

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$25		\$30 ded waived		\$30 ded waived		10% after ded	
Specialist	\$50		\$60 ded waived		\$60 ded waived		10% after ded	
Inpatient Services								
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	
Outpatient Services								
Outpatient Facility	\$250		\$150 after ded		30% after ded		10% after ded	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$50		Lab-No charge/50% after ded (D/ND); X-ray-\$35 after ded		Lab-No charge/50% after ded (D/ND); X-ray-30% after ded		10% after ded	
Mental Health Outpatient	\$50		\$60 ded waived		\$60 ded waived		10% after ded	
Emergency Care								
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 \$1,338.23		2 x \$1,258.51		2 x \$1,204.22		2 x \$1,190.68	
EE with Spouse	0 x \$2,676.47		0 x \$2,517.02		0 x \$2,408.43		0 x \$2,381.37	
EE with Child(ren)	0 x \$2,275.00		0 x \$2,139.47		0 x \$2,047.17		0 x \$2,024.16	
Family	0 x \$3,813.97		0 x \$3,586.75		0 x \$3,432.02		0 x \$3,393.46	
Monthly Cost	2 \$2,676.46		2 \$2,517.02		2 \$2,408.44		2 \$2,381.36	
Annual Cost	\$32,117.52		\$30,204.24		\$28,901.28		\$28,576.32	

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$50		\$40 ded waived		\$30 ded waived		\$30 after ded	
Specialist	\$100		\$80 ded waived		\$60 ded waived		\$60 after ded	
Inpatient Services								
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	
Outpatient Services								
Outpatient Facility	\$250		40% after ded		50% after ded		\$250 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-No charge/50% after ded (D/ND); X-ray-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	
Emergency Care								
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 \$1,190.12		2 x \$1,059.30		2 x \$1,056.70		2 x \$1,055.03	
EE with Spouse	0 x \$2,380.25		0 x \$2,118.60		0 x \$2,113.41		0 x \$2,110.06	
EE with Child(ren)	0 x \$2,023.21		0 x \$1,800.81		0 x \$1,796.40		0 x \$1,793.55	
Family	0 x \$3,391.85		0 x \$3,019.00		0 x \$3,011.61		0 x \$3,006.83	
Monthly Cost	2 \$2,380.24		2 \$2,118.60		2 \$2,113.40		2 \$2,110.06	
Annual Cost	\$28,562.88		\$25,423.20		\$25,360.80		\$25,320.72	

	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
Prescription Drugs								
Drug Card	10/50/50%to\$800/200 ded T2-3		10/50/90 IntDed		0%/0%/0% IntDed		30%/30%/30% IntDed	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
Outpatient Facility	50% after ded		20% after ded		0% after ded		30% after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); 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	
Emergency Care								
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 \$1,042.14		2 x \$1,001.63		2 x \$967.22		2 x \$952.17	
EE with Spouse	0 x \$2,084.28		0 x \$2,003.26		0 x \$1,934.44		0 x \$1,904.34	
EE with Child(ren)	0 x \$1,771.63		0 x \$1,702.77		0 x \$1,644.27		0 x \$1,618.69	
Family	0 x \$2,970.09		0 x \$2,854.65		0 x \$2,756.57		0 x \$2,713.69	
Monthly Cost	2 \$2,084.28		2 \$2,003.26		2 \$1,934.44		2 \$1,904.34	
Annual Cost	\$25,011.36		\$24,039.12		\$23,213.28		\$22,852.08	