

	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	\$10,000/\$20,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,250/\$6,500	\$25,000/\$50,000 (incl ded)	\$3,750/\$7,500	\$5,500/\$11,000 (incl ded)	\$3,250/\$6,500	\$8,000/\$16,000 (incl ded)	\$3,750/\$7,500	
Co-Insurance	0%	20%	0%	30%	0%	30%	0%	
Office Visits								
Primary Care	\$20	20% after ded	\$5	30% after ded	\$20	30% after ded	\$5	
Specialist	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Inpatient Services								
Inpatient Hospital	\$400/admit	20% after ded	\$200/admit	30% after ded	\$400/admit	30% after ded	\$200/admit	
Mental Health Inpatient	\$400/admit	20% after ded	\$200/admit	30% after ded	\$400/admit	30% after ded	\$200/admit	
Outpatient Services								
Outpatient Facility	\$300	20% after ded; pre-auth req	\$100	30% after ded; pre-auth req	\$300	30% after ded; pre-auth req	\$100	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$90	Lab-Not covered; X-ray-20% after ded	Lab-No charge/\$60 (D/ND); X-ray-\$90	Lab-Not covered; X-ray-30% after ded	Lab-No charge/\$60 (D/ND); X-ray-\$90	Lab-Not covered; X-ray-30% after ded	Lab-No charge/\$60 (D/ND); X-ray-\$90	
Mental Health Outpatient	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Emergency Care								
Emergency Room	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	2 x	\$2,568.53	2 x	\$1,926.90	2 x	\$1,891.58	2 x	\$1,879.75
EE with Spouse	0 x	\$5,137.06	0 x	\$3,853.79	0 x	\$3,783.16	0 x	\$3,759.50
EE with Child(ren)	0 x	\$4,366.50	0 x	\$3,275.72	0 x	\$3,215.68	0 x	\$3,195.58
Family	0 x	\$7,320.30	0 x	\$5,491.65	0 x	\$5,391.00	0 x	\$5,357.29
Monthly Cost	2	\$5,137.06	2	\$3,853.80	2	\$3,783.16	2	\$3,759.50
Annual Cost		\$61,644.72		\$46,245.60		\$45,397.92		\$45,114.00

	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 (EPOc) (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	\$1,854.08	2 x	\$1,847.05	2 x	\$1,794.89	2 x	\$1,684.12
EE with Spouse	0 x	\$3,708.17	0 x	\$3,694.10	0 x	\$3,589.79	0 x	\$3,368.24
EE with Child(ren)	0 x	\$3,151.94	0 x	\$3,139.98	0 x	\$3,051.32	0 x	\$2,863.00
Family	0 x	\$5,284.15	0 x	\$5,264.09	0 x	\$5,115.45	0 x	\$4,799.74
Monthly Cost	2	\$3,708.16	2	\$3,694.10	2	\$3,589.78	2	\$3,368.24
Annual Cost		\$44,497.92		\$44,329.20		\$43,077.36		\$40,418.88

	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	\$1,636.65	2 x	\$1,611.39	2 x	\$1,597.37	2 x	\$1,589.39
EE with Spouse	0 x	\$3,273.30	0 x	\$3,222.79	0 x	\$3,194.74	0 x	\$3,178.79
EE with Child(ren)	0 x	\$2,782.31	0 x	\$2,739.37	0 x	\$2,715.52	0 x	\$2,701.97
Family	0 x	\$4,664.46	0 x	\$4,592.48	0 x	\$4,552.50	0 x	\$4,529.77
Monthly Cost	2	\$3,273.30	2	\$3,222.78	2	\$3,194.74	2	\$3,178.78
Annual Cost		\$39,279.60		\$38,673.36		\$38,336.88		\$38,145.36

	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	\$1,548.14	2 x	\$1,537.31	2 x	\$1,510.47	2 x	\$1,501.76
EE with Spouse	0 x	\$3,096.28	0 x	\$3,074.61	0 x	\$3,020.94	0 x	\$3,003.52
EE with Child(ren)	0 x	\$2,631.84	0 x	\$2,613.42	0 x	\$2,567.80	0 x	\$2,552.99
Family	0 x	\$4,412.19	0 x	\$4,381.32	0 x	\$4,304.84	0 x	\$4,280.01
Monthly Cost	2	\$3,096.28	2	\$3,074.62	2	\$3,020.94	2	\$3,003.52
Annual Cost		\$37,155.36		\$36,895.44		\$36,251.28		\$36,042.24

	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	\$1,501.17	2 x	\$1,390.04	2 x	\$1,369.75	2 x	\$1,355.42
EE with Spouse	0 x	\$3,002.33	0 x	\$2,780.09	0 x	\$2,739.49	0 x	\$2,710.85
EE with Child(ren)	0 x	\$2,551.98	0 x	\$2,363.07	0 x	\$2,328.57	0 x	\$2,304.22
Family	0 x	\$4,278.33	0 x	\$3,961.63	0 x	\$3,903.78	0 x	\$3,862.96
Monthly Cost	2	\$3,002.34	2	\$2,780.08	2	\$2,739.50	2	\$2,710.84
Annual Cost		\$36,028.08		\$33,360.96		\$32,874.00		\$32,530.08

	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		\$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%		50%	
Office Visits								
Primary Care	\$30 after ded		40% after ded		\$30 after ded		50% after ded	
Specialist	\$60 after ded		40% after ded		\$60 after ded		50% after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		40% after ded		20% after ded		50% after ded	
Mental Health Inpatient	20% after ded		40% after ded		20% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		40% after ded		20% after ded		50% after ded	
Lab/X-Ray	Lab-20% after ded; X-ray-\$90 after ded		40% after ded		20% after ded		50% after ded	
Mental Health Outpatient	\$60 after ded		40% after ded		\$60 after ded		50% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) after ded		50% after ded		50% after ded		50% after ded	
Urgent Care	\$100 after ded		40% after ded		20% after ded		50% after ded	
Single	2 x	\$1,349.13	2 x	\$1,308.18	2 x	\$1,240.54	2 x	\$1,227.18
EE with Spouse	0 x	\$2,698.25	0 x	\$2,616.35	0 x	\$2,481.08	0 x	\$2,454.37
EE with Child(ren)	0 x	\$2,293.52	0 x	\$2,223.90	0 x	\$2,108.92	0 x	\$2,086.21
Family	0 x	\$3,845.01	0 x	\$3,728.30	0 x	\$3,535.55	0 x	\$3,497.47
Monthly Cost	2	\$2,698.26	2	\$2,616.36	2	\$2,481.08	2	\$2,454.36
Annual Cost		\$32,379.12		\$31,396.32		\$29,772.96		\$29,452.32