

	Oxford Liberty NY G LBTY NG 25/50/100 EPO ZD 26 CNT (EPO) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/1250/100 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/1800/70 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 1700/90 EPO HSA PR 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	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,250/\$2,500		\$1,800/\$3,600		\$1,700/\$3,400	
Individual/Family OOP Limit	\$7,300/\$14,600		\$7,000/\$14,000 (incl ded)		\$7,500/\$15,000 (incl ded)		\$5,750/\$11,500 (incl ded)	
Co-Insurance	0%		0%		30%		10%	
Office Visits								
Primary Care	\$25		\$30 ded waived		\$30 ded waived		10% after ded	
Specialist	\$50		\$60 ded waived		\$60 ded waived		10% after ded	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$1,538.03		2 x \$1,462.98		2 x \$1,402.24		2 x \$1,377.02	
EE with Spouse	0 x \$3,076.06		0 x \$2,925.95		0 x \$2,804.48		0 x \$2,754.03	
EE with Child(ren)	0 x \$2,614.65		0 x \$2,487.06		0 x \$2,383.80		0 x \$2,340.92	
Family	0 x \$4,383.38		0 x \$4,169.48		0 x \$3,996.38		0 x \$3,924.50	
Monthly Cost	2 \$3,076.06		2 \$2,925.96		2 \$2,804.48		2 \$2,754.04	
Annual Cost	\$36,912.72		\$35,111.52		\$33,653.76		\$33,048.48	

	Oxford Liberty NY S LBTY NG 50/100/100 EPO ZD 26 CNT (EPO) (UCR=N/A)		Oxford Liberty NY S LBTY NG 40/80/3250/60 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/60/3000/80 EPO HSA 26 CNT (HSA) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/60/4500/50 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	15/65/95/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$3,250/\$6,500		\$3,000/\$6,000		\$4,500/\$9,000	
Individual/Family OOP Limit	\$9,300/\$18,600		\$9,200/\$18,400 (incl ded)		\$7,350/\$14,700 (incl ded)		\$9,800/\$19,600 (incl ded)	
Co-Insurance	0%		40%		20%		50%	
Office Visits								
Primary Care	\$50		\$40 ded waived		\$30 after ded		\$30 ded waived	
Specialist	\$100		\$80 ded waived		\$60 after ded		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	\$1,500/admit		40% after ded		20% after ded		50% after ded	
Mental Health Inpatient	\$1,500/admit		40% after ded		20% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	\$250		40% after ded		\$250 after ded		50% 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-20% after ded; X-ray-\$90 after ded		Lab-No charge/50% after ded (D/ND); X-ray-50% after ded	
Mental Health Outpatient	\$100		\$80 ded waived		\$60 after ded		\$60 ded waived	
Emergency Care								
Emergency Room	\$1,500 (waived if admitted)		50% after ded		\$500 (waived if admitted) after ded		50% after ded	
Urgent Care	\$100		\$100 ded waived		\$100 after ded		\$100 ded waived	
Single	2 x \$1,370.00		2 x \$1,236.52		2 x \$1,230.03		2 x \$1,227.15	
EE with Spouse	0 x \$2,740.00		0 x \$2,473.04		0 x \$2,460.06		0 x \$2,454.30	
EE with Child(ren)	0 x \$2,329.00		0 x \$2,102.08		0 x \$2,091.05		0 x \$2,086.15	
Family	0 x \$3,904.50		0 x \$3,524.08		0 x \$3,505.59		0 x \$3,497.37	
Monthly Cost	2 \$2,740.00		2 \$2,473.04		2 \$2,460.06		2 \$2,454.30	
Annual Cost	\$32,880.00		\$29,676.48		\$29,520.72		\$29,451.60	

	Oxford Liberty NY S LBTY NG 30/75/4000/50 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 4000/80 EPO HSA PR 26 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 7250/100 EPO HSA 26 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 25/75/5750/70 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	10/50/50%to\$800/200 ded T2-3		10/50/90 IntDed		0%/0%/0% IntDed		30%/30%/30% IntDed	
Cost Share Information								
Individual/Family Deductible	\$4,000/\$8,000		\$4,000/\$8,000		\$7,250/\$14,500		\$5,750/\$11,500	
Individual/Family OOP Limit	\$9,300/\$18,600 (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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$1,216.41		2 x \$1,166.62		2 x \$1,129.58		2 x \$1,112.99	
EE with Spouse	0 x \$2,432.83		0 x \$2,333.24		0 x \$2,259.17		0 x \$2,225.99	
EE with Child(ren)	0 x \$2,067.90		0 x \$1,983.26		0 x \$1,920.29		0 x \$1,892.09	
Family	0 x \$3,466.77		0 x \$3,324.86		0 x \$3,219.32		0 x \$3,172.03	
Monthly Cost	2 \$2,432.82		2 \$2,333.24		2 \$2,259.16		2 \$2,225.98	
Annual Cost	\$29,193.84		\$27,998.88		\$27,109.92		\$26,711.76	