

	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-No charge/50% after ded (D/ND); X-ray-\$50 after ded		Lab-No charge/50% after ded (D/ND); X-ray-\$50 after ded		Lab-No charge/\$60 (D/ND); X-ray-\$200		Lab-No charge/50% after ded (D/ND); 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 \$1,184.26		2 x \$1,142.95		2 x \$1,122.71		2 x \$994.29	
EE with Spouse	0 x \$2,368.51		0 x \$2,285.89		0 x \$2,245.42		0 x \$1,988.58	
EE with Child(ren)	0 x \$2,013.23		0 x \$1,943.01		0 x \$1,908.61		0 x \$1,690.30	
Family	0 x \$3,375.14		0 x \$3,257.40		0 x \$3,199.72		0 x \$2,833.73	
Monthly Cost	2 \$2,368.52		2 \$2,285.90		2 \$2,245.42		2 \$1,988.58	
Annual Cost	\$28,422.24		\$27,430.80		\$26,945.04		\$23,862.96	

	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-No charge/50% after ded (D/ND); 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 \$959.62		2 x \$930.50		2 x \$881.54		2 x \$864.11	
EE with Spouse	0 x \$1,919.25		0 x \$1,861.00		0 x \$1,763.08		0 x \$1,728.22	
EE with Child(ren)	0 x \$1,631.36		0 x \$1,581.85		0 x \$1,498.62		0 x \$1,468.99	
Family	0 x \$2,734.92		0 x \$2,651.92		0 x \$2,512.38		0 x \$2,462.72	
Monthly Cost	2 \$1,919.24		2 \$1,861.00		2 \$1,763.08		2 \$1,728.22	
Annual Cost	\$23,030.88		\$22,332.00		\$21,156.96		\$20,738.64	