

	Oxford Metro NY G MTRO NG 25/40/1250/80 EPO ME 25 CNT (EPOc) (UCR=N/A)		Oxford Metro NY G MTRO GT 25/40/1250/80 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Metro NY S MTRO NG 50/100/100 EPO ZD 25 CNT (EPO) (UCR=N/A)		Oxford Metro NY S MTRO NG 30/80/3750/60 EPO ME 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	10/65/95/150 ded T2-3		10/65/95/150 ded T2-3		15/65/95/200 ded T2-3		10/65/95/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,250/\$2,500		\$1,250/\$2,500		N/A		\$3,750/\$7,500	
Individual/Family OOP Limit	\$6,500/\$13,000 (incl ded)		\$6,500/\$13,000 (incl ded)		\$9,200/\$18,400		\$9,200/\$18,400 (incl ded)	
Co-Insurance	20%		20%		0%		40%	
Office Visits								
Primary Care	\$25 ded waived		\$25 ded waived		\$50		\$30 ded waived	
Specialist	\$40 ded waived		\$40 ded waived		\$100		\$80 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded		20% after ded		\$1,500/admit		40% after ded	
Mental Health Inpatient	20% after ded		20% after ded		\$1,500/admit		40% after ded	
Outpatient Services								
Outpatient Facility	\$200 after ded		\$200 after ded		\$250		40% after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-\$50 after ded		Lab-No charge/50% after ded (D/ND); X-ray-\$50 after ded		Lab-No charge/\$60 (D/ND); X-ray-\$200		Lab-No charge/50% after ded (D/ND); X-ray-40% after ded	
Mental Health Outpatient	\$40 ded waived		\$40 ded waived		\$100		\$80 ded waived	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$1,500 (waived if admitted)		50% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$100		\$100 ded waived	
Single	2 x \$1,213.15		2 x \$1,170.83		2 x \$1,150.10		2 x \$1,018.55	
EE with Spouse	0 x \$2,426.30		0 x \$2,341.66		0 x \$2,300.19		0 x \$2,037.10	
EE with Child(ren)	0 x \$2,062.35		0 x \$1,990.41		0 x \$1,955.16		0 x \$1,731.54	
Family	0 x \$3,457.48		0 x \$3,336.87		0 x \$3,277.78		0 x \$2,902.87	
Monthly Cost	2 \$2,426.30		2 \$2,341.66		2 \$2,300.20		2 \$2,037.10	
Annual Cost	\$29,115.60		\$28,099.92		\$27,602.40		\$24,445.20	

	Oxford Metro NY S MTRO GT 30/80/3750/60 EPO 25 CNT (EPOc) (UCR=N/A)		Oxford Metro NY S MTRO GT 35/50/4000/70 EPO HSA 25 CNT (HSA) (UCR=N/A)		Oxford Metro NY B MTRO GT 7250/100 EPO HSA 25 CNT (HSA) (UCR=N/A)		Oxford Metro NY B MTRO GT 40/75/6500/50 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	10/65/95/200 ded T2-3		10/65/50%to\$800 IntDed		0%/0%/0% IntDed		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,750/\$7,500		\$4,000/\$8,000		\$7,250/\$14,500		\$6,500/\$13,000	
Individual/Family OOP Limit	\$9,200/\$18,400 (incl ded)		\$7,200/\$14,400 (incl ded)		\$7,250/\$14,500 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	40%		30%		0%		50%	
Office Visits								
Primary Care	\$30 ded waived		\$35 after ded		0% after ded		\$40 after ded	
Specialist	\$80 ded waived		\$50 after ded		0% after ded		\$75 after ded	
Inpatient Services								
Inpatient Hospital	40% after ded		30% after ded		0% after ded		50% after ded	
Mental Health Inpatient	40% after ded		30% after ded		0% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	40% after ded		\$300 after ded		0% after ded		\$500 after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-40% after ded		Lab-\$15 after ded; X-ray-\$50 after ded		0% after ded		Lab-\$15 after ded; X-ray-50% after ded	
Mental Health Outpatient	\$80 ded waived		\$50 after ded		0% after ded		\$75 after ded	
Emergency Care								
Emergency Room	50% after ded		\$500 (waived if admitted) after ded		0% after ded		\$500 (waived if admitted) after ded	
Urgent Care	\$100 ded waived		\$100 after ded		0% after ded		\$100 after ded	
Single	2 x \$983.03		2 x \$953.20		2 x \$903.04		2 x \$885.19	
EE with Spouse	0 x \$1,966.07		0 x \$1,906.39		0 x \$1,806.08		0 x \$1,770.39	
EE with Child(ren)	0 x \$1,671.16		0 x \$1,620.43		0 x \$1,535.17		0 x \$1,504.83	
Family	0 x \$2,801.65		0 x \$2,716.61		0 x \$2,573.66		0 x \$2,522.80	
Monthly Cost	2 \$1,966.06		2 \$1,906.40		2 \$1,806.08		2 \$1,770.38	
Annual Cost	\$23,592.72		\$22,876.80		\$21,672.96		\$21,244.56	