

	Oxford Liberty L Platinum EPO 15/35 Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 30/60 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 30/60 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 25/45 \$1500 Gated CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	5/30/60/150 ded T2-3		15/35/75/100 ded T2-3		15/45/75/100 ded T2-3		5/45/75/150 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$250/\$500		\$1,000/\$2,000		\$2,000/\$4,000		\$1,500/\$3,000	
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)		\$4,500/\$9,000 (incl ded)		\$7,900/\$15,800 (incl ded)		\$6,000/\$12,000 (incl ded)	
Co-Insurance	10%		0%		30%		20%	
<b>Office Visits</b>								
Primary Care	\$15 ded waived		\$30 ded waived		\$30 ded waived		\$25 ded waived	
Specialist	\$35 ded waived		\$60 ded waived		\$60 ded waived		\$45 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		\$500/day after ded; \$2,000 max/admit		30% after ded		20% after ded	
Mental Health Inpatient	10% after ded		\$500/day after ded; \$2,000 max/admit		30% after ded		20% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	10% after ded		Hosp-\$250 after ded; FS- \$150 after ded		30% after ded		20% after ded	
Lab/X-Ray	10% after ded		Lab-No charge; X-ray-\$35 after ded		Lab-No charge; X-ray-30% after ded		20% after ded	
Mental Health Outpatient	\$35 ded waived		\$60 ded waived		\$60 ded waived		\$45 ded waived	
<b>Emergency Care</b>								
Emergency Room	10% after ded		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		20% after ded	
Urgent Care	\$35 ded waived		\$75 ded waived		\$75 ded waived		\$45 ded waived	
Single	1 x	\$1,002.67	1 x	\$879.21	1 x	\$838.46	1 x	\$828.78
EE with Spouse	0 x	\$2,005.34	0 x	\$1,758.41	0 x	\$1,676.92	0 x	\$1,657.56
EE with Child(ren)	0 x	\$1,704.53	0 x	\$1,494.65	0 x	\$1,425.39	0 x	\$1,408.92
Family	1 x	\$2,857.61	1 x	\$2,505.74	1 x	\$2,389.61	1 x	\$2,362.02
Monthly Cost	2	\$3,860.28	2	\$3,384.95	2	\$3,228.07	2	\$3,190.80
Annual Cost		\$46,323.36		\$40,619.40		\$38,736.84		\$38,289.60

	Oxford Liberty L Silver EPO 40/70 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Liberty L Silver EPO Prim Adv \$2000 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO 30/75 Non-Gated OHI CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/45/75/200 ded T2-3		15/35/75 IntDed		5/65/90 IntDed T2-3		15/65/50%to\$800/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$2,500/\$5,000		\$2,000/\$4,000		\$2,000/\$4,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)		\$5,500/\$11,000 (incl ded)		\$7,900/\$15,800 (incl ded)		\$7,900/\$15,800 (incl ded)	
Co-Insurance	30%		20%		30%		40%	
<b>Office Visits</b>								
Primary Care	\$40 ded waived		\$25 after ded		\$10 ded waived		\$30 ded waived	
Specialist	\$70 ded waived		\$50 after ded		\$60 after ded		\$75 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	30% after ded		20% after ded		\$250/day after ded; \$1,250 max/admit		40% after ded	
Mental Health Inpatient	30% after ded		20% after ded		\$250/day after ded; \$1,250 max/admit		40% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	30% after ded		Hosp-\$250 after ded; FS- \$150 after ded		Hosp-\$300 after ded; FS- \$150 after ded		40% after ded	
Lab/X-Ray	Lab-\$20 ded waived; X-ray-30% after ded		Lab-20% after ded; X-ray- \$90 after ded		\$10 after ded		Lab-No charge; X-ray-40% after ded	
Mental Health Outpatient	\$70 ded waived		\$50 after ded		\$60 ded waived		\$75 ded waived	
<b>Emergency Care</b>								
Emergency Room	30% after ded		\$500 (waived if admitted) after ded		50% after ded		\$550 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 after ded		\$60 ded waived		\$80 ded waived	
Single	1 x \$763.04		1 x \$758.37		1 x \$744.56		1 x \$734.73	
EE with Spouse	0 x \$1,526.08		0 x \$1,516.74		0 x \$1,489.12		0 x \$1,469.47	
EE with Child(ren)	0 x \$1,297.17		0 x \$1,289.23		0 x \$1,265.75		0 x \$1,249.05	
Family	1 x \$2,174.66		1 x \$2,161.36		1 x \$2,121.99		1 x \$2,093.99	
Monthly Cost	2 \$2,937.70		2 \$2,919.73		2 \$2,866.55		2 \$2,828.72	
Annual Cost	\$35,252.40		\$35,036.76		\$34,398.60		\$33,944.64	

