

	Oxford Freedom F Platinum PPO 10/20 Non-Gated CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum EPO 10/20 Non-Gated CNT (EPO) (UCR=N/A)		Oxford Freedom F Platinum PPO 20/30 Non-Gated CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum EPO 20/30 Non-Gated 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	10/30/60/100 ded T2-3		10/30/60/100 ded T2-3		10/30/60/100 ded T2-3		10/30/60/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$2,000/\$4,000	N/A		N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$3,000/\$6,000 (incl ded)		\$3,000/\$6,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000 (incl ded)	
Co-Insurance	N/A	30%	N/A		N/A	30%	N/A	
Office Visits								
Primary Care	\$10	30% after ded	\$10		\$20	30% after ded	\$20	
Specialist	\$20	30% after ded	\$20		\$30	30% after ded	\$30	
Inpatient Services								
Inpatient Hospital	\$150/admit	30% after ded	\$150/admit		\$500/admit	30% after ded	\$500/admit	
Mental Health Inpatient	\$150/admit	30% after ded	\$150/admit		\$500/admit	30% after ded	\$500/admit	
Outpatient Services								
Outpatient Facility	\$100	30% after ded	\$100		\$300	30% after ded	\$300	
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	
Mental Health Outpatient	\$20	30% after ded	\$20		\$30	30% after ded	\$30	
Emergency Care								
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)	
Urgent Care	\$50	30% after ded	\$50		\$50	30% after ded	\$50	
Single	1 x \$997.69		1 x \$920.49		1 x \$974.42		1 x \$902.85	
EE with Spouse	0 x \$1,995.38		0 x \$1,840.98		0 x \$1,948.83		0 x \$1,805.71	
EE with Child(ren)	0 x \$1,696.07		0 x \$1,564.84		0 x \$1,656.51		0 x \$1,534.85	
Family	1 x \$2,843.42		1 x \$2,623.40		1 x \$2,777.09		1 x \$2,573.13	
Monthly Cost	2 \$3,841.11		2 \$3,543.89		2 \$3,751.51		2 \$3,475.98	
Annual Cost	\$46,093.32		\$42,526.68		\$45,018.12		\$41,711.76	

	Oxford Freedom F Gold PPO 25/40 Non-Gated CNT (PPOc) (UCR=140mc%)		Oxford Freedom F Gold EPO 15/25 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold EPO \$50 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold EPO 20/40 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 T2-3		15/35/75/100 T2-3		15/35/75/100 T2-3		15/35/75/100 T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000	\$3,000/\$6,000	\$800/\$1,600		\$750/\$1,500		\$1,250/\$2,500	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)	\$7,500/\$15,000 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%	
Office Visits								
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	
Inpatient Services								
Inpatient Hospital	20% after ded	40% after ded	10% after ded		\$250/day after ded; \$2,500 max/contr yr		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	
Outpatient Services								
Outpatient Facility	\$250 after ded	40% after ded	\$250 after ded		\$250 after ded		\$250 after ded	
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	
Mental Health Outpatient	\$40 ded waived	40% after ded	\$25 ded waived		\$50 ded waived		\$40 ded waived	
Emergency Care								
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	
Urgent Care	\$75 ded waived	40% after ded	\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x \$834.71		1 x \$789.16		1 x \$775.08		1 x \$769.59	
EE with Spouse	0 x \$1,669.42		0 x \$1,578.33		0 x \$1,550.17		0 x \$1,539.19	
EE with Child(ren)	0 x \$1,419.01		0 x \$1,341.58		0 x \$1,317.65		0 x \$1,308.31	
Family	1 x \$2,378.93		1 x \$2,249.12		1 x \$2,208.99		1 x \$2,193.35	
Monthly Cost	2 \$3,213.64		2 \$3,038.28		2 \$2,984.07		2 \$2,962.94	
Annual Cost	\$38,563.68		\$36,459.36		\$35,808.84		\$35,555.28	

