

	Oxford Freedom NY P FRDM NG 20/40/100 PPO FAIR 25 CNT (PPO) (UCR=80fh%)		Oxford Freedom NY P FRDM NG 5/15/100 PPO 25 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 20/40/100 PPO 25 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 5/15/100 EPO 25 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	\$10,000/\$20,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,250/\$6,500	\$25,000/\$50,000 (incl ded)	\$3,750/\$7,500	\$5,500/\$11,000 (incl ded)	\$3,250/\$6,500	\$8,000/\$16,000 (incl ded)	\$3,750/\$7,500	
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	20% after ded	\$200/admit	30% after ded	\$400/admit	30% after ded	\$200/admit	
Mental Health Inpatient	\$400/admit	20% after ded	\$200/admit	30% after ded	\$400/admit	30% after ded	\$200/admit	
Outpatient Services								
Outpatient Facility	\$300	20% after ded; pre-auth req	\$100	30% after ded; pre-auth req	\$300	30% after ded; pre-auth req	\$100	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$90	Lab-Not covered; X-ray-20% after ded	Lab-No charge/\$60 (D/ND); X-ray-\$90	Lab-Not covered; X-ray-30% after ded	Lab-No charge/\$60 (D/ND); X-ray-\$90	Lab-Not covered; X-ray-30% after ded	Lab-No charge/\$60 (D/ND); X-ray-\$90	
Mental Health Outpatient	\$40	20% after ded	\$15	30% after ded	\$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	\$2,001.83	2 x	\$1,677.49	2 x	\$1,644.12	2 x	\$1,619.22
EE with Spouse	0 x	\$4,003.66	0 x	\$3,354.99	0 x	\$3,288.23	0 x	\$3,238.44
EE with Child(ren)	0 x	\$3,403.11	0 x	\$2,851.74	0 x	\$2,795.00	0 x	\$2,752.67
Family	0 x	\$5,705.22	0 x	\$4,780.86	0 x	\$4,685.73	0 x	\$4,614.77
Monthly Cost	2	\$4,003.66	2	\$3,354.98	2	\$3,288.24	2	\$3,238.44
Annual Cost		\$48,043.92		\$40,259.76		\$39,458.88		\$38,861.28

	Oxford Freedom NY P FRDM NG 15/25/100 EPO 25 CNT (EPO) (UCR=N/A)		Oxford Freedom NY P FRDM NG 20/40/100 EPO 25 CNT (EPO) (UCR=N/A)		Oxford Freedom NY P FRDM NG 10/25/250/90 EPO 25 CNT (EPO)c (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/50/100 EPO ZD 25 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		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		10/65/95/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$250/\$500		N/A	
Individual/Family OOP Limit	\$3,500/\$7,000		\$3,250/\$6,500		\$2,750/\$5,500 (incl ded)		\$7,000/\$14,000	
Co-Insurance	0%		0%		10%		0%	
Office Visits								
Primary Care	\$15		\$20		\$10 ded waived		\$25	
Specialist	\$25		\$40		\$25 ded waived		\$50	
Inpatient Services								
Inpatient Hospital	\$200/day; \$800 max/admit		\$400/admit		10% after ded		\$500/admit	
Mental Health Inpatient	\$200/day; \$800 max/admit \$200/day; \$800 max/admit		\$400/admit		10% after ded		\$500/admit	
Outpatient Services								
Outpatient Facility	\$100		\$300		10% after ded		\$250	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$200		Lab-No charge/\$60 (D/ND); X-ray-\$90		Lab-No charge/50% after ded (D/ND); X-ray-10% after ded		Lab-No charge/\$60 (D/ND); X-ray-\$50	
Mental Health Outpatient	\$25		\$40		\$25 ded waived		\$50	
Emergency Care								
Emergency Room	\$250 (waived if admitted)		\$250 (waived if admitted)		50% after ded		\$750 (waived if admitted)	
Urgent Care	\$50		\$50		\$50 ded waived		\$75	
Single	2 x	\$1,593.43	2 x	\$1,589.26	2 x	\$1,538.17	2 x	\$1,443.14
EE with Spouse	0 x	\$3,186.86	0 x	\$3,178.51	0 x	\$3,076.33	0 x	\$2,886.28
EE with Child(ren)	0 x	\$2,708.83	0 x	\$2,701.73	0 x	\$2,614.88	0 x	\$2,453.34
Family	0 x	\$4,541.27	0 x	\$4,529.38	0 x	\$4,383.77	0 x	\$4,112.96
Monthly Cost	2	\$3,186.86	2	\$3,178.52	2	\$3,076.34	2	\$2,886.28
Annual Cost		\$38,242.32		\$38,142.24		\$36,916.08		\$34,635.36

