

	Oxford Liberty L Platinum HMO 20/40 Gated OHP CNT (HMO) (UCR=N/A)		Oxford Liberty L Gold HMO 30/60 Gated OHP CNT (HMOc) (UCR=N/A)		Oxford Liberty L Gold EPO 15/30 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 25/40 Non-Gated OHI CNT (EPOc) (UCR=N/A)	
	In-Network		In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/30/60/100 ded T2-3		15/35/75/100 ded T2-3		10/35/75/100 ded T2-3		10/35/75/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$1,000/\$2,000		\$800/\$1,600		\$1,250/\$2,500	
Individual/Family OOP Limit	\$3,000/\$6,000		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$5,000/\$10,000 (incl ded)	
Co-Insurance	N/A		N/A		10%		20%	
<b>Office Visits</b>								
Primary Care	\$20		\$30 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$40		\$60 ded waived		\$30 ded waived		\$40 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/day; \$1,000 max/admit		\$500/day after ded; \$2,000 max/admit		10% after ded		20% after ded	
Mental Health Inpatient	\$500/day; \$1,000 max/admit		\$500/day after ded; \$2,000 max/admit		10% after ded		20% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$250 FS-\$150		Hosp-\$250 after ded FS-\$150 after ded		Hosp-\$250 after ded FS-\$150 after ded		Hosp-\$250 after ded FS-\$150 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		Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived	
Mental Health Outpatient	\$40		\$60 ded waived		\$30 ded waived		\$40 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$150 (waived if admitted)		\$200 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived	
Urgent Care	\$50		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x \$829.55		1 x \$724.38		1 x \$765.76		1 x \$734.77	
EE with Spouse	0 x \$1,659.11		0 x \$1,448.77		0 x \$1,531.51		0 x \$1,469.53	
EE with Child(ren)	0 x \$1,410.25		0 x \$1,231.46		0 x \$1,301.79		0 x \$1,249.10	
Family	1 x \$2,364.23		1 x \$2,064.50		1 x \$2,182.40		1 x \$2,094.09	
Monthly Cost	2 \$3,193.78		2 \$2,788.88		2 \$2,948.16		2 \$2,828.86	
Annual Cost	\$38,325.36		\$33,466.56		\$35,377.92		\$33,946.32	

	Oxford Liberty L Gold EPO 30/60 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO 40/70 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO Prim Adv \$1500 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO 25/50 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	15/35/75/100 ded T2-3		15/45/75/100 ded T2-3		15/35/75 IntDed T2-3		15/65/85/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,000/\$2,000		\$2,000/\$4,000		\$1,500/\$3,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	N/A		30%		30%		30%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$40 ded waived		\$25 ded waived		\$25 ded waived	
Specialist	\$60 ded waived		\$70 ded waived		\$50 after ded		\$50 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/day after ded; \$2,000 max/admit		30% after ded		\$250/day after ded; \$1,250 max/admit		30% after ded	
Mental Health Inpatient	\$500/day after ded; \$2,000 max/admit		30% after ded		\$250/day after ded; \$1,250 max/admit		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$250 after ded FS- \$150 after ded		30% after ded		Hosp-\$250 after ded FS- \$150 after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$35 ded waived; \$500 max/contr yr		Lab-No charge; X-ray-30% after ded		Lab-\$50 after ded; X-ray- \$90 after ded		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$60 ded waived		\$70 ded waived		\$25 after ded		\$50 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$200 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$100 (waived if admitted) after ded		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 after ded		\$80 ded waived	
Single	1 x \$731.70		1 x \$640.53		1 x \$637.70		1 x \$622.10	
EE with Spouse	0 x \$1,463.41		0 x \$1,281.05		0 x \$1,275.39		0 x \$1,244.20	
EE with Child(ren)	0 x \$1,243.90		0 x \$1,088.89		0 x \$1,084.08		0 x \$1,057.57	
Family	1 x \$2,085.36		1 x \$1,825.50		1 x \$1,817.44		1 x \$1,772.99	
Monthly Cost	2 \$2,817.06		2 \$2,466.03		2 \$2,455.14		2 \$2,395.09	
Annual Cost	\$33,804.72		\$29,592.36		\$29,461.68		\$28,741.08	

