

	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 \$1,371.45		2 x \$1,289.74		2 x \$1,234.10		2 x \$1,220.23	
EE with Spouse	0 x \$2,742.90		0 x \$2,579.47		0 x \$2,468.20		0 x \$2,440.46	
EE with Child(ren)	0 x \$2,331.46		0 x \$2,192.55		0 x \$2,097.97		0 x \$2,074.39	
Family	0 x \$3,908.63		0 x \$3,675.75		0 x \$3,517.18		0 x \$3,477.65	
Monthly Cost	2 \$2,742.90		2 \$2,579.48		2 \$2,468.20		2 \$2,440.46	
Annual Cost	\$32,914.80		\$30,953.76		\$29,618.40		\$29,285.52	

	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 \$1,219.67		2 x \$1,085.59		2 x \$1,082.93		2 x \$1,081.21	
EE with Spouse	0 x \$2,439.33		0 x \$2,171.18		0 x \$2,165.86		0 x \$2,162.42	
EE with Child(ren)	0 x \$2,073.44		0 x \$1,845.50		0 x \$1,840.98		0 x \$1,838.06	
Family	0 x \$3,476.05		0 x \$3,093.93		0 x \$3,086.36		0 x \$3,081.46	
Monthly Cost	2 \$2,439.34		2 \$2,171.18		2 \$2,165.86		2 \$2,162.42	
Annual Cost	\$29,272.08		\$26,054.16		\$25,990.32		\$25,949.04	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

	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 \$1,068.00		2 x \$1,026.48		2 x \$991.22		2 x \$975.79	
EE with Spouse	0 x \$2,136.00		0 x \$2,052.97		0 x \$1,982.43		0 x \$1,951.59	
EE with Child(ren)	0 x \$1,815.60		0 x \$1,745.02		0 x \$1,685.07		0 x \$1,658.85	
Family	0 x \$3,043.80		0 x \$2,925.47		0 x \$2,824.97		0 x \$2,781.01	
Monthly Cost	2 \$2,136.00		2 \$2,052.96		2 \$1,982.44		2 \$1,951.58	
Annual Cost	\$25,632.00		\$24,635.52		\$23,789.28		\$23,418.96	