
EE with Child(ren)	0 x \$2,862.67		0 x \$2,448.17		0 x \$2,393.42		0 x \$2,357.27	
Family	0 x \$4,799.18		0 x \$4,104.27		0 x \$4,012.49		0 x \$3,951.89	
Monthly Cost	2 \$3,367.84		2 \$2,880.20		2 \$2,815.78		2 \$2,773.26	
Annual Cost	\$40,414.08		\$34,562.40		\$33,789.36		\$33,279.12	

	Oxford Freedom P FRDM NG 20/40/100 EPO 21 CNT (EPO) (UCR=N/A)		Oxford Freedom G FRDM NG 25/40/1500/80 PPO 21 CNT (PPOc) (UCR=140mc%)		Oxford Freedom G FRDM NG 50/50/1000/90 EPO 21 CNT (EPOc) (UCR=N/A)		Oxford Freedom G FRDM NG 15/35/1750/90 EPO 21 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	5/35/70/100 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,500/\$3,000	\$3,000/\$6,000	\$1,000/\$2,000		\$1,750/\$3,500	
Individual/Family OOP Limit	\$3,000/\$6,000		\$6,300/\$12,600 (incl ded)	\$7,500/\$15,000 (incl ded)	\$5,700/\$11,400 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	0%		20%	40%	10%		10%	
Office Visits								
Primary Care	\$20		\$25 ded waived	40% after ded	\$50 ded waived		\$15 ded waived	
Specialist	\$40		\$40 ded waived	40% after ded	\$50 ded waived		\$35 ded waived	
Inpatient Services								
Inpatient Hospital	\$400/admit		20% after ded; pre-auth req	40% after ded; pre-auth req	\$250/day after ded; \$2,500 max/admit		10% after ded	
Mental Health Inpatient	\$400/admit		20% after ded; pre-auth req	40% after ded; pre-auth req	\$250/day after ded; \$2,500 max/admit		10% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	40% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 after ded		Hosp-\$300 after ded; FS-\$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$25 after ded	40% after ded	Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$80 after ded	
Mental Health Outpatient	\$40		\$40 ded waived	40% after ded	\$50 ded waived		\$35 ded waived	
Emergency Care								
Emergency Room	\$250 (waived if admitted)		\$500 (waived if admitted) ded waived	Paid as in-network	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived	
Urgent Care	\$50		\$75 ded waived	40% after ded	\$75 ded waived		\$75 ded waived	
Single	2 x \$1,357.50		2 x \$1,177.25		2 x \$1,148.79		2 x \$1,134.55	
EE with Spouse	0 x \$2,715.00		0 x \$2,354.50		0 x \$2,297.57		0 x \$2,269.09	
EE with Child(ren)	0 x \$2,307.74		0 x \$2,001.32		0 x \$1,952.93		0 x \$1,928.73	
Family	0 x \$3,868.87		0 x \$3,355.15		0 x \$3,274.04		0 x \$3,233.46	
Monthly Cost	2 \$2,715.00		2 \$2,354.50		2 \$2,297.58		2 \$2,269.10	
Annual Cost	\$32,580.00		\$28,254.00		\$27,570.96		\$27,229.20	

	Oxford Freedom G FRDM NG 25/40/1750/80 EPO 21 CNT (EPOc) (UCR=N/A)		Oxford Freedom G FRDM NG 1500/90 PPO HSA 21 CNT (HSA) (UCR=140mc%)		Oxford Freedom G FRDM NG 1500/90 EPO HSA 21 CNT (HSA) (UCR=N/A)		Oxford Freedom G FRDM NG 30/60/2250/70 EPO 21 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	10/40/80/150 ded T2-3		10/40/80 IntDed		10/40/80 IntDed		10/40/80/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,750/\$3,500		\$1,500/\$3,000	\$3,000/\$6,000	\$1,500/\$3,000		\$2,250/\$4,500	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$5,000/\$10,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$5,000/\$10,000 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	20%		10%	40%	10%		30%	
Office Visits								
Primary Care	\$25 ded waived		10% after ded	40% after ded	10% after ded		\$30 ded waived	
Specialist	\$40 ded waived		10% after ded	40% after ded	10% after ded		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded		10% after ded; pre-auth req	40% after ded; pre-auth req	10% after ded		30% after ded	
Mental Health Inpatient	20% after ded		10% after ded; pre-auth req	40% after ded; pre-auth req	10% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded; FS-\$150 after ded		10% after ded; pre-auth req	40% after ded; pre-auth req	10% after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded		10% after ded	40% after ded	10% after ded		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$40 ded waived		10% after ded	40% after ded	10% after ded		\$60 ded waived	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		50% after ded	Paid as in-network	50% after ded		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		10% after ded	40% after ded	10% after ded		\$75 ded waived	
Single	2 x \$1,124.66		2 x \$1,118.04		2 x \$1,071.75		2 x \$1,047.13	
EE with Spouse	0 x \$2,249.32		0 x \$2,236.09		0 x \$2,143.49		0 x \$2,094.26	
EE with Child(ren)	0 x \$1,911.93		0 x \$1,900.68		0 x \$1,821.97		0 x \$1,780.12	
Family	0 x \$3,205.28		0 x \$3,186.43		0 x \$3,054.48		0 x \$2,984.32	
Monthly Cost	2 \$2,249.32		2 \$2,236.08		2 \$2,143.50		2 \$2,094.26	
Annual Cost	\$26,991.84		\$26,832.96		\$25,722.00		\$25,131.12	

