

	Oxford Liberty NY G LBTY NG 25/50/100 EPO ZD 25 CNT (EPO) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/1250/100 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/1800/70 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 1650/90 EPO HSA PR 25 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		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$1,250/\$2,500		\$1,800/\$3,600		\$1,650/\$3,300	
Individual/Family OOP Limit	\$7,000/\$14,000		\$7,000/\$14,000 (incl ded)		\$7,500/\$15,000 (incl ded)		\$5,750/\$11,500 (incl ded)	
Co-Insurance	0%		0%		30%		10%	
<b>Office Visits</b>								
Primary Care	\$25		\$30 ded waived		\$30 ded waived		10% after ded	
Specialist	\$50		\$60 ded waived		\$60 ded waived		10% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit		\$500/day after ded; \$2,000 max/admit		30% after ded		10% after ded	
Mental Health Inpatient	\$500/admit		\$500/day after ded; \$2,000 max/admit		30% after ded		10% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$250		\$150 after ded		30% after ded		10% after ded	
Lab/X-Ray	Lab-\$60; X-ray-\$50		Lab-50% after ded; X-ray-\$35 after ded		Lab-50% after ded; X-ray-30% after ded		10% after ded	
Mental Health Outpatient	\$50		\$60 ded waived		\$60 ded waived		10% after ded	
<b>Emergency Care</b>								
Emergency Room	\$750 (waived if admitted)		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		50% after ded	
Urgent Care	\$75		\$75 ded waived		\$75 ded waived		10% after ded	
Single	2 x \$1,338.79		2 x \$1,259.03		2 x \$1,204.71		2 x \$1,191.17	
EE with Spouse	0 x \$2,677.57		0 x \$2,518.05		0 x \$2,409.42		0 x \$2,382.33	
EE with Child(ren)	0 x \$2,275.93		0 x \$2,140.34		0 x \$2,048.00		0 x \$2,024.98	
Family	0 x \$3,815.54		0 x \$3,588.23		0 x \$3,433.42		0 x \$3,394.82	
Monthly Cost	2 \$2,677.58		2 \$2,518.06		2 \$2,409.42		2 \$2,382.34	
Annual Cost	\$32,130.96		\$30,216.72		\$28,913.04		\$28,588.08	

	Oxford Liberty NY S LBTY NG 50/100/100 EPO ZD 25 CNT (EPO) (UCR=N/A)		Oxford Liberty NY S LBTY NG 40/80/3250/60 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/60/4500/50 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/60/3000/80 EPO HSA 25 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	15/65/95/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$3,250/\$6,500		\$4,500/\$9,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$9,200/\$18,400		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)		\$7,150/\$14,300 (incl ded)	
Co-Insurance	0%		40%		50%		20%	
<b>Office Visits</b>								
Primary Care	\$50		\$40 ded waived		\$30 ded waived		\$30 after ded	
Specialist	\$100		\$80 ded waived		\$60 ded waived		\$60 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$1,500/admit		40% after ded		50% after ded		20% after ded	
Mental Health Inpatient	\$1,500/admit		40% after ded		50% after ded		20% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$250		40% after ded		50% after ded		\$250 after ded	
Lab/X-Ray	Lab-\$60; X-ray-\$200		Lab-50% after ded; X-ray-40% after ded		50% after ded		Lab-20% after ded; X-ray-\$90 after ded	
Mental Health Outpatient	\$100		\$80 ded waived		\$60 ded waived		\$60 after ded	
<b>Emergency Care</b>								
Emergency Room	\$1,500 (waived if admitted)		50% after ded		50% after ded		\$500 (waived if admitted) after ded	
Urgent Care	\$100		\$100 ded waived		\$100 ded waived		\$100 after ded	
Single	2 x \$1,190.61		2 x \$1,059.74		2 x \$1,057.14		2 x \$1,055.46	
EE with Spouse	0 x \$2,381.23		0 x \$2,119.47		0 x \$2,114.28		0 x \$2,110.91	
EE with Child(ren)	0 x \$2,024.05		0 x \$1,801.55		0 x \$1,797.14		0 x \$1,794.28	
Family	0 x \$3,393.25		0 x \$3,020.25		0 x \$3,012.86		0 x \$3,008.05	
Monthly Cost	2 \$2,381.22		2 \$2,119.48		2 \$2,114.28		2 \$2,110.92	
Annual Cost	\$28,574.64		\$25,433.76		\$25,371.36		\$25,331.04	

	Oxford Liberty NY S LBTY NG 30/75/4000/50 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 4000/80 EPO HSA PR 25 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 7250/100 EPO HSA 25 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 25/75/5750/70 EPO HSA 25 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	10/50/50%to\$800/200 ded T2-3		10/50/90 IntDed		0%/0%/0% IntDed		30%/30%/30% IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$4,000/\$8,000		\$4,000/\$8,000		\$7,250/\$14,500		\$5,750/\$11,500	
Individual/Family OOP Limit	\$9,200/\$18,400 (incl ded)		\$8,000/\$16,000 (incl ded)		\$7,250/\$14,500 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	50%		20%		0%		30%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		20% after ded		0% after ded		\$25 after ded	
Specialist	\$75 ded waived		20% after ded		0% after ded		\$75 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	50% after ded		20% after ded		0% after ded		30% after ded	
Mental Health Inpatient	50% after ded		20% after ded		0% after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	50% after ded		20% after ded		0% after ded		30% after ded	
Lab/X-Ray	50% after ded		20% after ded		0% after ded		30% after ded	
Mental Health Outpatient	\$75 ded waived		20% after ded		0% after ded		\$75 after ded	
<b>Emergency Care</b>								
Emergency Room	\$600 (waived if admitted) after ded		50% after ded		0% after ded		50% after ded	
Urgent Care	\$100 ded waived		20% after ded		0% after ded		30% after ded	
Single	2 x \$1,042.57		2 x \$1,002.04		2 x \$967.61		2 x \$952.55	
EE with Spouse	0 x \$2,085.13		0 x \$2,004.08		0 x \$1,935.22		0 x \$1,905.11	
EE with Child(ren)	0 x \$1,772.37		0 x \$1,703.46		0 x \$1,644.94		0 x \$1,619.34	
Family	0 x \$2,971.31		0 x \$2,855.81		0 x \$2,757.69		0 x \$2,714.77	
Monthly Cost	2 \$2,085.14		2 \$2,004.08		2 \$1,935.22		2 \$1,905.10	
Annual Cost	\$25,021.68		\$24,048.96		\$23,222.64		\$22,861.20	