

	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 \$2,435.25		2 x \$1,826.91		2 x \$1,793.43		2 x \$1,782.21	
EE with Spouse	0 x \$4,870.50		0 x \$3,653.82		0 x \$3,586.85		0 x \$3,564.42	
EE with Child(ren)	0 x \$4,139.93		0 x \$3,105.74		0 x \$3,048.83		0 x \$3,029.76	
Family	0 x \$6,940.46		0 x \$5,206.69		0 x \$5,111.26		0 x \$5,079.31	
Monthly Cost	2 \$4,870.50		2 \$3,653.82		2 \$3,586.86		2 \$3,564.42	
Annual Cost	\$58,446.00		\$43,845.84		\$43,042.32		\$42,773.04	

	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 \$1,757.88		2 x \$1,751.21		2 x \$1,701.76		2 x \$1,596.73	
EE with Spouse	0 x \$3,515.75		0 x \$3,502.41		0 x \$3,403.52		0 x \$3,193.47	
EE with Child(ren)	0 x \$2,988.39		0 x \$2,977.05		0 x \$2,892.99		0 x \$2,714.44	
Family	0 x \$5,009.94		0 x \$4,990.93		0 x \$4,850.01		0 x \$4,550.69	
Monthly Cost	2 \$3,515.76		2 \$3,502.42		2 \$3,403.52		2 \$3,193.46	
Annual Cost	\$42,189.12		\$42,029.04		\$40,842.24		\$38,321.52	

	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 \$1,551.73		2 x \$1,527.78		2 x \$1,514.48		2 x \$1,506.92	
EE with Spouse	0 x \$3,103.47		0 x \$3,055.56		0 x \$3,028.96		0 x \$3,013.83	
EE with Child(ren)	0 x \$2,637.95		0 x \$2,597.23		0 x \$2,574.62		0 x \$2,561.76	
Family	0 x \$4,422.44		0 x \$4,354.17		0 x \$4,316.28		0 x \$4,294.71	
Monthly Cost	2 \$3,103.46		2 \$3,055.56		2 \$3,028.96		2 \$3,013.84	
Annual Cost	\$37,241.52		\$36,666.72		\$36,347.52		\$36,166.08	

	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 \$1,467.81		2 x \$1,457.54		2 x \$1,432.09		2 x \$1,423.83	
EE with Spouse	0 x \$2,935.61		0 x \$2,915.08		0 x \$2,864.18		0 x \$2,847.66	
EE with Child(ren)	0 x \$2,495.27		0 x \$2,477.82		0 x \$2,434.55		0 x \$2,420.51	
Family	0 x \$4,183.25		0 x \$4,153.99		0 x \$4,081.46		0 x \$4,057.92	
Monthly Cost	2 \$2,935.62		2 \$2,915.08		2 \$2,864.18		2 \$2,847.66	
Annual Cost	\$35,227.44		\$34,980.96		\$34,370.16		\$34,171.92	

	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 \$1,423.28		2 x \$1,317.92		2 x \$1,298.67		2 x \$1,285.09	
EE with Spouse	0 x \$2,846.55		0 x \$2,635.84		0 x \$2,597.35		0 x \$2,570.18	
EE with Child(ren)	0 x \$2,419.57		0 x \$2,240.47		0 x \$2,207.74		0 x \$2,184.66	
Family	0 x \$4,056.34		0 x \$3,756.07		0 x \$3,701.22		0 x \$3,662.50	
Monthly Cost	2 \$2,846.56		2 \$2,635.84		2 \$2,597.34		2 \$2,570.18	
Annual Cost	\$34,158.72		\$31,630.08		\$31,168.08		\$30,842.16	

	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 \$1,279.12		2 x \$1,240.30		2 x \$1,176.16		2 x \$1,163.50	
EE with Spouse	0 x \$2,558.24		0 x \$2,480.60		0 x \$2,352.33		0 x \$2,327.00	
EE with Child(ren)	0 x \$2,174.51		0 x \$2,108.51		0 x \$1,999.48		0 x \$1,977.95	
Family	0 x \$3,645.50		0 x \$3,534.85		0 x \$3,352.06		0 x \$3,315.98	
Monthly Cost	2 \$2,558.24		2 \$2,480.60		2 \$2,352.32		2 \$2,327.00	
Annual Cost	\$30,698.88		\$29,767.20		\$28,227.84		\$27,924.00	