	Oxford Freedom S FRDM NG 30/60/2000/80 PPO HSA 21 CNT (HSA) (UCR=140mc%)		Oxford Freedom S FRDM NG 40/70/3000/65 PPO 21 CNT (PPOc) (UCR=140mc%)		Oxford Freedom S FRDM NG 25/50/2250/80 EPO HSA 21 CNT (HSA) (UCR=N/A)		Oxford Freedom S FRDM NG 40/70/3000/65 EPO 21 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	10/40/80 IntDed		10/40/80/200 ded T2-3		10/40/80 IntDed		10/40/80/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000	\$4,000/\$8,000	\$2,250/\$4,500		\$3,000/\$6,000	
Individual/Family OOP Limit	\$6,400/\$12,800 (incl ded)	\$10,000/\$20,000 (incl ded)	\$8,550/\$17,100 (incl ded)	\$10,000/\$20,000 (incl ded)	\$6,400/\$12,800 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	20%	50%	35%	50%	20%		35%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
Emergency Room	50% 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 \$985.27		2 x \$979.15		2 x \$944.41		2 x \$934.80	
EE with Spouse	0 x \$1,970.54		0 x \$1,958.31		0 x \$1,888.82		0 x \$1,869.60	
EE with Child(ren)	0 x \$1,674.95		0 x \$1,664.56		0 x \$1,605.49		0 x \$1,589.16	
Family	0 x \$2,808.02		0 x \$2,790.59		0 x \$2,691.57		0 x \$2,664.19	
Monthly Cost	2 \$1,970.54		2 \$1,958.30		2 \$1,888.82		2 \$1,869.60	
Annual Cost	\$23,646.48		\$23,499.60		\$22,665.84		\$22,435.20	

	Oxford Freedom S FRDM NG 2000/70 EPO HSA 21 CNT (HSA) (UCR=N/A)		Oxford Freedom B FRDM NG 5800/50 EPO HSA 21 CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	10/40/80 IntDed		10/40/80 IntDed	
Cost Share Information				
Individual/Family Deductible	\$2,000/\$4,000		\$5,800/\$11,600	
Individual/Family OOP Limit	\$6,900/\$13,800 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	30%		50%	
Office Visits				
Primary Care	30% after ded		50% after ded	
Specialist	30% after ded		50% after ded	
Inpatient Services				
Inpatient Hospital	30% after ded		50% after ded	
Mental Health Inpatient	30% after ded		50% after ded	
Outpatient Services				
Outpatient Facility	30% after ded		50% after ded	
Lab/X-Ray	30% after ded		50% after ded	
Mental Health Outpatient	30% after ded		50% after ded	
Emergency Care				
Emergency Room	50% after ded		50% after ded	
Urgent Care	30% after ded		50% after ded	
Single	2 x \$921.71		2 x \$796.40	
EE with Spouse	0 x \$1,843.42		0 x \$1,592.80	
EE with Child(ren)	0 x \$1,566.91		0 x \$1,353.89	
Family	0 x \$2,626.88		0 x \$2,269.74	
Monthly Cost	2 \$1,843.42		2 \$1,592.80	
Annual Cost	\$22,121.04		\$19,113.60	