

	Oxford Freedom F Platinum PPO 10/20 Non-Gated CNT (PPO)		Oxford Freedom F Platinum EPO 10/20 Non-Gated CNT (EPO)		Oxford Freedom F Platinum PPO 20/30 Non-Gated CNT (PPO)		Oxford Freedom F Platinum EPO 20/30 Non-Gated CNT (EPO)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Rx Card	10/30/60/100 ded T2-3	UCR=140mc%	10/30/60/100 ded T2-3	UCR=N/A	10/30/60/100 ded T2-3	UCR=140mc%	10/30/60/100 ded T2-3	UCR=N/A
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A	\$1,000/\$2,000	N/A		N/A	\$2,000/\$4,000	N/A	
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)	\$2,500/\$5,000 (incl ded)	\$3,000/\$6,000 (incl ded)		\$3,000/\$6,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$3,000/\$6,000 (incl ded)	
Co-Insurance	N/A	30%	N/A		N/A	30%	N/A	
Lifetime Maximum	None	None	None		None	None	None	
<b>Office Visits</b>								
Primary Care	\$10	30% after ded	\$10		\$20	30% after ded	\$20	
Specialist	\$20	30% after ded	\$20		\$30	30% after ded	\$30	
<b>Inpatient Services</b>								
Inpatient Hospital	\$150/admit	30% after ded	\$150/admit		\$500/admit	30% after ded	\$500/admit	
Inpatient Surgery	Included in Inpatient Hospital	30% after ded	Included in Inpatient Hospital		Included in Inpatient Hospital	30% after ded	Included in Inpatient Hospital	
Mental Health Inpatient	\$150/admit	30% after ded	\$150/admit		\$500/admit	30% after ded	\$500/admit	
Substance Abuse Inpatient	Rehab-\$150/admit	Rehab-30% after ded	Rehab-\$150/admit		Rehab-\$500/admit	Rehab-30% after ded	Rehab-\$500/admit	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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)	
Single	1 x \$900.88		1 x \$831.67		1 x \$878.39		1 x \$815.73	
EE with Spouse	1 x \$1,801.76		1 x \$1,663.34		1 x \$1,756.78		1 x \$1,631.46	
EE with Child(ren)	1 x \$1,531.50		1 x \$1,413.84		1 x \$1,493.26		1 x \$1,386.74	
Family	1 x \$2,567.51		1 x \$2,370.26		1 x \$2,503.41		1 x \$2,324.83	
Medicare	0 \$0.00		0 \$0.00		0 \$0.00		0 \$0.00	
Monthly Cost	4 \$6,801.65		4 \$6,279.11		4 \$6,631.84		4 \$6,158.76	
Annual Cost	\$81,619.80		\$75,349.32		\$79,582.08		\$73,905.12	

	Oxford Freedom F Gold PPO 25/40 Non-Gated CNT (PPOc)		Oxford Freedom F Gold EPO 15/25 Non-Gated CNT (EPOc)		Oxford Freedom F Gold EPO \$50 Non-Gated CNT (EPOc)		Oxford Freedom F Gold EPO 20/40 Non-Gated CNT (EPOc)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Rx Card	15/35/75/100 T2-3	UCR=140mc%	15/35/75/100 T2-3	UCR=N/A	15/35/75/100 T2-3	UCR=N/A	15/35/75/100 T2-3	UCR=N/A
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,000/\$2,000	\$2,000/\$4,000	\$800/\$1,600		\$750/\$1,500		\$1,250/\$2,500	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)	\$5,000/\$10,000 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%	
Lifetime Maximum	None	None	None		None		None	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
Inpatient Hospital	20% after ded	40% after ded	10% after ded		\$250/day after ded; \$2,500 max/contr yr		10% after ded	
Inpatient Surgery	20% after ded	40% after ded	10% after ded		Included in Inpatient Hospital		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	
Substance Abuse Inpatient	Rehab-20% after ded	Rehab-40% after ded	Rehab-10% after ded		Rehab-\$250/day after ded; \$2,500 max/contr yr		Rehab-10% after ded	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	
Single	1 x \$753.05		1 x \$713.40		1 x \$700.65		1 x \$695.69	
EE with Spouse	1 x \$1,506.10		1 x \$1,426.80		1 x \$1,401.30		1 x \$1,391.38	
EE with Child(ren)	1 x \$1,280.19		1 x \$1,212.78		1 x \$1,191.11		1 x \$1,182.67	
Family	1 x \$2,146.19		1 x \$2,033.19		1 x \$1,996.85		1 x \$1,982.72	
Medicare	0 \$0.00		0 \$0.00		0 \$0.00		0 \$0.00	
Monthly Cost	4 \$5,685.53		4 \$5,386.17		4 \$5,289.91		4 \$5,252.46	
Annual Cost	\$68,226.36		\$64,634.04		\$63,478.92		\$63,029.52	

