

	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 \$1,576.19		2 x \$1,499.29		2 x \$1,437.03		2 x \$1,411.19	
EE with Spouse	0 x \$3,152.38		0 x \$2,998.58		0 x \$2,874.07		0 x \$2,822.39	
EE with Child(ren)	0 x \$2,679.53		0 x \$2,548.79		0 x \$2,442.95		0 x \$2,399.03	
Family	0 x \$4,492.15		0 x \$4,272.98		0 x \$4,095.54		0 x \$4,021.90	
Monthly Cost	2 \$3,152.38		2 \$2,998.58		2 \$2,874.06		2 \$2,822.38	
Annual Cost	\$37,828.56		\$35,982.96		\$34,488.72		\$33,868.56	

	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 \$1,403.99		2 x \$1,267.21		2 x \$1,260.55		2 x \$1,257.61	
EE with Spouse	0 x \$2,807.99		0 x \$2,534.41		0 x \$2,521.11		0 x \$2,515.22	
EE with Child(ren)	0 x \$2,386.79		0 x \$2,154.25		0 x \$2,142.94		0 x \$2,137.94	
Family	0 x \$4,001.38		0 x \$3,611.54		0 x \$3,592.57		0 x \$3,584.18	
Monthly Cost	2 \$2,807.98		2 \$2,534.42		2 \$2,521.10		2 \$2,515.22	
Annual Cost	\$33,695.76		\$30,413.04		\$30,253.20		\$30,182.64	

	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 \$1,246.60		2 x \$1,195.57		2 x \$1,157.62		2 x \$1,140.61	
EE with Spouse	0 x \$2,493.21		0 x \$2,391.14		0 x \$2,315.24		0 x \$2,281.23	
EE with Child(ren)	0 x \$2,119.23		0 x \$2,032.47		0 x \$1,967.95		0 x \$1,939.05	
Family	0 x \$3,552.82		0 x \$3,407.37		0 x \$3,299.22		0 x \$3,250.75	
Monthly Cost	2 \$2,493.20		2 \$2,391.14		2 \$2,315.24		2 \$2,281.22	
Annual Cost	\$29,918.40		\$28,693.68		\$27,782.88		\$27,374.64	