

	Oxford Liberty NY G LBTY NG 25/50/100 EPO ZD 25 CNT (EPO) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/1250/100 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/1800/70 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 1650/90 EPO HSA PR 25 CNT (HSA) (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	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$1,250/\$2,500		\$1,800/\$3,600		\$1,650/\$3,300	
Individual/Family OOP Limit	\$7,000/\$14,000		\$7,000/\$14,000 (incl ded)		\$7,500/\$15,000 (incl ded)		\$5,750/\$11,500 (incl ded)	
Co-Insurance	0%		0%		30%		10%	
<b>Office Visits</b>								
Primary Care	\$25		\$30 ded waived		\$30 ded waived		10% after ded	
Specialist	\$50		\$60 ded waived		\$60 ded waived		10% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit		\$500/day after ded; \$2,000 max/admit		30% after ded		10% after ded	
Mental Health Inpatient	\$500/admit		\$500/day after ded; \$2,000 max/admit		30% after ded		10% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$250		\$150 after ded		30% after ded		10% after ded	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$50		Lab-No charge/50% after ded (D/ND); X-ray-\$35 after ded		Lab-No charge/50% after ded (D/ND); X-ray-30% after ded		10% after ded	
Mental Health Outpatient	\$50		\$60 ded waived		\$60 ded waived		10% after ded	
<b>Emergency Care</b>								
Emergency Room	\$750 (waived if admitted)		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		50% after ded	
Urgent Care	\$75		\$75 ded waived		\$75 ded waived		10% after ded	
Single	2 x \$1,404.91		2 x \$1,321.21		2 x \$1,264.20		2 x \$1,250.00	
EE with Spouse	0 x \$2,809.81		0 x \$2,642.41		0 x \$2,528.41		0 x \$2,500.01	
EE with Child(ren)	0 x \$2,388.34		0 x \$2,246.05		0 x \$2,149.15		0 x \$2,125.01	
Family	0 x \$4,003.98		0 x \$3,765.43		0 x \$3,602.99		0 x \$3,562.51	
Monthly Cost	2 \$2,809.82		2 \$2,642.42		2 \$2,528.40		2 \$2,500.00	
Annual Cost	\$33,717.84		\$31,709.04		\$30,340.80		\$30,000.00	

	Oxford Liberty NY S LBTY NG 50/100/100 EPO ZD 25 CNT (EPO) (UCR=N/A)		Oxford Liberty NY S LBTY NG 40/80/3250/60 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/60/4500/50 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/60/3000/80 EPO HSA 25 CNT (HSA) (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	15/65/95/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$3,250/\$6,500		\$4,500/\$9,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$9,200/\$18,400		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)		\$7,150/\$14,300 (incl ded)	
Co-Insurance	0%		40%		50%		20%	
<b>Office Visits</b>								
Primary Care	\$50		\$40 ded waived		\$30 ded waived		\$30 after ded	
Specialist	\$100		\$80 ded waived		\$60 ded waived		\$60 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$1,500/admit		40% after ded		50% after ded		20% after ded	
Mental Health Inpatient	\$1,500/admit		40% after ded		50% after ded		20% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$250		40% after ded		50% after ded		\$250 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-No charge/50% after ded (D/ND); X-ray-50% after ded		Lab-20% after ded; X-ray-\$90 after ded	
Mental Health Outpatient	\$100		\$80 ded waived		\$60 ded waived		\$60 after ded	
<b>Emergency Care</b>								
Emergency Room	\$1,500 (waived if admitted)		50% after ded		50% after ded		\$500 (waived if admitted) after ded	
Urgent Care	\$100		\$100 ded waived		\$100 ded waived		\$100 after ded	
Single	2 x \$1,249.42		2 x \$1,112.07		2 x \$1,109.35		2 x \$1,107.59	
EE with Spouse	0 x \$2,498.83		0 x \$2,224.15		0 x \$2,218.69		0 x \$2,215.18	
EE with Child(ren)	0 x \$2,124.01		0 x \$1,890.53		0 x \$1,885.89		0 x \$1,882.90	
Family	0 x \$3,560.83		0 x \$3,169.41		0 x \$3,161.64		0 x \$3,156.63	
Monthly Cost	2 \$2,498.84		2 \$2,224.14		2 \$2,218.70		2 \$2,215.18	
Annual Cost	\$29,986.08		\$26,689.68		\$26,624.40		\$26,582.16	

	Oxford Liberty NY S LBTY NG 30/75/4000/50 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 4000/80 EPO HSA PR 25 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 7250/100 EPO HSA 25 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 25/75/5750/70 EPO HSA 25 CNT (HSA) (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	10/50/50%to\$800/200 ded T2-3		10/50/90 IntDed		0%/0%/0% IntDed		30%/30%/30% IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$4,000/\$8,000		\$4,000/\$8,000		\$7,250/\$14,500		\$5,750/\$11,500	
Individual/Family OOP Limit	\$9,200/\$18,400 (incl ded)		\$8,000/\$16,000 (incl ded)		\$7,250/\$14,500 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	50%		20%		0%		30%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		20% after ded		0% after ded		\$25 after ded	
Specialist	\$75 ded waived		20% after ded		0% after ded		\$75 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	50% after ded		20% after ded		0% after ded		30% after ded	
Mental Health Inpatient	50% after ded		20% after ded		0% after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	50% after ded		20% after ded		0% after ded		30% after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-50% after ded		20% after ded		0% after ded		30% after ded	
Mental Health Outpatient	\$75 ded waived		20% after ded		0% after ded		\$75 after ded	
<b>Emergency Care</b>								
Emergency Room	\$600 (waived if admitted) after ded		50% after ded		0% after ded		50% after ded	
Urgent Care	\$100 ded waived		20% after ded		0% after ded		30% after ded	
Single	2 x \$1,094.06		2 x \$1,051.53		2 x \$1,015.40		2 x \$999.61	
EE with Spouse	0 x \$2,188.11		0 x \$2,103.05		0 x \$2,030.80		0 x \$1,999.21	
EE with Child(ren)	0 x \$1,859.90		0 x \$1,787.59		0 x \$1,726.19		0 x \$1,699.33	
Family	0 x \$3,118.06		0 x \$2,996.85		0 x \$2,893.90		0 x \$2,848.88	
Monthly Cost	2 \$2,188.12		2 \$2,103.06		2 \$2,030.80		2 \$1,999.22	
Annual Cost	\$26,257.44		\$25,236.72		\$24,369.60		\$23,990.64	