

	Oxford Freedom NY P FRDM NG 20/40/100 PPO FAIR 26 CNT (PPO) (UCR=80fh%)		Oxford Freedom NY P FRDM NG 5/15/100 PPO 26 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 20/40/100 PPO 26 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 5/15/100 EPO 26 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		N/A		N/A		N/A	
Individual/Family OOP Limit	\$3,250/\$6,500		\$3,750/\$7,500		\$3,250/\$6,500		\$3,750/\$7,500	
Co-Insurance	0%		0%		0%		0%	
Office Visits								
Primary Care	\$20		\$5		\$20		\$5	
Specialist	\$40		\$15		\$40		\$15	
Inpatient Services								
Inpatient Hospital	\$400/admit		\$200/admit		\$400/admit		\$200/admit	
Mental Health Inpatient	\$400/admit		\$200/admit		\$400/admit		\$200/admit	
Outpatient Services								
Outpatient Facility	\$300		\$100		\$300		\$100	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$90		Lab-No charge/\$60 (D/ND); X-ray-\$90		Lab-No charge/\$60 (D/ND); X-ray-\$90		Lab-No charge/\$60 (D/ND); X-ray-\$90	
Mental Health Outpatient	\$40		\$15		\$40		\$15	
Emergency Care								
Emergency Room	\$250 (waived if admitted)		\$250 (waived if admitted)		\$250 (waived if admitted)		\$250 (waived if admitted)	
Urgent Care	\$50		\$50		\$50		\$50	
Single	2 x	\$2,440.43	2 x	\$1,830.80	2 x	\$1,797.25	2 x	\$1,786.01
EE with Spouse	0 x	\$4,880.87	0 x	\$3,661.60	0 x	\$3,594.49	0 x	\$3,572.02
EE with Child(ren)	0 x	\$4,148.74	0 x	\$3,112.36	0 x	\$3,055.32	0 x	\$3,036.22
Family	0 x	\$6,955.24	0 x	\$5,217.78	0 x	\$5,122.15	0 x	\$5,090.12
Monthly Cost	2	\$4,880.86	2	\$3,661.60	2	\$3,594.50	2	\$3,572.02
Annual Cost		\$58,570.32		\$43,939.20		\$43,134.00		\$42,864.24

	Oxford Freedom NY P FRDM NG 15/25/100 EPO 26 CNT (EPO) (UCR=N/A)		Oxford Freedom NY P FRDM NG 20/40/100 EPO 26 CNT (EPO) (UCR=N/A)		Oxford Freedom NY P FRDM NG 10/25/250/90 EPO 26 CNT (EPO)c (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/50/100 EPO ZD 26 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)		\$7,300/\$14,600	
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		\$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-\$20		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 \$1,761.62		2 x \$1,754.93		2 x \$1,705.38		2 x \$1,600.13	
EE with Spouse	0 x \$3,523.24		0 x \$3,509.86		0 x \$3,410.76		0 x \$3,200.26	
EE with Child(ren)	0 x \$2,994.75		0 x \$2,983.38		0 x \$2,899.15		0 x \$2,720.22	
Family	0 x \$5,020.62		0 x \$5,001.55		0 x \$4,860.34		0 x \$4,560.37	
Monthly Cost	2 \$3,523.24		2 \$3,509.86		2 \$3,410.76		2 \$3,200.26	
Annual Cost	\$42,278.88		\$42,118.32		\$40,929.12		\$38,403.12	

	Oxford Freedom NY G FRDM NG 25/40/1500/80 PPO 26 CNT (PPOc) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 50/50/1000/90 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 15/35/1750/90 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/40/1750/80 EPO 26 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 \$1,555.03		2 x \$1,531.04		2 x \$1,517.70		2 x \$1,510.13	
EE with Spouse	0 x \$3,110.07		0 x \$3,062.07		0 x \$3,035.41		0 x \$3,020.26	
EE with Child(ren)	0 x \$2,643.56		0 x \$2,602.77		0 x \$2,580.10		0 x \$2,567.23	
Family	0 x \$4,431.85		0 x \$4,363.46		0 x \$4,325.46		0 x \$4,303.87	
Monthly Cost	2 \$3,110.06		2 \$3,062.08		2 \$3,035.40		2 \$3,020.26	
Annual Cost	\$37,320.72		\$36,744.96		\$36,424.80		\$36,243.12	

