

	Oxford Freedom NY P FRDM NG 20/40/100 PPO FAIR 25 CNT (PPO) (UCR=80fh%)		Oxford Freedom NY P FRDM NG 5/15/100 PPO 25 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 20/40/100 PPO 25 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 5/15/100 EPO 25 CNT (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$10,000/\$20,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,250/\$6,500	\$25,000/\$50,000 (incl ded)	\$3,750/\$7,500	\$5,500/\$11,000 (incl ded)	\$3,250/\$6,500	\$8,000/\$16,000 (incl ded)	\$3,750/\$7,500	
Co-Insurance	0%	20%	0%	30%	0%	30%	0%	
Office Visits								
Primary Care	\$20	20% after ded	\$5	30% after ded	\$20	30% after ded	\$5	
Specialist	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Inpatient Services								
Inpatient Hospital	\$400/admit	20% after ded	\$200/admit	30% after ded	\$400/admit	30% after ded	\$200/admit	
Mental Health Inpatient	\$400/admit	20% after ded	\$200/admit	30% after ded	\$400/admit	30% after ded	\$200/admit	
Outpatient Services								
Outpatient Facility	\$300	20% after ded; pre-auth req	\$100	30% after ded; pre-auth req	\$300	30% after ded; pre-auth req	\$100	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$90	Lab-Not covered; X-ray-20% after ded	Lab-No charge/\$60 (D/ND); X-ray-\$90	Lab-Not covered; X-ray-30% after ded	Lab-No charge/\$60 (D/ND); X-ray-\$90	Lab-Not covered; X-ray-30% after ded	Lab-No charge/\$60 (D/ND); X-ray-\$90	
Mental Health Outpatient	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Emergency Care								
Emergency Room	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	2 x	\$2,050.67	2 x	\$1,718.41	2 x	\$1,684.22	2 x \$1,658.73	
EE with Spouse	0 x	\$4,101.33	0 x	\$3,436.83	0 x	\$3,368.45	0 x \$3,317.46	
EE with Child(ren)	0 x	\$3,486.13	0 x	\$2,921.30	0 x	\$2,863.19	0 x \$2,819.84	
Family	0 x	\$5,844.40	0 x	\$4,897.48	0 x	\$4,800.04	0 x \$4,727.37	
Monthly Cost	2	\$4,101.34	2	\$3,436.82	2	\$3,368.44	2 \$3,317.46	
Annual Cost		\$49,216.08		\$41,241.84		\$40,421.28	\$39,809.52	

	Oxford Freedom NY P FRDM NG 15/25/100 EPO 25 CNT (EPO) (UCR=N/A)		Oxford Freedom NY P FRDM NG 20/40/100 EPO 25 CNT (EPO) (UCR=N/A)		Oxford Freedom NY P FRDM NG 10/25/250/90 EPO 25 CNT (EPO)c (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/50/100 EPO ZD 25 CNT (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/65/95/150 ded T2-3		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		10/65/95/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$250/\$500		N/A	
Individual/Family OOP Limit	\$3,500/\$7,000		\$3,250/\$6,500		\$2,750/\$5,500 (incl ded)		\$7,000/\$14,000	
Co-Insurance	0%		0%		10%		0%	
Office Visits								
Primary Care	\$15		\$20		\$10 ded waived		\$25	
Specialist	\$25		\$40		\$25 ded waived		\$50	
Inpatient Services								
Inpatient Hospital	\$200/day; \$800 max/admit		\$400/admit		10% after ded		\$500/admit	
Mental Health Inpatient	\$200/day; \$800 max/admit \$200/day; \$800 max/admit		\$400/admit		10% after ded		\$500/admit	
Outpatient Services								
Outpatient Facility	\$100		\$300		10% after ded		\$250	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$200		Lab-No charge/\$60 (D/ND); X-ray-\$90		Lab-No charge/50% after ded (D/ND); X-ray-10% after ded		Lab-No charge/\$60 (D/ND); X-ray-\$50	
