

	Oxford Metro NY G MTRO NG 25/40/1250/80 EPO ME 25 CNT (EPOc) (UCR=N/A)		Oxford Metro NY G MTRO GT 25/40/1250/80 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Metro NY S MTRO NG 50/100/100 EPO ZD 25 CNT (EPO) (UCR=N/A)		Oxford Metro NY S MTRO NG 30/80/3750/60 EPO ME 25 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	10/65/95/150 ded T2-3		10/65/95/150 ded T2-3		15/65/95/200 ded T2-3		10/65/95/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,250/\$2,500		\$1,250/\$2,500		N/A		\$3,750/\$7,500	
Individual/Family OOP Limit	\$6,500/\$13,000 (incl ded)		\$6,500/\$13,000 (incl ded)		\$9,200/\$18,400		\$9,200/\$18,400 (incl ded)	
Co-Insurance	20%		20%		0%		40%	
Office Visits								
Primary Care	\$25 ded waived		\$25 ded waived		\$50		\$30 ded waived	
Specialist	\$40 ded waived		\$40 ded waived		\$100		\$80 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded		20% after ded		\$1,500/admit		40% after ded	
Mental Health Inpatient	20% after ded		20% after ded		\$1,500/admit		40% after ded	
Outpatient Services								
Outpatient Facility	\$200 after ded		\$200 after ded		\$250		40% after ded	
Lab/X-Ray	Lab-50% after ded; X-ray-\$50 after ded		Lab-50% after ded; X-ray-\$50 after ded		Lab-\$60; X-ray-\$200		Lab-50% after ded; X-ray-40% after ded	
Mental Health Outpatient	\$40 ded waived		\$40 ded waived		\$100		\$80 ded waived	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$1,500 (waived if admitted)		50% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$100		\$100 ded waived	
Single	2 x \$1,156.06		2 x \$1,115.73		2 x \$1,095.97		2 x \$970.61	
EE with Spouse	0 x \$2,312.12		0 x \$2,231.46		0 x \$2,191.93		0 x \$1,941.21	
EE with Child(ren)	0 x \$1,965.30		0 x \$1,896.74		0 x \$1,863.14		0 x \$1,650.03	
Family	0 x \$3,294.77		0 x \$3,179.83		0 x \$3,123.50		0 x \$2,766.23	
Monthly Cost	2 \$2,312.12		2 \$2,231.46		2 \$2,191.94		2 \$1,941.22	
Annual Cost	\$27,745.44		\$26,777.52		\$26,303.28		\$23,294.64	

	Oxford Metro NY S MTRO GT 30/80/3750/60 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Metro NY S MTRO GT 35/50/4000/70 EPO HSA 25 CNT (HSA) (UCR=N/A)		Oxford Metro NY B MTRO GT 7250/100 EPO HSA 25 CNT (HSA) (UCR=N/A)		Oxford Metro NY B MTRO GT 40/75/6500/50 EPO HSA 25 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	10/65/95/200 ded T2-3		10/65/50%to\$800 IntDed		0%/0%/0% IntDed		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,750/\$7,500		\$4,000/\$8,000		\$7,250/\$14,500		\$6,500/\$13,000	
Individual/Family OOP Limit	\$9,200/\$18,400 (incl ded)		\$7,200/\$14,400 (incl ded)		\$7,250/\$14,500 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	40%		30%		0%		50%	
Office Visits								
Primary Care	\$30 ded waived		\$35 after ded		0% after ded		\$40 after ded	
Specialist	\$80 ded waived		\$50 after ded		0% after ded		\$75 after ded	
Inpatient Services								
Inpatient Hospital	40% after ded		30% after ded		0% after ded		50% after ded	
Mental Health Inpatient	40% after ded		30% after ded		0% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	40% after ded		\$300 after ded		0% after ded		\$500 after ded	
Lab/X-Ray	Lab-50% after ded; X-ray-40% after ded		Lab-\$15 after ded; X-ray- \$50 after ded		0% after ded		Lab-\$15 after ded; X-ray-50% after ded	
Mental Health Outpatient	\$80 ded waived		\$50 after ded		0% after ded		\$75 after ded	
Emergency Care								
Emergency Room	50% after ded		\$500 (waived if admitted) after ded		0% after ded		\$500 (waived if admitted) after ded	
Urgent Care	\$100 ded waived		\$100 after ded		0% after ded		\$100 after ded	
Single	2 x \$936.77		2 x \$908.34		2 x \$860.54		2 x \$843.53	
EE with Spouse	0 x \$1,873.53		0 x \$1,816.67		0 x \$1,721.09		0 x \$1,687.07	
EE with Child(ren)	0 x \$1,592.50		0 x \$1,544.17		0 x \$1,462.92		0 x \$1,434.00	
Family	0 x \$2,669.78		0 x \$2,588.75		0 x \$2,452.55		0 x \$2,404.08	
Monthly Cost	2 \$1,873.54		2 \$1,816.68		2 \$1,721.08		2 \$1,687.06	
Annual Cost	\$22,482.48		\$21,800.16		\$20,652.96		\$20,244.72	