

	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 \$2,376.27		2 x \$1,782.67		2 x \$1,750.00		2 x \$1,739.05	
EE with Spouse	0 x \$4,752.55		0 x \$3,565.35		0 x \$3,500.00		0 x \$3,478.11	
EE with Child(ren)	0 x \$4,039.67		0 x \$3,030.54		0 x \$2,975.00		0 x \$2,956.40	
Family	0 x \$6,772.38		0 x \$5,080.62		0 x \$4,987.49		0 x \$4,956.30	
Monthly Cost	2 \$4,752.54		2 \$3,565.34		2 \$3,500.00		2 \$3,478.10	
Annual Cost	\$57,030.48		\$42,784.08		\$42,000.00		\$41,737.20	

	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 \$1,715.31		2 x \$1,708.79		2 x \$1,660.55		2 x \$1,558.07	
EE with Spouse	0 x \$3,430.62		0 x \$3,417.59		0 x \$3,321.09		0 x \$3,116.13	
EE with Child(ren)	0 x \$2,916.03		0 x \$2,904.95		0 x \$2,822.93		0 x \$2,648.71	
Family	0 x \$4,888.62		0 x \$4,870.06		0 x \$4,732.56		0 x \$4,440.49	
Monthly Cost	2 \$3,430.62		2 \$3,417.58		2 \$3,321.10		2 \$3,116.14	
Annual Cost	\$41,167.44		\$41,010.96		\$39,853.20		\$37,393.68	

	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 \$1,514.15		2 x \$1,490.78		2 x \$1,477.80		2 x \$1,470.43	
EE with Spouse	0 x \$3,028.30		0 x \$2,981.56		0 x \$2,955.61		0 x \$2,940.86	
EE with Child(ren)	0 x \$2,574.06		0 x \$2,534.32		0 x \$2,512.26		0 x \$2,499.73	
Family	0 x \$4,315.33		0 x \$4,248.72		0 x \$4,211.74		0 x \$4,190.72	
Monthly Cost	2 \$3,028.30		2 \$2,981.56		2 \$2,955.60		2 \$2,940.86	
Annual Cost	\$36,339.60		\$35,778.72		\$35,467.20		\$35,290.32	

	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 \$1,432.26		2 x \$1,422.24		2 x \$1,397.41		2 x \$1,389.36	
EE with Spouse	0 x \$2,864.51		0 x \$2,844.48		0 x \$2,794.82		0 x \$2,778.72	
EE with Child(ren)	0 x \$2,434.83		0 x \$2,417.81		0 x \$2,375.60		0 x \$2,361.91	
Family	0 x \$4,081.93		0 x \$4,053.39		0 x \$3,982.62		0 x \$3,959.68	
Monthly Cost	2 \$2,864.52		2 \$2,844.48		2 \$2,794.82		2 \$2,778.72	
Annual Cost	\$34,374.24		\$34,133.76		\$33,537.84		\$33,344.64	

	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 \$1,388.80		2 x \$1,286.00		2 x \$1,267.22		2 x \$1,253.97	
EE with Spouse	0 x \$2,777.61		0 x \$2,572.00		0 x \$2,534.45		0 x \$2,507.94	
EE with Child(ren)	0 x \$2,360.96		0 x \$2,186.20		0 x \$2,154.28		0 x \$2,131.75	
Family	0 x \$3,958.09		0 x \$3,665.11		0 x \$3,611.59		0 x \$3,573.81	
Monthly Cost	2 \$2,777.60		2 \$2,572.00		2 \$2,534.44		2 \$2,507.94	
Annual Cost	\$33,331.20		\$30,864.00		\$30,413.28		\$30,095.28	

	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 \$1,248.15		2 x \$1,210.26		2 x \$1,147.68		2 x \$1,135.33	
EE with Spouse	0 x \$2,496.30		0 x \$2,420.53		0 x \$2,295.37		0 x \$2,270.65	
EE with Child(ren)	0 x \$2,121.86		0 x \$2,057.45		0 x \$1,951.07		0 x \$1,930.06	
Family	0 x \$3,557.22		0 x \$3,449.26		0 x \$3,270.90		0 x \$3,235.68	
Monthly Cost	2 \$2,496.30		2 \$2,420.52		2 \$2,295.36		2 \$2,270.66	
Annual Cost	\$29,955.60		\$29,046.24		\$27,544.32		\$27,247.92	