Mental Health Outpatient	\$25		\$40		\$25 ded waived		\$50	
Emergency Care								
Emergency Room	\$250 (waived if admitted)		\$250 (waived if admitted)		50% after ded		\$750 (waived if admitted)	
Urgent Care	\$50		\$50		\$50 ded waived		\$75	
Single	2 x \$1,632.31		2 x \$1,628.03		2 x \$1,575.69		2 x \$1,478.35	
EE with Spouse	0 x \$3,264.61		0 x \$3,256.07		0 x \$3,151.37		0 x \$2,956.69	
EE with Child(ren)	0 x \$2,774.92		0 x \$2,767.66		0 x \$2,678.67		0 x \$2,513.19	
Family	0 x \$4,652.07		0 x \$4,639.90		0 x \$4,490.71		0 x \$4,213.29	
Monthly Cost	2 \$3,264.62		2 \$3,256.06		2 \$3,151.38		2 \$2,956.70	
Annual Cost	\$39,175.44		\$39,072.72		\$37,816.56		\$35,480.40	

	Oxford Freedom NY G FRDM NG 25/40/1500/80 PPO 25 CNT (PPOc) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 50/50/1000/90 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 15/35/1750/90 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/40/1750/80 EPO 25 CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000	\$4,000/\$8,000	\$1,000/\$2,000		\$1,750/\$3,500		\$1,750/\$3,500	
Individual/Family OOP Limit	\$7,250/\$14,500 (incl ded)	\$10,500/\$21,000 (incl ded)	\$6,700/\$13,400 (incl ded)		\$8,000/\$16,000 (incl ded)		\$6,500/\$13,000 (incl ded)	
Co-Insurance	20%	40%	10%		10%		20%	
Office Visits								
Primary Care	\$25 ded waived	40% after ded	\$50 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$40 ded waived	40% after ded	\$50 ded waived		\$35 ded waived		\$40 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded	40% after ded	\$250/day after ded		10% after ded		20% after ded	
Mental Health Inpatient	20% after ded	40% after ded	\$250/day after ded		10% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	\$150 after ded	40% after ded; pre-auth req	\$150 after ded		\$150 after ded		\$150 after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-\$25 after ded	Lab-Not covered; X-ray-40% after ded	Lab-No charge/50% after ded (D/ND); X-ray-\$80 after ded		Lab-No charge/50% after ded (D/ND); X-ray-\$80 after ded		Lab-No charge/50% after ded (D/ND); X-ray-\$80 after ded	
Mental Health Outpatient	\$40 ded waived	40% after ded	\$50 ded waived		\$35 ded waived		\$40 ded waived	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived	Paid as in-network	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived	40% after ded	\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x \$1,436.97		2 x \$1,397.77		2 x \$1,386.63		2 x \$1,379.78	
EE with Spouse	0 x \$2,873.95		0 x \$2,795.53		0 x \$2,773.26		0 x \$2,759.55	
EE with Child(ren)	0 x \$2,442.85		0 x \$2,376.20		0 x \$2,357.27		0 x \$2,345.62	
Family	0 x \$4,095.38		0 x \$3,983.63		0 x \$3,951.90		0 x \$3,932.36	
Monthly Cost	2 \$2,873.94		2 \$2,795.54		2 \$2,773.26		2 \$2,759.56	
Annual Cost	\$34,487.28		\$33,546.48		\$33,279.12		\$33,114.72	