	Oxford Freedom NY G FRDM NG 25/40/1500/80 PPO 25 CNT (PPOc) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 50/50/1000/90 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 15/35/1750/90 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/40/1750/80 EPO 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	10/40/80/150 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	\$1,500/\$3,000	\$4,000/\$8,000	\$1,000/\$2,000		\$1,750/\$3,500		\$1,750/\$3,500	
Individual/Family OOP Limit	\$7,250/\$14,500 (incl ded)	\$10,500/\$21,000 (incl ded)	\$6,700/\$13,400 (incl ded)		\$8,000/\$16,000 (incl ded)		\$6,500/\$13,000 (incl ded)	
Co-Insurance	20%	40%	10%		10%		20%	
Office Visits								
Primary Care	\$25 ded waived	40% after ded	\$50 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$40 ded waived	40% after ded	\$50 ded waived		\$35 ded waived		\$40 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded	40% after ded	\$250/day after ded		10% after ded		20% after ded	
Mental Health Inpatient	20% after ded	40% after ded	\$250/day after ded		10% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	\$150 after ded	40% after ded; pre-auth req	\$150 after ded		\$150 after ded		\$150 after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-\$25 after ded	Lab-Not covered; X-ray-40% after ded	Lab-No charge/50% after ded (D/ND); X-ray-\$80 after ded		Lab-No charge/50% after ded (D/ND); X-ray-\$80 after ded		Lab-No charge/50% after ded (D/ND); X-ray-\$80 after ded	
Mental Health Outpatient	\$40 ded waived	40% after ded	\$50 ded waived		\$35 ded waived		\$40 ded waived	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived	Paid as in-network	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived	40% after ded	\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x \$1,402.75		2 x \$1,364.48		2 x \$1,353.60		2 x \$1,346.92	
EE with Spouse	0 x \$2,805.50		0 x \$2,728.96		0 x \$2,707.20		0 x \$2,693.83	
EE with Child(ren)	0 x \$2,384.68		0 x \$2,319.62		0 x \$2,301.13		0 x \$2,289.76	
Family	0 x \$3,997.83		0 x \$3,888.76		0 x \$3,857.76		0 x \$3,838.71	
Monthly Cost	2 \$2,805.50		2 \$2,728.96		2 \$2,707.20		2 \$2,693.84	
Annual Cost	\$33,666.00		\$32,747.52		\$32,486.40		\$32,326.08	

	Oxford Freedom NY G FRDM NG 1650/90 PPO HSA 25 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 30/60/2250/70 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 2000/100 EPO HSA PR 25 CNT (HSA) (UCR=N/A)		Oxford Freedom NY G FRDM NG 1650/90 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	10/40/80 IntDed		10/40/80/150 ded T2-3		10/40/80 IntDed		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,650/\$3,300	\$4,000/\$8,000	\$2,250/\$4,500		\$2,000/\$4,000		\$1,650/\$3,300	
Individual/Family OOP Limit	\$5,750/\$11,500 (incl ded)	\$10,500/\$21,000 (incl ded)	\$7,250/\$14,500 (incl ded)		\$7,050/\$14,100 (incl ded)		\$5,750/\$11,500 (incl ded)	
Co-Insurance	10%	40%	30%		0%		10%	
Office Visits								
Primary Care	10% after ded	40% after ded	\$30 ded waived		0% after ded		10% after ded	
Specialist	10% after ded	40% after ded	\$60 ded waived		0% after ded		10% after ded	
Inpatient Services								
Inpatient Hospital	10% after ded	40% after ded	30% after ded		0% after ded		10% after ded	
Mental Health Inpatient	10% after ded	40% after ded	30% after ded		0% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	10% after ded	40% after ded	30% after ded		0% after ded		10% after ded	
Lab/X-Ray	10% after ded	Lab-Not covered; X-ray-40% after ded	Lab-No charge/50% after ded (D/ND); X-ray-30% after ded		0% after ded		10% after ded	
Mental Health Outpatient	10% after ded	40% after ded	\$60 ded waived		0% after ded		10% after ded	
Emergency Care								
Emergency Room	50% after ded	Paid as in-network	\$500 (waived if admitted) ded waived		50% after ded		50% after ded	
Urgent Care	10% after ded	40% after ded	\$75 ded waived		0% after ded		10% after ded	
Single	2 x \$1,334.02		2 x \$1,299.83		2 x \$1,291.23		2 x \$1,286.52	
EE with Spouse	0 x \$2,668.03		0 x \$2,599.66		0 x \$2,582.47		0 x \$2,573.04	
EE with Child(ren)	0 x \$2,267.83		0 x \$2,209.71		0 x \$2,195.10		0 x \$2,187.08	
Family	0 x \$3,801.95		0 x \$3,704.51		0 x \$3,680.02		0 x \$3,666.58	
Monthly Cost	2 \$2,668.04		2 \$2,599.66		2 \$2,582.46		2 \$2,573.04	
Annual Cost	\$32,016.48		\$31,195.92		\$30,989.52		\$30,876.48	

