

	Oxford Liberty L Platinum Standard PPO 15/35 Gated CAL (PPO) (UCR=140mc%)		Oxford Liberty L Platinum Standard EPO 15/35 Gated CAL (EPO) (UCR=N/A)		Oxford Liberty L Platinum HMO 20/40 Gated CNT (HMO) (UCR=N/A)		Oxford Liberty L Gold HMO 30/60 Gated CNT (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network		In-Network	Out-Network
Prescription Drugs								
Drug Card	10/30/60		10/30/60		10/30/60/100 ded T2-3		15/35/75/100 T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$3,000/\$6,000	N/A		N/A		\$1,000/\$2,000	
Individual/Family OOP Limit	\$2,000/\$4,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$2,000/\$4,000 (incl ded)		\$3,000/\$6,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	N/A	30%	N/A		N/A		N/A	
Office Visits								
Primary Care	\$15	30% after ded	\$15		\$20		\$30 ded waived	
Specialist	\$35	30% after ded	\$35		\$40		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit	30% after ded	\$500/admit		\$500/day; \$1,000 max/admit		\$500/day after ded; \$2,000 max/admit	
Mental Health Inpatient	\$500/admit	30% after ded	\$500/admit		\$500/day; \$1,000 max/admit		\$500/day after ded; \$2,000 max/admit	
Outpatient Services								
Outpatient Facility	\$100	30% after ded	\$100		\$250		\$250 after ded	
Lab/X-Ray	\$35	30% after ded	\$35		Lab-No charge; X-ray-\$35; \$500 max/contr yr		Lab-No charge; X-ray-\$35 ded waived; \$500 max/contr yr	
Mental Health Outpatient	\$15	30% after ded	\$15		\$40		\$60 ded waived	
Emergency Care								
Emergency Room	\$100 (waived if admitted)	\$100 (waived if admitted) ded waived	\$100 (waived if admitted)		\$150 (waived if admitted)		\$200 (waived if admitted) ded waived	
Urgent Care	\$55	30% after ded	\$55		\$50		\$75 ded waived	
Single	1 x	\$866.66	1 x	\$799.71	1 x	\$794.03	1 x	\$685.06
EE with Spouse	0 x	\$1,733.32	0 x	\$1,599.42	0 x	\$1,588.06	0 x	\$1,370.12
EE with Child(ren)	0 x	\$1,473.32	0 x	\$1,359.51	0 x	\$1,349.85	0 x	\$1,164.60
Family	1 x	\$2,469.98	1 x	\$2,279.18	1 x	\$2,262.99	1 x	\$1,952.42
Monthly Cost	2	\$3,336.64	2	\$3,078.89	2	\$3,057.02	2	\$2,637.48
Annual Cost		\$40,039.68		\$36,946.68		\$36,684.24		\$31,649.76

	Oxford Liberty L Gold EPO 15/25 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 20/40 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold Prim Adv EPO \$500 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold Standard EPO 25/40 Gated CAL (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75/100 T2-3		15/35/75/100 T2-3		15/35/75 IntDed T2-3		10/35/70	
Cost Share Information								
Individual/Family Deductible	\$800/\$1,600		\$1,250/\$2,500		\$500/\$1,000		\$600/\$1,200	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	10%		10%		N/A		20%	
Office Visits								
Primary Care	\$15 ded waived		\$20 ded waived		\$25 ded waived		\$25 after ded	
Specialist	\$25 ded waived		\$40 ded waived		\$50 after ded		\$40 after ded	
Inpatient Services								
Inpatient Hospital	10% after ded		10% after ded		\$250/day after ded; \$1,250 max/admit		\$1,000/admit after ded	
Mental Health Inpatient	10% after ded		10% after ded		\$250/day after ded; \$1,250 max/admit		\$1,000/admit after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		\$250 after ded		\$250 after ded		\$100 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived		Lab-\$50 after ded; X-ray-\$90 after ded		\$40 after ded	
Mental Health Outpatient	\$25 ded waived		\$40 ded waived		\$50 after ded		\$25 after ded	
Emergency Care								
Emergency Room	\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$250 (waived if admitted) after ded		\$150 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 after ded		\$60 after ded	
Single	1 x	\$712.36	1 x	\$694.68	1 x	\$682.48	1 x	\$677.53
EE with Spouse	0 x	\$1,424.72	0 x	\$1,389.37	0 x	\$1,364.96	0 x	\$1,355.07
EE with Child(ren)	0 x	\$1,211.01	0 x	\$1,180.96	0 x	\$1,160.22	0 x	\$1,151.81
Family	1 x	\$2,030.22	1 x	\$1,979.85	1 x	\$1,945.07	1 x	\$1,930.97
Monthly Cost	2	\$2,742.58	2	\$2,674.53	2	\$2,627.55	2	\$2,608.50
Annual Cost		\$32,910.96		\$32,094.36		\$31,530.60		\$31,302.00

