

	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	\$1,618.75	2 x	\$1,539.77	2 x	\$1,475.84	2 x	\$1,449.29
EE with Spouse	0 x	\$3,237.50	0 x	\$3,079.53	0 x	\$2,951.68	0 x	\$2,898.58
EE with Child(ren)	0 x	\$2,751.88	0 x	\$2,617.60	0 x	\$2,508.93	0 x	\$2,463.79
Family	0 x	\$4,613.44	0 x	\$4,388.33	0 x	\$4,206.14	0 x	\$4,130.48
Monthly Cost	2	\$3,237.50	2	\$3,079.54	2	\$2,951.68	2	\$2,898.58
Annual Cost		\$38,850.00		\$36,954.48		\$35,420.16		\$34,782.96

	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	\$1,441.91	2 x	\$1,301.42	2 x	\$1,294.59	2 x	\$1,291.56
EE with Spouse	0 x	\$2,883.81	0 x	\$2,602.84	0 x	\$2,589.18	0 x	\$2,583.12
EE with Child(ren)	0 x	\$2,451.24	0 x	\$2,212.41	0 x	\$2,200.80	0 x	\$2,195.65
Family	0 x	\$4,109.43	0 x	\$3,709.04	0 x	\$3,689.58	0 x	\$3,680.95
Monthly Cost	2	\$2,883.82	2	\$2,602.84	2	\$2,589.18	2	\$2,583.12
Annual Cost		\$34,605.84		\$31,234.08		\$31,070.16		\$30,997.44

	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 \$1,280.26		2 x \$1,227.85		2 x \$1,188.87		2 x \$1,171.41	
EE with Spouse	0 x \$2,560.52		0 x \$2,455.70		0 x \$2,377.74		0 x \$2,342.83	
EE with Child(ren)	0 x \$2,176.44		0 x \$2,087.35		0 x \$2,021.08		0 x \$1,991.40	
Family	0 x \$3,648.74		0 x \$3,499.38		0 x \$3,388.28		0 x \$3,338.53	
Monthly Cost	2 \$2,560.52		2 \$2,455.70		2 \$2,377.74		2 \$2,342.82	
Annual Cost	\$30,726.24		\$29,468.40		\$28,532.88		\$28,113.84	