	Oxford Liberty L Silver EPO 30/75 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 Bronze PPO HSA \$5000 30/60 Non-Gated OHI Fair CNT (HSA) (UCR=80fh%)		Oxford Liberty L Bronze PPO HSA \$5000 30/60 Non-Gated OHI MNRP CNT (HSA) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/65/50%to\$800/100 ded T2-3		15/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$3,000/\$6,000		\$2,000/\$4,000		\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
Individual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$4,500/\$9,000 (incl ded)		\$6,450/\$12,900 (incl ded)	\$25,000/\$50,000 (incl ded)	\$6,450/\$12,900 (incl ded)	\$25,000/\$50,000 (incl ded)
Co-Insurance	40%		20%		20%	20%	20%	20%
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$25 after ded		\$30 after ded	20% after ded	\$30 after ded	20% after ded
Specialist	\$75 ded waived		\$50 after ded		\$60 after ded	20% after ded	\$60 after ded	20% after ded
<b>Inpatient Services</b>								
Inpatient Hospital	40% after ded		20% after ded		20% after ded	20% after ded	20% after ded	20% after ded
Mental Health Inpatient	40% after ded		20% after ded		20% after ded	20% after ded	20% after ded	20% after ded
<b>Outpatient Services</b>								
Outpatient Facility	40% after ded		Hosp-\$250 after ded FS- \$150 after ded		20% after ded	20% after ded	20% after ded	20% after ded
Lab/X-Ray	Lab-No charge; X-ray-40% after ded		Lab-20% after ded; X-ray- \$90 after ded		20% after ded	20% after ded	20% after ded	20% after ded
Mental Health Outpatient	\$75 ded waived		\$50 after ded		\$60 after ded	20% after ded	\$60 after ded	20% after ded
<b>Emergency Care</b>								
Emergency Room	\$500 (waived if admitted) after ded		\$250 (waived if admitted) after ded		20% after ded	Paid as in-network	20% after ded	Paid as in-network
Urgent Care	\$80 ded waived		\$75 after ded		20% after ded	20% after ded	20% after ded	20% after ded
Single	1 x \$602.94		1 x \$621.16		1 x \$568.59		1 x \$535.06	
EE with Spouse	0 x \$1,205.88		0 x \$1,242.32		0 x \$1,137.18		0 x \$1,070.13	
EE with Child(ren)	0 x \$1,025.00		0 x \$1,055.97		0 x \$966.60		0 x \$909.61	
Family	1 x \$1,718.39		1 x \$1,770.31		1 x \$1,620.48		1 x \$1,524.93	
Monthly Cost	2 \$2,321.33		2 \$2,391.47		2 \$2,189.07		2 \$2,059.99	
Annual Cost	\$27,855.96		\$28,697.64		\$26,268.84		\$24,719.88	

		<b>Oxford Liberty L Bronze EPO HSA \$5000 Non-Gated OHI CNT (HSA) (UCR=N/A)</b>	
		<b>In-Network</b>	<b>Out-Network</b>
<b>Prescription Drugs</b>			
Drug Card		10/40/80 IntDed	
<b>Cost Share Information</b>			
Individual/Family Deductible		\$5,000/\$10,000	
Individual/Family OOP Limit		\$6,350/\$12,700 (incl ded)	
Co-Insurance		20%	
<b>Office Visits</b>			
Primary Care		20% after ded	
Specialist		20% after ded	
<b>Inpatient Services</b>			
Inpatient Hospital		20% after ded	
Mental Health Inpatient		20% after ded	
<b>Outpatient Services</b>			
Outpatient Facility		20% after ded	
Lab/X-Ray		20% after ded	
Mental Health Outpatient		20% after ded	
<b>Emergency Care</b>			
Emergency Room		20% after ded	
Urgent Care		20% after ded	
Single	1 x	\$491.51	
EE with Spouse	0 x	\$983.03	
EE with Child(ren)	0 x	\$835.58	
Family	1 x	\$1,400.81	
Monthly Cost	2	\$1,892.32	
Annual Cost		\$22,707.84	