	Oxford Liberty L Gold EPO 30/60 Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver PPO 40/70 Non-Gated CNT (PPOc) (UCR=140mc%)		Oxford Liberty L Silver Standard PPO 30/50 Gated CAL (PPOc) (UCR=140mc%)		Oxford Liberty L Silver EPO 40/70 Non-Gated 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	15/35/75/100 ded T2-3		15/35/75/100 ded T2-3		10/35/70		15/35/75/100 T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000		\$2,000/\$4,000		\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,350/\$12,700 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,350/\$12,700 (incl ded)	
Co-Insurance	0%		30%		30%		30%	
Office Visits								
Primary Care	\$30 ded waived		\$40 ded waived		\$30 after ded		\$40 ded waived	
Specialist	\$60 ded waived		\$70 ded waived		\$50 after ded		\$70 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/day after ded; \$2,000 max/admit		30% after ded		\$1,500/admit after ded		30% after ded	
Mental Health Inpatient	\$500/day after ded; \$2,000 max/admit		30% after ded		\$1,500/admit after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Freestanding-\$150 after ded OP Hosp-\$250 after ded		\$250 after ded		\$100 after ded		\$250 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		\$50 after ded		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$60 ded waived		\$70 ded waived		\$30 after ded		\$70 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted) ded waived		30% after ded		\$150 (waived if admitted) after ded		\$150 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$70 after ded		\$75 ded waived	
Single	1 x \$676.01		1 x \$659.98		1 x \$636.29		1 x \$602.26	
EE with Spouse	0 x \$1,352.01		0 x \$1,319.96		0 x \$1,272.58		0 x \$1,204.53	
EE with Child(ren)	0 x \$1,149.21		0 x \$1,121.97		0 x \$1,081.69		0 x \$1,023.85	
Family	1 x \$1,926.62		1 x \$1,880.94		1 x \$1,813.42		1 x \$1,716.45	
Monthly Cost	2 \$2,602.63		2 \$2,540.92		2 \$2,449.71		2 \$2,318.71	
Annual Cost	\$31,231.56		\$30,491.04		\$29,396.52		\$27,824.52	

	Oxford Liberty L Silver Prim Adv EPO \$1,500 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO 25/50 Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver Standard EPO 30/50 Gated CAL (EPOc) (UCR=N/A)		Oxford Liberty L Bronze Standard EPO \$3000 Gated CAL (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75 IntDed T2-3		10/65/50%to\$800		10/35/70		10/35/70 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000		\$2,000/\$4,000		\$2,000/\$4,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$5,600/\$11,200 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,350/\$12,700 (incl ded)	
Co-Insurance	N/A		30%		30%		50%	
Office Visits								
Primary Care	\$25 ded waived		\$25 ded waived		\$30 after ded		50% after ded	
Specialist	\$50 after ded		\$50 ded waived		\$50 after ded		50% after ded	
Inpatient Services								
Inpatient Hospital	\$250/day after ded; \$1,250 max/admit		30% after ded		\$1,500/admit after ded		50% after ded	
Mental Health Inpatient	\$250/day after ded; \$1,250 max/admit		30% after ded		\$1,500/admit after ded		50% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		30% after ded		\$100 after ded		50% after ded	
Lab/X-Ray	Lab-\$50 after ded; X-ray- \$90 after ded		Lab-\$100 ded waived; X-ray-30% after ded		\$50 after ded		50% after ded	
Mental Health Outpatient	\$50 after ded		\$50 ded waived		\$30 after ded		50% after ded	
Emergency Care								
Emergency Room	\$250 (waived if admitted) after ded		30% after ded		\$150 (waived if admitted) after ded		50% after ded	
Urgent Care	\$75 after ded		\$80 ded waived		\$70 after ded		50% after ded	
Single	1 x	\$593.56	1 x	\$585.99	1 x	\$573.13	1 x	\$475.34
EE with Spouse	0 x	\$1,187.11	0 x	\$1,171.98	0 x	\$1,146.26	0 x	\$950.68
EE with Child(ren)	0 x	\$1,009.05	0 x	\$996.18	0 x	\$974.33	0 x	\$808.08
Family	1 x	\$1,691.63	1 x	\$1,670.07	1 x	\$1,633.42	1 x	\$1,354.73
Monthly Cost	2	\$2,285.19	2	\$2,256.06	2	\$2,206.55	2	\$1,830.07
Annual Cost		\$27,422.28		\$27,072.72		\$26,478.60		\$21,960.84

