

	Oxford Liberty L Platinum HMO 20/40 Gated CNT (HMO) (UCR=N/A)		Oxford Liberty L Gold HMO 30/60 Gated CNT (HMOc) (UCR=N/A)	
	In-Network		In-Network	Out-Network
Prescription Drugs				
Drug Card	10/30/60/100 ded T2-3		15/35/75/100 T2-3	
Cost Share Information				
Individual/Family Deductible	N/A		\$1,000/\$2,000	
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	N/A		N/A	
Office Visits				
Primary Care	\$20		\$30 ded waived	
Specialist	\$40		\$60 ded waived	
Maternity Prenatal/Postnatal Care	\$20 1st visit only		\$30 1st visit only	
Chiropractic Care	\$40		\$60 ded waived	
Inpatient Services				
Inpatient Hospital	\$500/day; \$1,000 max/admit		\$500/day after ded; \$2,000 max/admit	
Mental Health Inpatient	\$500/day; \$1,000 max/admit		\$500/day after ded; \$2,000 max/admit	
Substance Abuse Inpatient	Rehab-\$500/day; \$1,000 max/admit		Rehab-\$500/day after ded; \$2,000 max/admit	
Outpatient Services				
Outpatient Facility	\$250		\$250 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$35; \$500 max/contr yr		Lab-No charge; X-ray-\$35 ded waived; \$500 max/contr yr	
Advanced Radiology	\$100; \$500 max/contr yr		\$100 ded waived; \$500 max/contr yr	
Mental Health Outpatient	\$40		\$60 ded waived	
Substance Abuse Outpatient	Rehab-\$40		Rehab-\$60 ded waived	
Emergency Care				
Emergency Room	\$150 (waived if admitted)		\$200 (waived if admitted) ded waived	
Ambulance	No charge		No charge	
Urgent Care	\$50		\$75 ded waived	
Recovery/Special Needs				
Home Health Care	\$20; 40 visits/contr yr		\$30 ded waived; 40 visits/contr yr	
Skilled Nursing	\$500/day; \$1,000 max/admit; 210 days/life		\$500/day after ded; \$2,000 max/admit	
Durable Medical Equipment	No charge		No charge	
Single	1 x	\$794.03	1 x	\$685.06
EE with Spouse	0 x	\$1,588.06	0 x	\$1,370.12
EE with Child(ren)	0 x	\$1,349.85	0 x	\$1,164.60
Family	1 x	\$2,262.99	1 x	\$1,952.42
Monthly Cost	2	\$3,057.02	2	\$2,637.48
Annual Cost		\$36,684.24		\$31,649.76