

	Oxford Metro NY P MTRO GT 15/30/100 EPO 22 CNT (EPO) (UCR=N/A)		Oxford Metro NY G MTRO NG 25/40/1250/80 EPO ME 22 CNT (EPOc) (UCR=N/A)		Oxford Metro NY G MTRO GT 25/40/1250/80 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Metro NY S MTRO NG 50/100/100 EPO ZD 22 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	10/65/95/150 ded T2-3		10/65/95/150 ded T2-3		10/65/95/150 ded T2-3		15/65/95/150 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$1,250/\$2,500		\$1,250/\$2,500		N/A	
Individual/Family OOP Limit	\$3,250/\$6,500		\$6,000/\$12,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$8,700/\$17,400	
Co-Insurance	0%		20%		20%		0%	
<b>Office Visits</b>								
Primary Care	\$15		\$25 ded waived		\$25 ded waived		\$50	
Specialist	\$30		\$40 ded waived		\$40 ded waived		\$100	
<b>Inpatient Services</b>								
Inpatient Hospital	\$200/day; \$800 max/admit		20% after ded		20% after ded		\$1,000/admit	
Mental Health Inpatient	\$200/day; \$800 max/admit		20% after ded		20% after ded		\$1,000/admit	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$500; FS-\$100		Hosp-\$500 after ded; FS-\$200 after ded		Hosp-\$500 after ded; FS-\$200 after ded		Hosp-\$700; FS-\$500	
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-\$40; X-ray-\$150	
Mental Health Outpatient	\$30		\$40 ded waived		\$40 ded waived		\$100	
<b>Emergency Care</b>								
Emergency Room	\$250 (waived if admitted)		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$1,400 (waived if admitted)	
Urgent Care	\$50		\$65 ded waived		\$65 ded waived		\$100	
Single	2 x \$1,092.75		2 x \$959.94		2 x \$926.58		2 x \$895.91	
EE with Spouse	0 x \$2,185.50		0 x \$1,919.88		0 x \$1,853.16		0 x \$1,791.82	
EE with Child(ren)	0 x \$1,857.68		0 x \$1,631.90		0 x \$1,575.19		0 x \$1,523.05	
Family	0 x \$3,114.34		0 x \$2,735.83		0 x \$2,640.75		0 x \$2,553.34	
Monthly Cost	2 \$2,185.50		2 \$1,919.88		2 \$1,853.16		2 \$1,791.82	
Annual Cost	\$26,226.00		\$23,038.56		\$22,237.92		\$21,501.84	

	Oxford Metro NY S MTRO GT 40/70/3000/65 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Metro NY S MTRO NG 30/80/3500/70 EPO ME 22 CNT (EPOc) (UCR=N/A)		Oxford Metro NY S MTRO GT 30/80/3500/70 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Metro NY S MTRO GT 35/50/3500/70 EPO HSA 22 CNT (HSA) (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	10/50/90/200 ded T2-3		10/65/95/150 ded T2-3		10/65/95/150 ded T2-3		10/65/50%to\$800 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$3,000/\$6,000		\$3,500/\$7,000		\$3,500/\$7,000		\$3,500/\$7,000	
Individual/Family OOP Limit	\$8,700/\$17,400 (incl ded)		\$8,700/\$17,400 (incl ded)		\$8,700/\$17,400 (incl ded)		\$7,050/\$14,100 (incl ded)	
Co-Insurance	35%		30%		30%		30%	
<b>Office Visits</b>								
Primary Care	\$40 ded waived		\$30 ded waived		\$30 ded waived		\$35 after ded	
Specialist	\$70 ded waived		\$80 ded waived		\$80 ded waived		\$50 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	35% after ded		30% after ded		30% after ded		30% after ded	
Mental Health Inpatient	35% after ded		30% after ded		30% after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	35% after ded		30% after ded		30% after ded		Hosp-\$750 after ded; FS-\$300 after ded	
Lab/X-Ray	Lab-\$25 ded waived; X-ray-35% after ded		Lab-\$20 ded waived; X-ray-30% after ded		Lab-\$20 ded waived; X-ray-30% after ded		Lab-\$15 after ded; X-ray-\$50 after ded	
Mental Health Outpatient	\$70 ded waived		\$80 ded waived		\$80 ded waived		\$50 after ded	
<b>Emergency Care</b>								
Emergency Room	50% after ded		50% after ded		50% after ded		\$500 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$80 ded waived		\$80 ded waived		\$80 after ded	
Single	2 x \$803.25		2 x \$797.88		2 x \$770.15		2 x \$732.14	
EE with Spouse	0 x \$1,606.50		0 x \$1,595.76		0 x \$1,540.30		0 x \$1,464.28	
EE with Child(ren)	0 x \$1,365.53		0 x \$1,356.40		0 x \$1,309.26		0 x \$1,244.64	
Family	0 x \$2,289.26		0 x \$2,273.96		0 x \$2,194.93		0 x \$2,086.60	
Monthly Cost	2 \$1,606.50		2 \$1,595.76		2 \$1,540.30		2 \$1,464.28	
Annual Cost	\$19,278.00		\$19,149.12		\$18,483.60		\$17,571.36	

	Oxford Metro NY B MTRO GT 7000/100 EPO HSA 22 CNT (HSA) (UCR=N/A)		Oxford Metro NY B MTRO GT 40/75/6500/50 EPO HSA 22 CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	0%/0%/0% IntDed		10/65/95 IntDed	
<b>Cost Share Information</b>				
Individual/Family Deductible	\$7,000/\$14,000		\$6,500/\$13,000	
Individual/Family OOP Limit	\$7,050/\$14,100 (incl ded)		\$7,050/\$14,100 (incl ded)	
Co-Insurance	0%		50%	
<b>Office Visits</b>				
Primary Care	0% after ded		\$40 after ded	
Specialist	0% after ded		\$75 after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	0% after ded		50% after ded	
Mental Health Inpatient	0% after ded		50% after ded	
<b>Outpatient Services</b>				
Outpatient Facility	0% after ded		Hosp-\$1,000 after ded; FS-\$500 after ded	
Lab/X-Ray	0% after ded		Lab-\$15 after ded; X-ray-50% after ded	
Mental Health Outpatient	0% after ded		\$75 after ded	
<b>Emergency Care</b>				
Emergency Room	0% after ded		\$500 (waived if admitted) after ded	
Urgent Care	0% after ded		\$80 after ded	
Single	2 x \$682.01		2 x \$679.11	
EE with Spouse	0 x \$1,364.02		0 x \$1,358.22	
EE with Child(ren)	0 x \$1,159.42		0 x \$1,154.49	
Family	0 x \$1,943.73		0 x \$1,935.46	
Monthly Cost	2 \$1,364.02		2 \$1,358.22	
Annual Cost	\$16,368.24		\$16,298.64	