	Oxford Freedom NY G FRDM NG 1700/90 PPO HSA 26 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 30/60/2250/70 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 1700/90 EPO HSA 26 CNT (HSA) (UCR=N/A)		Oxford Freedom NY S FRDM NG 50/100/100 EPO ZD 26 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	10/40/80 IntDed		10/40/80/150 ded T2-3		10/40/80 IntDed		15/65/95/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,700/\$3,400	\$4,000/\$8,000	\$2,250/\$4,500		\$1,700/\$3,400		N/A	
Individual/Family OOP Limit	\$5,750/\$11,500 (incl ded)	\$10,500/\$21,000 (incl ded)	\$7,250/\$14,500 (incl ded)		\$5,750/\$11,500 (incl ded)		\$9,300/\$18,600	
Co-Insurance	10%	40%	30%		10%		0%	
Office Visits								
Primary Care	10% after ded	40% after ded	\$30 ded waived		10% after ded		\$50	
Specialist	10% after ded	40% after ded	\$60 ded waived		10% after ded		\$100	
Inpatient Services								
Inpatient Hospital	10% after ded	40% after ded	30% after ded		10% after ded		\$1,500/admit	
Mental Health Inpatient	10% after ded	40% after ded	30% after ded		10% after ded		\$1,500/admit	
Outpatient Services								
Outpatient Facility	10% after ded	40% after ded	30% after ded		10% after ded		\$250	
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		10% after ded		Lab-No charge/\$60 (D/ND); X-ray-\$200	
Mental Health Outpatient	10% after ded	40% after ded	\$60 ded waived		10% after ded		\$100	
Emergency Care								
Emergency Room	50% after ded	Paid as in-network	\$500 (waived if admitted) ded waived		50% after ded		\$1,500 (waived if admitted)	
Urgent Care	10% after ded	40% after ded	\$75 ded waived		10% after ded		\$100	
Single	2 x \$1,470.93		2 x \$1,460.64		2 x \$1,435.15		2 x \$1,426.87	
EE with Spouse	0 x \$2,941.87		0 x \$2,921.28		0 x \$2,870.30		0 x \$2,853.74	
EE with Child(ren)	0 x \$2,500.59		0 x \$2,483.09		0 x \$2,439.76		0 x \$2,425.68	
Family	0 x \$4,192.16		0 x \$4,162.83		0 x \$4,090.18		0 x \$4,066.59	
Monthly Cost	2 \$2,941.86		2 \$2,921.28		2 \$2,870.30		2 \$2,853.74	
Annual Cost	\$35,302.32		\$35,055.36		\$34,443.60		\$34,244.88	

	Oxford Freedom NY G FRDM NG 2200/100 EPO HSA PR 26 CNT (HSA) (UCR=N/A)		Oxford Freedom NY S FRDM NG 40/80/3250/60 PPO 26 CNT (PPOc) (UCR=140mc%)		Oxford Freedom NY S FRDM NG 30/60/2350/70 PPO HSA 26 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY S FRDM NG 40/80/3250/60 EPO 26 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 IntDed		10/50/90/200 ded T2-3		10/40/80 IntDed		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$2,200/\$4,400		\$3,250/\$6,500	\$6,000/\$12,000	\$2,350/\$4,700	\$6,000/\$12,000	\$3,250/\$6,500	
Individual/Family OOP Limit	\$8,300/\$16,600 (incl ded)		\$9,200/\$18,400 (incl ded)	\$15,500/\$31,000 (incl ded)	\$8,300/\$16,600 (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	0% after ded		\$40 ded waived	50% after ded	\$30 after ded	50% after ded	\$40 ded waived	
Specialist	0% after ded		\$80 ded waived	50% after ded	\$60 after ded	50% after ded	\$80 ded waived	
Inpatient Services								
Inpatient Hospital	0% after ded		40% after ded	50% after ded	30% after ded	50% after ded	40% after ded	
Mental Health Inpatient	0% after ded		40% after ded	50% after ded	30% after ded	50% after ded	40% after ded	
Outpatient Services								
Outpatient Facility	0% after ded		40% after ded	50% after ded	\$150 after ded	50% after ded; pre-auth req	40% after ded	
Lab/X-Ray	0% after ded		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	0% after ded		\$80 ded waived	50% after ded	\$60 after ded	50% after ded	\$80 ded waived	
Emergency Care								
Emergency Room	50% after ded		50% after ded	Paid as in-network	50% after ded	Paid as in-network	50% after ded	
Urgent Care	0% after ded		\$100 ded waived	50% after ded	\$100 after ded	50% after ded	\$100 ded waived	
Single	2 x \$1,426.31		2 x \$1,320.73		2 x \$1,301.44		2 x \$1,287.83	
EE with Spouse	0 x \$2,852.61		0 x \$2,641.45		0 x \$2,602.89		0 x \$2,575.65	
EE with Child(ren)	0 x \$2,424.72		0 x \$2,245.24		0 x \$2,212.46		0 x \$2,189.30	
Family	0 x \$4,064.97		0 x \$3,764.07		0 x \$3,709.12		0 x \$3,670.30	
Monthly Cost	2 \$2,852.62		2 \$2,641.46		2 \$2,602.88		2 \$2,575.66	
Annual Cost	\$34,231.44		\$31,697.52		\$31,234.56		\$30,907.92	

	Oxford Freedom NY S FRDM NG 30/60/3000/80 EPO HSA 26 CNT (HSA) (UCR=N/A)		Oxford Freedom NY S FRDM NG 2500/60 EPO HSA 26 CNT (HSA) (UCR=N/A)		Oxford Freedom NY B FRDM NG 30/60/6750/80 PPO HSA 26 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY B FRDM NG 5000/50 EPO HSA 26 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	\$7,350/\$14,700 (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 \$1,281.85		2 x \$1,242.94		2 x \$1,178.67		2 x \$1,165.98	
EE with Spouse	0 x \$2,563.70		0 x \$2,485.88		0 x \$2,357.35		0 x \$2,331.95	
EE with Child(ren)	0 x \$2,179.15		0 x \$2,113.00		0 x \$2,003.74		0 x \$1,982.16	
Family	0 x \$3,653.27		0 x \$3,542.37		0 x \$3,359.22		0 x \$3,323.03	
Monthly Cost	2 \$2,563.70		2 \$2,485.88		2 \$2,357.34		2 \$2,331.96	
Annual Cost	\$30,764.40		\$29,830.56		\$28,288.08		\$27,983.52	