	Oxford Freedom F Silver PPO 40/70 Non-Gated CNT (PPOc) (UCR=140mc%)		Oxford Freedom F Silver EPO 40/70 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold PPO HSA \$1,500 Non-Gated CNT (HSA) (UCR=140mc%)		Oxford Freedom F Gold EPO HSA \$1,500 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	15/35/75/100 ded T2-3		15/35/75/100 T2-3		15/35/75 IntDed		15/35/75 IntDed	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
Inpatient Hospital	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	
Outpatient Services								
Outpatient Facility	\$250 after ded	50% after ded	\$250 after ded		10% after ded	40% after ded	10% after ded	
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	
Mental Health Outpatient	\$70 ded waived	50% after ded	\$70 ded waived		10% after ded	40% after ded	10% after ded	
Emergency Care								
Emergency Room	30% after ded	30% after ded	30% after ded		10% after ded	10% after ded	10% after ded	
Urgent Care	\$75 ded waived	50% after ded	\$75 ded waived		10% after ded	40% after ded	10% after ded	
Single	1 x \$729.57		1 x \$667.19		1 x \$813.60		1 x \$749.69	
EE with Spouse	0 x \$1,459.15		0 x \$1,334.38		0 x \$1,627.20		0 x \$1,499.37	
EE with Child(ren)	0 x \$1,240.27		0 x \$1,134.22		0 x \$1,383.12		0 x \$1,274.46	
Family	1 x \$2,079.29		1 x \$1,901.48		1 x \$2,318.75		1 x \$2,136.61	
Monthly Cost	2 \$2,808.86		2 \$2,568.67		2 \$3,132.35		2 \$2,886.30	
Annual Cost	\$33,706.32		\$30,824.04		\$37,588.20		\$34,635.60	

	Oxford Freedom F Silver PPO HSA \$2,000 30/60 Non-Gated CNT (HSA) (UCR=140mc%)		Oxford Freedom F Silver EPO HSA \$2,000 25/50 Non-Gated CNT (HSA) (UCR=N/A)		Oxford Freedom F Silver EPO HSA \$2,000 Non-Gated CNT (HSA) (UCR=N/A)		Oxford Freedom F Bronze EPO HSA \$5000 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		15/35/75 IntDed		20/40/80 IntDed	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$30 after ded	50% after ded	\$25 after ded		20% after ded		20% after ded	
Specialist	\$60 after ded	50% after ded	\$50 after ded		20% after ded		20% after ded	
Inpatient Services								
Inpatient Hospital	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	
Outpatient Services								
Outpatient Facility	\$250 after ded	50% after ded	\$250 after ded		20% after ded		20% after ded	
Lab/X-Ray	10% after ded	50% after ded	Lab-20% after ded; X-ray-\$100 after ded		20% after ded		20% after ded	
Mental Health Outpatient	\$60 after ded	50% after ded	\$50 after ded		20% after ded		20% after ded	
Emergency Care								
Emergency Room	10% after ded	10% after ded	\$250 (waived if admitted) after ded		20% after ded		20% after ded	
Urgent Care	\$75 after ded	50% after ded	\$75 after ded		20% after ded		20% after ded	
Single	1 x \$684.63		1 x \$623.55		1 x \$612.75		1 x \$500.49	
EE with Spouse	0 x \$1,369.27		0 x \$1,247.11		0 x \$1,225.50		0 x \$1,000.98	
EE with Child(ren)	0 x \$1,163.87		0 x \$1,060.04		0 x \$1,041.67		0 x \$850.84	
Family	1 x \$1,951.21		1 x \$1,777.13		1 x \$1,746.33		1 x \$1,426.40	
Monthly Cost	2 \$2,635.84		2 \$2,400.68		2 \$2,359.08		2 \$1,926.89	
Annual Cost	\$31,630.08		\$28,808.16		\$28,308.96		\$23,122.68	