	Oxford Freedom NY S FRDM NG 50/100/100 EPO ZD 25 CNT (EPO) (UCR=N/A)		Oxford Freedom NY S FRDM NG 40/80/3250/60 PPO 25 CNT (PPOc) (UCR=140mc%)		Oxford Freedom NY S FRDM NG 30/60/2250/70 PPO HSA 25 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY S FRDM NG 40/80/3250/60 EPO 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	15/65/95/200 ded T2-3		10/50/90/200 ded T2-3		10/40/80 IntDed		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$3,250/\$6,500	\$6,000/\$12,000	\$2,250/\$4,500	\$6,000/\$12,000	\$3,250/\$6,500	
Individual/Family OOP Limit	\$9,200/\$18,400		\$9,200/\$18,400 (incl ded)	\$15,500/\$31,000 (incl ded)	\$8,000/\$16,000 (incl ded)	\$15,500/\$31,000 (incl ded)	\$9,200/\$18,400 (incl ded)	
Co-Insurance	0%		40%	50%	30%	50%	40%	
Office Visits								
Primary Care	\$50		\$40 ded waived	50% after ded	\$30 after ded	50% after ded	\$40 ded waived	
Specialist	\$100		\$80 ded waived	50% after ded	\$60 after ded	50% after ded	\$80 ded waived	
Inpatient Services								
Inpatient Hospital	\$1,500/admit		40% after ded	50% after ded	30% after ded	50% after ded	40% after ded	
Mental Health Inpatient	\$1,500/admit		40% after ded	50% after ded	30% after ded	50% after ded	40% after ded	
Outpatient Services								
Outpatient Facility	\$250		40% after ded	50% after ded	\$150 after ded	50% after ded; pre-auth req	40% after ded	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$200		Lab-No charge/50% after ded (D/ND); X-ray-40% after ded	Lab-Not covered; X-ray-50% after ded	30% after ded	Lab-Not covered; X-ray-50% after ded	Lab-No charge/50% after ded (D/ND); X-ray-40% after ded	
Mental Health Outpatient	\$100		\$80 ded waived	50% after ded	\$60 after ded	50% after ded	\$80 ded waived	
Emergency Care								
Emergency Room	\$1,500 (waived if admitted)		50% after ded	Paid as in-network	50% after ded	Paid as in-network	50% after ded	
Urgent Care	\$100		\$100 ded waived	50% after ded	\$100 after ded	50% after ded	\$100 ded waived	
Single	2 x \$1,285.00		2 x \$1,186.10		2 x \$1,178.57		2 x \$1,143.73	
EE with Spouse	0 x \$2,570.01		0 x \$2,372.21		0 x \$2,357.14		0 x \$2,287.46	
EE with Child(ren)	0 x \$2,184.50		0 x \$2,016.37		0 x \$2,003.57		0 x \$1,944.34	
Family	0 x \$3,662.26		0 x \$3,380.40		0 x \$3,358.92		0 x \$3,259.64	
Monthly Cost	2 \$2,570.00		2 \$2,372.20		2 \$2,357.14		2 \$2,287.46	
Annual Cost	\$30,840.00		\$28,466.40		\$28,285.68		\$27,449.52	

	Oxford Freedom NY S FRDM NG 30/60/3000/80 EPO HSA 25 CNT (HSA) (UCR=N/A)		Oxford Freedom NY S FRDM NG 2500/60 EPO HSA 25 CNT (HSA) (UCR=N/A)		Oxford Freedom NY B FRDM NG 30/60/6750/80 PPO HSA 25 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY B FRDM NG 5000/50 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	10/40/80 IntDed		10/40/80 IntDed		10/50/90 IntDed		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000		\$2,500/\$5,000		\$6,750/\$13,500	\$12,500/\$25,000	\$5,000/\$10,000	
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	\$31,250/\$62,500 (incl ded)	\$8,000/\$16,000 (incl ded)	
Co-Insurance	20%		40%		20%	20%	50%	
Office Visits								
Primary Care	\$30 after ded		40% after ded		\$30 after ded	20% after ded	50% after ded	
Specialist	\$60 after ded		40% after ded		\$60 after ded	20% after ded	50% after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		40% after ded		20% after ded	20% after ded	50% after ded	
Mental Health Inpatient	20% after ded		40% after ded		20% after ded	20% after ded	50% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		40% after ded		20% after ded	20% after ded; pre-auth req	50% after ded	
Lab/X-Ray	Lab-20% after ded; X-ray-\$90 after ded		40% after ded		20% after ded	Lab-Not covered; X-ray-20% after ded	50% after ded	
Mental Health Outpatient	\$60 after ded		40% after ded		\$60 after ded	20% after ded	50% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) after ded		50% after ded		50% after ded	Paid as in-network	50% after ded	
Urgent Care	\$100 after ded		40% after ded		20% after ded	20% after ded	50% after ded	
Single	2 x \$1,139.82		2 x \$1,104.30		2 x \$1,056.05		2 x \$1,033.17	
EE with Spouse	0 x \$2,279.63		0 x \$2,208.60		0 x \$2,112.11		0 x \$2,066.34	
EE with Child(ren)	0 x \$1,937.69		0 x \$1,877.31		0 x \$1,795.29		0 x \$1,756.39	
Family	0 x \$3,248.47		0 x \$3,147.26		0 x \$3,009.75		0 x \$2,944.53	
Monthly Cost	2 \$2,279.64		2 \$2,208.60		2 \$2,112.10		2 \$2,066.34	
Annual Cost	\$27,355.68		\$26,503.20		\$25,345.20		\$24,796.08	