	Oxford Liberty L Silver EPO 25/50 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO 30/70 \$4000 Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Bronze PPO HSA \$6000 30/60 Non-Gated OHI CNT (HSA) (UCR=140mc%)		Oxford Liberty L Silver EPO Prim Adv \$4000 Gated CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/65/85/100 ded T2-3		15/50/90/150 ded T2-3		15/35/75 IntDed		10/65/90 IntDed T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$3,500/\$7,000		\$4,000/\$8,000		\$6,000/\$12,000	\$10,000/\$20,000	\$4,000/\$8,000	
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)		\$7,350/\$14,700 (incl ded)		\$6,550/\$13,100 (incl ded)	\$25,000/\$50,000 (incl ded)	\$7,900/\$15,800 (incl ded)	
Co-Insurance	50%		40%		20%	20%	30%	
<b>Office Visits</b>								
Primary Care	\$25 ded waived		\$30 ded waived		\$30 after ded	20% after ded	\$20 ded waived	
Specialist	\$50 ded waived		\$70 ded waived		\$60 after ded	20% after ded	\$75 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	50% after ded		40% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	\$500/day after ded; \$2,000 max/admit	
Mental Health Inpatient	50% after ded		40% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	\$500/day after ded; \$2,000 max/admit	
<b>Outpatient Services</b>								
Outpatient Facility	50% after ded		40% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	Hosp-\$600 after ded; FS-\$300 after ded	
Lab/X-Ray	Lab-No charge; X-ray-50% after ded		40% after ded		20% after ded	20% after ded	\$20 after ded	
Mental Health Outpatient	\$50 ded waived		\$70 ded waived		\$60 after ded	20% after ded	\$75 ded waived	
<b>Emergency Care</b>								
Emergency Room	50% after ded		40% after ded		20% after ded	Paid as in-network	50% after ded	
Urgent Care	\$80 ded waived		\$70 ded waived		20% after ded	20% after ded	\$75 ded waived	
Single	1 x \$716.05		1 x \$693.66		1 x \$675.64		1 x \$668.98	
EE with Spouse	0 x \$1,432.09		0 x \$1,387.31		0 x \$1,351.28		0 x \$1,337.97	
EE with Child(ren)	0 x \$1,217.27		0 x \$1,179.21		0 x \$1,148.60		0 x \$1,137.28	
Family	1 x \$2,040.73		1 x \$1,976.92		1 x \$1,925.58		1 x \$1,906.60	
Monthly Cost	2 \$2,756.78		2 \$2,670.58		2 \$2,601.22		2 \$2,575.58	
Annual Cost	\$33,081.36		\$32,046.96		\$31,214.64		\$30,906.96	

	Oxford Liberty L Bronze EPO HSA \$3300 25/75 Non-Gated CNT (HSA) (UCR=N/A)		Oxford Liberty L Bronze EPO HSA \$5500 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Liberty L Bronze EPO HSA \$6550 100% Non-Gated OHI CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	30%/30%/30% IntDed		10/40/80 IntDed		0%/0%/0% IntDed	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$3,300/\$6,600		\$5,500/\$11,000		\$6,550/\$13,100	
Individual/Family OOP Limit	\$6,700/\$13,400 (incl ded)		\$6,700/\$13,400 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	30%		30%		0%	
<b>Office Visits</b>						
Primary Care	\$25 after ded		30% after ded		0% after ded	
Specialist	\$75 after ded		30% after ded		0% after ded	
<b>Inpatient Services</b>						
Inpatient Hospital	30% after ded		30% after ded		0% after ded	
Mental Health Inpatient	30% after ded		30% after ded		0% after ded	
<b>Outpatient Services</b>						
Outpatient Facility	30% after ded		30% after ded		0% after ded	
Lab/X-Ray	30% after ded		30% after ded		0% after ded	
Mental Health Outpatient	\$75 after ded		30% after ded		0% after ded	
<b>Emergency Care</b>						
Emergency Room	30% after ded		50% after ded		0% after ded	
Urgent Care	30% after ded		30% after ded		0% after ded	
Single	1 x \$654.02		1 x \$629.17		1 x \$625.35	
EE with Spouse	0 x \$1,308.05		0 x \$1,258.34		0 x \$1,250.70	
EE with Child(ren)	0 x \$1,111.85		0 x \$1,069.59		0 x \$1,063.09	
Family	1 x \$1,863.97		1 x \$1,793.14		1 x \$1,782.25	
Monthly Cost	2 \$2,517.99		2 \$2,422.31		2 \$2,407.60	
Annual Cost	\$30,215.88		\$29,067.72		\$28,891.20	