	Oxford Freedom NY G FRDM NG 1650/90 PPO HSA 25 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 30/60/2250/70 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 2000/100 EPO HSA PR 25 CNT (HSA) (UCR=N/A)		Oxford Freedom NY G FRDM NG 1650/90 EPO HSA 25 CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/40/80 IntDed		10/40/80/150 ded T2-3		10/40/80 IntDed		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,650/\$3,300	\$4,000/\$8,000	\$2,250/\$4,500		\$2,000/\$4,000		\$1,650/\$3,300	
Individual/Family OOP Limit	\$5,750/\$11,500 (incl ded)	\$10,500/\$21,000 (incl ded)	\$7,250/\$14,500 (incl ded)		\$7,050/\$14,100 (incl ded)		\$5,750/\$11,500 (incl ded)	
Co-Insurance	10%	40%	30%		0%		10%	
Office Visits								
Primary Care	10% after ded	40% after ded	\$30 ded waived		0% after ded		10% after ded	
Specialist	10% after ded	40% after ded	\$60 ded waived		0% after ded		10% after ded	
Inpatient Services								
Inpatient Hospital	10% after ded	40% after ded	30% after ded		0% after ded		10% after ded	
Mental Health Inpatient	10% after ded	40% after ded	30% after ded		0% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	10% after ded	40% after ded	30% after ded		0% after ded		10% after ded	
Lab/X-Ray	10% after ded	Lab-Not covered; X-ray-40% after ded	Lab-No charge/50% after ded (D/ND); X-ray-30% after ded		0% after ded		10% after ded	
Mental Health Outpatient	10% after ded	40% after ded	\$60 ded waived		0% after ded		10% after ded	
Emergency Care								
Emergency Room	50% after ded	Paid as in-network	\$500 (waived if admitted) ded waived		50% after ded		50% after ded	
Urgent Care	10% after ded	40% after ded	\$75 ded waived		0% after ded		10% after ded	
Single	2 x \$1,366.56		2 x \$1,331.54		2 x \$1,322.74		2 x \$1,317.91	
EE with Spouse	0 x \$2,733.13		0 x \$2,663.08		0 x \$2,645.48		0 x \$2,635.82	
EE with Child(ren)	0 x \$2,323.16		0 x \$2,263.61		0 x \$2,248.66		0 x \$2,240.44	
Family	0 x \$3,894.71		0 x \$3,794.89		0 x \$3,769.81		0 x \$3,756.04	
Monthly Cost	2 \$2,733.12		2 \$2,663.08		2 \$2,645.48		2 \$2,635.82	
Annual Cost	\$32,797.44		\$31,956.96		\$31,745.76		\$31,629.84	

	Oxford Freedom NY S FRDM NG 50/100/100 EPO ZD 25 CNT (EPO) (UCR=N/A)		Oxford Freedom NY S FRDM NG 40/80/3250/60 PPO 25 CNT (PPOc) (UCR=140mc%)		Oxford Freedom NY S FRDM NG 30/60/2250/70 PPO HSA 25 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY S FRDM NG 40/80/3250/60 EPO 25 CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/95/200 ded T2-3		10/50/90/200 ded T2-3		10/40/80 IntDed		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$3,250/\$6,500	\$6,000/\$12,000	\$2,250/\$4,500	\$6,000/\$12,000	\$3,250/\$6,500	
Individual/Family OOP Limit	\$9,200/\$18,400		\$9,200/\$18,400 (incl ded)	\$15,500/\$31,000 (incl ded)	\$8,000/\$16,000 (incl ded)	\$15,500/\$31,000 (incl ded)	\$9,200/\$18,400 (incl ded)	
Co-Insurance	0%		40%	50%	30%	50%	40%	
Office Visits								
Primary Care	\$50		\$40 ded waived	50% after ded	\$30 after ded	50% after ded	\$40 ded waived	
Specialist	\$100		\$80 ded waived	50% after ded	\$60 after ded	50% after ded	\$80 ded waived	
Inpatient Services								
Inpatient Hospital	\$1,500/admit		40% after ded	50% after ded	30% after ded	50% after ded	40% after ded	
Mental Health Inpatient	\$1,500/admit		40% after ded	50% after ded	30% after ded	50% after ded	40% after ded	
Outpatient Services								