	Oxford Liberty L Silver EPO HSA \$2,000 25/50 Non-Gated CNT (HSA) (UCR=N/A)		Oxford Liberty L Silver EPO HSA \$2,000 Non-Gated CNT (HSA) (UCR=N/A)		Oxford Liberty L Bronze PPO HSA \$3750 Non-Gated CNT (HSA) (UCR=140mc%)		Oxford Liberty L Bronze EPO HSA \$3500 40/75 Non-Gated 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	15/35/75 IntDed		15/35/75 IntDed		20/40/80 IntDed		20/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000		\$2,000/\$4,000		\$3,750/\$7,500	\$6,000/\$12,000	\$3,500/\$7,000	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,350/\$12,700 (incl ded)	\$15,000/\$30,000 (incl ded)	\$6,350/\$12,700 (incl ded)	
Co-Insurance	20%		20%		20%	40%	50%	
Office Visits								
Primary Care	\$25 after ded		20% after ded		20% after ded	40% after ded	\$40 after ded	
Specialist	\$50 after ded		20% after ded		20% after ded	40% after ded	\$75 after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		20% after ded		20% after ded	40% after ded	50% after ded	
Mental Health Inpatient	20% after ded		20% after ded		20% after ded	40% after ded	50% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		20% after ded		20% after ded	40% after ded	\$250 after ded	
Lab/X-Ray	Lab-20% after ded; X-ray-\$100 after ded		20% after ded		20% after ded	40% after ded	50% after ded	
Mental Health Outpatient	\$50 after ded		20% after ded		20% after ded	40% after ded	\$75 after ded	
Emergency Care								
Emergency Room	\$250 (waived if admitted) after ded		20% after ded		20% after ded	20% after ded	\$250 after ded	
Urgent Care	\$75 after ded		20% after ded		20% after ded	40% after ded	\$100 after ded	
Single	1 x \$562.88		1 x \$553.12		1 x \$521.33		1 x \$474.20	
EE with Spouse	0 x \$1,125.76		0 x \$1,106.24		0 x \$1,042.66		0 x \$948.40	
EE with Child(ren)	0 x \$956.89		0 x \$940.31		0 x \$886.26		0 x \$806.14	
Family	1 x \$1,604.21		1 x \$1,576.40		1 x \$1,485.79		1 x \$1,351.47	
Monthly Cost	2 \$2,167.09		2 \$2,129.52		2 \$2,007.12		2 \$1,825.67	
Annual Cost	\$26,005.08		\$25,554.24		\$24,085.44		\$21,908.04	

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		Oxford Liberty L Bronze EPO HSA \$5000 Non-Gated CNT (HSA) (UCR=N/A)	
		In-Network	Out-Network
Prescription Drugs			
Drug Card		20/40/80 IntDed	
Cost Share Information			
Individual/Family Deductible		\$5,000/\$10,000	
Individual/Family OOP Limit		\$6,350/\$12,700 (incl ded)	
Co-Insurance		20%	
Office Visits			
Primary Care		20% after ded	
Specialist		20% after ded	
Inpatient Services			
Inpatient Hospital		20% after ded	
Mental Health Inpatient		20% after ded	
Outpatient Services			
Outpatient Facility		20% after ded	
Lab/X-Ray		20% after ded	
Mental Health Outpatient		20% after ded	
Emergency Care			
Emergency Room		20% after ded	
Urgent Care		20% after ded	
Single	1 x	\$451.81	
EE with Spouse	0 x	\$903.62	
EE with Child(ren)	0 x	\$768.08	
Family	1 x	\$1,287.65	
Monthly Cost	2	\$1,739.46	
Annual Cost		\$20,873.52	