

	Oxford Freedom F Platinum PPO 10/20 Non-Gated CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum EPO 10/20 Non-Gated CNT (EPO) (UCR=N/A)		Oxford Freedom F Platinum PPO 20/30 Non-Gated CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum EPO 20/30 Non-Gated 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	10/30/60/100 ded T2-3		10/30/60/100 ded T2-3		10/30/60/100 ded T2-3		10/30/60/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$2,000/\$4,000	N/A		N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$3,000/\$6,000 (incl ded)		\$3,000/\$6,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000 (incl ded)	
Co-Insurance	N/A	30%	N/A		N/A	30%	N/A	
Office Visits								
Primary Care	\$10	30% after ded	\$10		\$20	30% after ded	\$20	
Specialist	\$20	30% after ded	\$20		\$30	30% after ded	\$30	
Inpatient Services								
Inpatient Hospital	\$150/admit	30% after ded	\$150/admit		\$500/admit	30% after ded	\$500/admit	
Mental Health Inpatient	\$150/admit	30% after ded	\$150/admit		\$500/admit	30% after ded	\$500/admit	
Outpatient Services								
Outpatient Facility	\$100	30% after ded	\$100		\$300	30% after ded	\$300	
Lab/X-Ray	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	
Mental Health Outpatient	\$20	30% after ded	\$20		\$30	30% after ded	\$30	
Emergency Care								
Emergency Room	\$100 (waived if admitted)	\$100 (waived if admitted) ded waived	\$100 (waived if admitted)		\$150 (waived if admitted)	\$150 (waived if admitted) ded waived	\$150 (waived if admitted)	
Urgent Care	\$50	30% after ded	\$50		\$50	30% after ded	\$50	
Single	1 x	\$922.89	1 x	\$851.48	1 x	\$901.37	1 x	\$835.17
EE with Spouse	0 x	\$1,845.78	0 x	\$1,702.95	0 x	\$1,802.75	0 x	\$1,670.34
EE with Child(ren)	0 x	\$1,568.92	0 x	\$1,447.51	0 x	\$1,532.34	0 x	\$1,419.79
Family	1 x	\$2,630.24	1 x	\$2,426.70	1 x	\$2,568.91	1 x	\$2,380.24
Monthly Cost	2	\$3,553.13	2	\$3,278.18	2	\$3,470.28	2	\$3,215.41
Annual Cost		\$42,637.56		\$39,338.16		\$41,643.36		\$38,584.92

	Oxford Freedom F Gold PPO 25/40 Non-Gated CNT (PPOc) (UCR=140mc%)		Oxford Freedom F Gold EPO 15/25 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold EPO \$50 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold EPO 20/40 Non-Gated 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	15/35/75/100 T2-3		15/35/75/100 T2-3		15/35/75/100 T2-3		15/35/75/100 T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000	\$3,000/\$6,000	\$800/\$1,600		\$750/\$1,500		\$1,250/\$2,500	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)	\$7,500/\$15,000 Incl ded)	\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	20%	40%	10%		N/A		10%	
Office Visits								
Primary Care	\$25 ded waived	40% after ded	\$15 ded waived		\$50 ded waived		\$20 ded waived	
Specialist	\$40 ded waived	40% after ded	\$25 ded waived		\$50 ded waived		\$40 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded	40% after ded	10% after ded		\$250/day after ded; \$2,500 max/contr yr		10% after ded	
Mental Health Inpatient	20% after ded	40% after ded	10% after ded		\$250/day after ded; \$2,500 max/contr yr		10% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded	40% after ded	\$250 after ded		\$250 after ded		\$250 after ded	
Lab/X-Ray	Lab-No charge; X-ray-20% after ded	40% after ded	Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived	
Mental Health Outpatient	\$40 ded waived	40% after ded	\$25 ded waived		\$50 ded waived		\$40 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted) ded waived	\$200 (waived if admitted) ded waived	\$200 (waived if admitted) ded waived		\$250 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived	40% after ded	\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x	\$772.13	1 x	\$730.01	1 x	\$716.98	1 x	\$711.90
EE with Spouse	0 x	\$1,544.27	0 x	\$1,460.01	0 x	\$1,433.95	0 x	\$1,423.80
EE with Child(ren)	0 x	\$1,312.63	0 x	\$1,241.01	0 x	\$1,218.86	0 x	\$1,210.23
Family	1 x	\$2,200.58	1 x	\$2,080.52	1 x	\$2,043.38	1 x	\$2,028.91
Monthly Cost	2	\$2,972.71	2	\$2,810.53	2	\$2,760.36	2	\$2,740.81
Annual Cost		\$35,672.52		\$33,726.36		\$33,124.32		\$32,889.72

