

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$15		\$25 ded waived		\$25 ded waived		\$50	
Specialist	\$30		\$40 ded waived		\$40 ded waived		\$100	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$1,175.57		2 x \$1,032.69		2 x \$996.81		2 x \$963.81	
EE with Spouse	0 x \$2,351.14		0 x \$2,065.38		0 x \$1,993.62		0 x \$1,927.62	
EE with Child(ren)	0 x \$1,998.47		0 x \$1,755.57		0 x \$1,694.58		0 x \$1,638.48	
Family	0 x \$3,350.37		0 x \$2,943.17		0 x \$2,840.91		0 x \$2,746.86	
Monthly Cost	2 \$2,351.14		2 \$2,065.38		2 \$1,993.62		2 \$1,927.62	
Annual Cost	\$28,213.68		\$24,784.56		\$23,923.44		\$23,131.44	

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$864.12		2 x \$858.35		2 x \$828.52		2 x \$787.63	
EE with Spouse	0 x \$1,728.24		0 x \$1,716.70		0 x \$1,657.04		0 x \$1,575.26	
EE with Child(ren)	0 x \$1,469.00		0 x \$1,459.20		0 x \$1,408.48		0 x \$1,338.97	
Family	0 x \$2,462.74		0 x \$2,446.30		0 x \$2,361.28		0 x \$2,244.75	
Monthly Cost	2 \$1,728.24		2 \$1,716.70		2 \$1,657.04		2 \$1,575.26	
Annual Cost	\$20,738.88		\$20,600.40		\$19,884.48		\$18,903.12	

	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
Prescription Drugs				
Drug Card	0%/0%/0% IntDed		10/65/95 IntDed	
Cost Share Information				
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%	
Office Visits				
Primary Care	0% after ded		\$40 after ded	
Specialist	0% after ded		\$75 after ded	
Inpatient Services				
Inpatient Hospital	0% after ded		50% after ded	
Mental Health Inpatient	0% after ded		50% after ded	
Outpatient Services				
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	
Emergency Care				
Emergency Room	0% after ded		\$500 (waived if admitted) after ded	
Urgent Care	0% after ded		\$80 after ded	
Single	2 x \$733.70		2 x \$730.58	
EE with Spouse	0 x \$1,467.40		0 x \$1,461.16	
EE with Child(ren)	0 x \$1,247.29		0 x \$1,241.99	
Family	0 x \$2,091.05		0 x \$2,082.15	
Monthly Cost	2 \$1,467.40		2 \$1,461.16	
Annual Cost	\$17,608.80		\$17,533.92	