Outpatient Facility	\$250		40% after ded	50% after ded	\$150 after ded	50% after ded; pre-auth req	40% after ded	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$200		Lab-No charge/50% after ded (D/ND); X-ray-40% after ded	Lab-Not covered; X-ray-50% after ded	30% after ded	Lab-Not covered; X-ray-50% after ded	Lab-No charge/50% after ded (D/ND); X-ray-40% after ded	
Mental Health Outpatient	\$100		\$80 ded waived	50% after ded	\$60 after ded	50% after ded	\$80 ded waived	
Emergency Care								
Emergency Room	\$1,500 (waived if admitted)		50% after ded	Paid as in-network	50% after ded	Paid as in-network	50% after ded	
Urgent Care	\$100		\$100 ded waived	50% after ded	\$100 after ded	50% after ded	\$100 ded waived	
Single	2 x \$1,316.35		2 x \$1,215.04		2 x \$1,207.32		2 x \$1,171.63	
EE with Spouse	0 x \$2,632.70		0 x \$2,430.08		0 x \$2,414.64		0 x \$2,343.27	
EE with Child(ren)	0 x \$2,237.79		0 x \$2,065.57		0 x \$2,052.44		0 x \$1,991.78	
Family	0 x \$3,751.59		0 x \$3,462.87		0 x \$3,440.86		0 x \$3,339.16	
Monthly Cost	2 \$2,632.70		2 \$2,430.08		2 \$2,414.64		2 \$2,343.26	
Annual Cost	\$31,592.40		\$29,160.96		\$28,975.68		\$28,119.12	

	Oxford Freedom NY S FRDM NG 30/60/3000/80 EPO HSA 25 CNT (HSA) (UCR=N/A)		Oxford Freedom NY S FRDM NG 2500/60 EPO HSA 25 CNT (HSA) (UCR=N/A)		Oxford Freedom NY B FRDM NG 30/60/6750/80 PPO HSA 25 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY B FRDM NG 5000/50 EPO HSA 25 CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/40/80 IntDed		10/40/80 IntDed		10/50/90 IntDed		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000		\$2,500/\$5,000		\$6,750/\$13,500	\$12,500/\$25,000	\$5,000/\$10,000	
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	\$31,250/\$62,500 (incl ded)	\$8,000/\$16,000 (incl ded)	
Co-Insurance	20%		40%		20%	20%	50%	
Office Visits								
Primary Care	\$30 after ded		40% after ded		\$30 after ded	20% after ded	50% after ded	
Specialist	\$60 after ded		40% after ded		\$60 after ded	20% after ded	50% after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		40% after ded		20% after ded	20% after ded	50% after ded	
Mental Health Inpatient	20% after ded		40% after ded		20% after ded	20% after ded	50% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		40% after ded		20% after ded	20% after ded; pre-auth req	50% after ded	
Lab/X-Ray	Lab-20% after ded; X-ray-\$90 after ded		40% after ded		20% after ded	Lab-Not covered; X-ray-20% after ded	50% after ded	
Mental Health Outpatient	\$60 after ded		40% after ded		\$60 after ded	20% after ded	50% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) after ded		50% after ded		50% after ded	Paid as in-network	50% after ded	
Urgent Care	\$100 after ded		40% after ded		20% after ded	20% after ded	50% after ded	
Single	2 x \$1,167.62		2 x \$1,131.24		2 x \$1,081.82		2 x \$1,058.38	
EE with Spouse	0 x \$2,335.24		0 x \$2,262.48		0 x \$2,163.63		0 x \$2,116.76	
EE with Child(ren)	0 x \$1,984.96		0 x \$1,923.11		0 x \$1,839.09		0 x \$1,799.24	
Family	0 x \$3,327.73		0 x \$3,224.04		0 x \$3,083.18		0 x \$3,016.39	
Monthly Cost	2 \$2,335.24		2 \$2,262.48		2 \$2,163.64		2 \$2,116.76	
Annual Cost	\$28,022.88		\$27,149.76		\$25,963.68		\$25,401.12	