	Oxford Freedom F Silver PPO 40/70 Non-Gated CNT (PPOc) (UCR=140mc%)		Oxford Freedom F Silver EPO 40/70 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold PPO HSA \$1,500 Non-Gated CNT (HSA) (UCR=140mc%)		Oxford Freedom F Gold EPO HSA \$1,500 Non-Gated 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	15/35/75/100 ded T2-3		15/35/75/100 T2-3		15/35/75 IntDed		15/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000		\$1,500/\$3,000	\$3,000/\$6,000	\$1,500/\$3,000	
Individual/Family OOP Limit	\$6,350/\$12,700 (incl ded)	\$10,000/\$20,000 (incl ded)	\$6,350/\$12,700 (incl ded)		\$2,000/\$4,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$2,000/\$4,000 (incl ded)	
Co-Insurance	30%	50%	30%		10%	40%	10%	
Office Visits								
Primary Care	\$40 ded waived	50% after ded	\$40 ded waived		10% after ded	40% after ded	10% after ded	
Specialist	\$70 ded waived	50% after ded	\$70 ded waived		10% after ded	40% after ded	10% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded	50% after ded	30% after ded		10% after ded	40% after ded	10% after ded	
Mental Health Inpatient	30% after ded	50% after ded	30% after ded		10% after ded	40% after ded	10% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded	50% after ded	\$250 after ded		10% after ded	40% after ded	10% after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded	50% after ded	Lab-No charge; X-ray-30% after ded		10% after ded	40% after ded	10% after ded	
Mental Health Outpatient	\$70 ded waived	50% after ded	\$70 ded waived		10% after ded	40% after ded	10% after ded	
Emergency Care								
Emergency Room	30% after ded	30% after ded	30% after ded		10% after ded	10% after ded	10% after ded	
Urgent Care	\$75 ded waived	50% after ded	\$75 ded waived		10% after ded	40% after ded	10% after ded	
Single	1 x \$674.89		1 x \$617.17		1 x \$752.60		1 x \$693.48	
EE with Spouse	0 x \$1,349.77		0 x \$1,234.34		0 x \$1,505.20		0 x \$1,386.96	
EE with Child(ren)	0 x \$1,147.30		0 x \$1,049.19		0 x \$1,279.42		0 x \$1,178.92	
Family	1 x \$1,923.43		1 x \$1,758.94		1 x \$2,144.91		1 x \$1,976.41	
Monthly Cost	2 \$2,598.32		2 \$2,376.11		2 \$2,897.51		2 \$2,669.89	
Annual Cost	\$31,179.84		\$28,513.32		\$34,770.12		\$32,038.68	

	Oxford Freedom F Silver PPO HSA \$2,000 30/60 Non-Gated CNT (HSA) (UCR=140mc%)		Oxford Freedom F Silver EPO HSA \$2,000 25/50 Non-Gated CNT (HSA) (UCR=N/A)		Oxford Freedom F Silver EPO HSA \$2,000 Non-Gated CNT (HSA) (UCR=N/A)		Oxford Freedom F Bronze EPO HSA \$5000 Non-Gated 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	15/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed		20/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000		\$2,000/\$4,000		\$5,000/\$10,000	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$5,500/\$11,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,350/\$12,700 (incl ded)	
Co-Insurance	10%	50%	20%		20%		20%	
Office Visits								
Primary Care	\$30 after ded	50% after ded	\$25 after ded		20% after ded		20% after ded	
Specialist	\$60 after ded	50% after ded	\$50 after ded		20% after ded		20% after ded	
Inpatient Services								
Inpatient Hospital	10% after ded	50% after ded	20% after ded		20% after ded		20% after ded	
Mental Health Inpatient	10% after ded	50% after ded	20% after ded		20% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded	50% after ded	\$250 after ded		20% after ded		20% after ded	
Lab/X-Ray	10% after ded	50% after ded	Lab-20% after ded; X-ray-\$100 after ded		20% after ded		20% after ded	
Mental Health Outpatient	\$60 after ded	50% after ded	\$50 after ded		20% after ded		20% after ded	
Emergency Care								
Emergency Room	10% after ded	10% after ded	\$250 (waived if admitted) after ded		20% after ded		20% after ded	
Urgent Care	\$75 after ded	50% after ded	\$75 after ded		20% after ded		20% after ded	
Single	1 x \$633.31		1 x \$576.80		1 x \$566.80		1 x \$462.96	
EE with Spouse	0 x \$1,266.62		0 x \$1,153.60		0 x \$1,133.61		0 x \$925.93	
EE with Child(ren)	0 x \$1,076.63		0 x \$980.56		0 x \$963.57		0 x \$787.04	
Family	1 x \$1,804.94		1 x \$1,643.89		1 x \$1,615.40		1 x \$1,319.44	
Monthly Cost	2 \$2,438.25		2 \$2,220.69		2 \$2,182.20		2 \$1,782.40	
Annual Cost	\$29,259.00		\$26,648.28		\$26,186.40		\$21,388.80	