

	Oxford Metro M Platinum EPO 10/20 Gated OHI CNT		Oxford Metro M Gold EPO 15/30 Gated OHI CNT		Oxford Metro M Gold EPO 25/40 Gated OHI CNT		Oxford Metro M Silver EPO Prim Adv \$2000 Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	5/65/50%to\$800		5/65/50%to\$800		5/65/50%to\$800		10/65/50%to\$800 IntDed T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$750/\$1,500		\$1,250/\$2,500		\$2,000/\$4,000	
Individual/Family OOP Limit	\$3,000/\$6,000		\$3,500/\$7,000 (incl ded)		\$4,500/\$9,000 (incl ded)		\$6,500/\$13,000 (incl ded)	
Co-Insurance	N/A		20%		20%		30%	
<b>Office Visits</b>								
Primary Care	\$10		\$15 ded waived		\$25 ded waived		\$30 ded waived	
Specialist	\$20		\$30 ded waived		\$40 ded waived		\$60 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$200/day; \$800 max/admit		20% after ded		20% after ded		\$400/day after ded; \$1,600 max/admit	
Mental Health Inpatient	\$200/day; \$800 max/admit		20% after ded		20% after ded		\$400/day after ded; \$1,600 max/admit	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$500 FS-\$100		Hosp-\$500 after ded FS- \$200 after ded		Hosp-\$500 after ded FS- \$200 after ded		Hosp-\$750 after ded FS- \$300 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$20		Lab-No charge; X-ray-\$35 ded waived		Lab-No charge; X-ray-\$35 ded waived		Lab-\$60 after ded; X-ray- \$50 after ded	
Mental Health Outpatient	\$20		\$30 ded waived		\$40 ded waived		\$30 after ded	
<b>Emergency Care</b>								
Emergency Room	\$200 (waived if admitted)		\$400 (waived if admitted) ded waived		\$400 (waived if admitted) ded waived		\$500 (waived if admitted) after ded	
Urgent Care	\$50		\$65 ded waived		\$65 ded waived		\$80 after ded	
<b>Single</b>	1 x \$800.64		1 x \$692.16		1 x \$668.33		1 x \$577.21	
EE with Spouse	0 x \$1,601.29		0 x \$1,384.31		0 x \$1,336.66		0 x \$1,154.41	
EE with Child(ren)	0 x \$1,361.10		0 x \$1,176.67		0 x \$1,136.15		0 x \$981.25	
Family	1 x \$2,281.83		1 x \$1,972.64		1 x \$1,904.74		1 x \$1,645.03	
Monthly Cost	2 \$3,082.47		2 \$2,664.80		2 \$2,573.07		2 \$2,222.24	
Annual Cost	\$36,989.64		\$31,977.60		\$30,876.84		\$26,666.88	

	Oxford Metro M Silver EPO 30/60 Gated OHI CNT		Oxford Metro M Silver EPO HSA \$2000 35/50 Gated OHI CNT		Oxford Metro M Bronze EPO HSA \$4250 40/75 Gated OHI CNT		Oxford Metro M Bronze EPO HSA \$5000 Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/65/50%to\$800		10/65/50%to\$800 IntDed		10/65/50%to\$800 IntDed		10/65/50%to\$800 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$2,500/\$5,000		\$2,000/\$4,000		\$4,250/\$8,500		\$5,000/\$10,000	
Individual/Family OOP Limit	\$5,600/\$11,200 (incl ded)		\$4,500/\$9,000 (incl ded)		\$6,450/\$12,900 (incl ded)		\$6,450/\$12,900 (incl ded)	
Co-Insurance	30%		30%		40%		30%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$35 after ded		\$40 after ded		30% after ded	
Specialist	\$60 ded waived		\$50 after ded		\$75 after ded		30% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	30% after ded		30% after ded		40% after ded		30% after ded	
Mental Health Inpatient	30% after ded		30% after ded		40% after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	30% after ded		Hosp-\$750 after ded FS-\$300 after ded		Hosp-\$1,000 after ded FS-\$400 after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded		Lab-30% after ded; X-ray-\$50 after ded		40% after ded		30% after ded	
Mental Health Outpatient	\$60 ded waived		\$50 after ded		\$75 after ded		30% after ded	
<b>Emergency Care</b>								
Emergency Room	30% after ded		\$500 (waived if admitted) after ded		\$500 (waived if admitted) after ded		30% after ded	
Urgent Care	\$80 ded waived		\$80 after ded		\$80 after ded		30% after ded	
Single	1 x \$570.93		1 x \$562.22		1 x \$462.04		1 x \$450.60	
EE with Spouse	0 x \$1,141.86		0 x \$1,124.44		0 x \$924.08		0 x \$901.21	
EE with Child(ren)	0 x \$970.58		0 x \$955.77		0 x \$785.47		0 x \$766.03	
Family	1 x \$1,627.15		1 x \$1,602.33		1 x \$1,316.81		1 x \$1,284.22	
Monthly Cost	2 \$2,198.08		2 \$2,164.55		2 \$1,778.85		2 \$1,734.82	
Annual Cost	\$26,376.96		\$25,974.60		\$21,346.20		\$20,817.84	