	Oxford Freedom F Silver PPO 40/70 Non-Gated CNT (PPOc)		Oxford Freedom F Silver EPO 40/70 Non-Gated CNT (EPOc)		Oxford Freedom F Gold PPO HSA \$1,500 Non-Gated CNT (HSA)		Oxford Freedom F Gold EPO HSA \$1,500 Non-Gated CNT (HSA)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Rx Card	15/35/75/100 ded T2-3	UCR=140mc%	15/35/75/100 T2-3	UCR=N/A	15/35/75 IntDed	UCR=140mc%	15/35/75 IntDed	UCR=N/A
<b>Cost Share Information</b>								
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%	
Lifetime Maximum	None	None	None		None	None	None	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
Inpatient Hospital	30% after ded	50% after ded	30% after ded		10% after ded	40% after ded	10% after ded	
Inpatient Surgery	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	
Substance Abuse Inpatient	Rehab-30% after ded	Rehab-50% after ded	Rehab-30% after ded		Rehab-10% after ded	Rehab-40% after ded	Rehab-10% after ded	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
Emergency Room	30% after ded	30% after ded	30% after ded		10% after ded	10% after ded	10% after ded	
Single	1 x \$653.89		1 x \$603.10		1 x \$729.72		1 x \$677.68	
EE with Spouse	1 x \$1,307.78		1 x \$1,206.20		1 x \$1,459.44		1 x \$1,355.36	
EE with Child(ren)	1 x \$1,111.61		1 x \$1,025.27		1 x \$1,240.52		1 x \$1,152.06	
Family	1 x \$1,863.59		1 x \$1,718.84		1 x \$2,079.70		1 x \$1,931.39	
Medicare	0 \$0.00		0 \$0.00		0 \$0.00		0 \$0.00	
Monthly Cost	4 \$4,936.87		4 \$4,553.41		4 \$5,509.38		4 \$5,116.49	
Annual Cost	\$59,242.44		\$54,640.92		\$66,112.56		\$61,397.88	

	Oxford Freedom F Silver PPO HSA \$2,000 30/60 Non-Gated CNT (HSA)		Oxford Freedom F Silver EPO HSA \$2,000 25/50 Non-Gated CNT (HSA)		Oxford Freedom F Silver EPO HSA \$2,000 Non-Gated CNT (HSA)		Oxford Freedom F Bronze EPO HSA \$5000 Non-Gated CNT (HSA)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Rx Card	15/35/75 IntDed	UCR=140mc%	15/35/75 IntDed	UCR=N/A	15/35/75 IntDed	UCR=N/A	20/40/80 IntDed	UCR=N/A
<b>Cost Share Information</b>								
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%	
Lifetime Maximum	None	None	None		None		None	
<b>Office Visits</b>								
Primary Care	\$30 after ded	50% after ded	\$25 after ded		20% after ded		20% after ded	
Specialist	\$60 after ded	40% after ded	\$50 after ded		20% after ded		20% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded	50% after ded	20% after ded		20% after ded		20% after ded	
Inpatient Surgery	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	
Substance Abuse Inpatient	Rehab-10% after ded	Rehab-50% after ded	Rehab-20% after ded		Rehab-20% after ded		Rehab-20% after ded	
<b>Outpatient Services</b>								
Lab/X-Ray	10% after ded	50% after ded	Lab-20% after ded; X-ray-\$100 after ded		20% after ded		20% after ded	
<b>Emergency Care</b>								
Emergency Room	10% after ded	10% after ded	\$250 (waived if admitted) after ded		20% after ded		20% after ded	
Single	1 x \$613.79		1 x \$563.62		1 x \$553.84		1 x \$460.71	
EE with Spouse	1 x \$1,227.58		1 x \$1,127.24		1 x \$1,107.68		1 x \$921.42	
EE with Child(ren)	1 x \$1,043.44		1 x \$958.15		1 x \$941.53		1 x \$783.21	
Family	1 x \$1,749.30		1 x \$1,606.32		1 x \$1,578.44		1 x \$1,313.02	
Medicare	0 \$0.00		0 \$0.00		0 \$0.00		0 \$0.00	
Monthly Cost	4 \$4,634.11		4 \$4,255.33		4 \$4,181.49		4 \$3,478.36	
Annual Cost	\$55,609.32		\$51,063.96		\$50,177.88		\$41,740.32	