

	Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI FAIR CNT		Oxford Freedom F Platinum PPO 5/15 Non-Gated OHI CNT		Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI CNT		Oxford Freedom F Platinum EPO 5/15 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60/50 ded T2-3		5/30/60/50 ded T2-3		5/30/60/50 ded T2-3		5/30/60/50 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		N/A		N/A	
Individual/Family OOP Limit	\$2,500/\$5,000		\$2,500/\$5,000		\$2,500/\$5,000		\$2,500/\$5,000	
Co-Insurance	0%		0%		0%		0%	
Office Visits								
Primary Care	\$20		\$5		\$20		\$5	
Specialist	\$40		\$15		\$40		\$15	
Inpatient Services								
Inpatient Hospital	\$400/admit; pre-auth req		\$200/admit; pre-auth req		\$400/admit; pre-auth req		\$200/admit	
Mental Health Inpatient	\$400/admit; pre-auth req		\$200/admit; pre-auth req		\$400/admit; pre-auth req		\$200/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100; pre-auth req		Hosp-\$100; FS-\$50; pre-auth req		Hosp-\$300; FS-\$100; pre-auth req		Hosp-\$100; FS-\$50	
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$90	
Mental Health Outpatient	\$40		\$15		\$40		\$15	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$200 (waived if admitted)		\$200 (waived if admitted)		\$200 (waived if admitted)	
Urgent Care	\$50		\$50		\$50		\$50	
Single	1 x	\$1,385.48	1 x	\$1,226.05	1 x	\$1,204.18	1 x	\$1,152.68
EE with Spouse	0 x	\$2,770.96	0 x	\$2,452.11	0 x	\$2,408.37	0 x	\$2,305.35
EE with Child(ren)	0 x	\$2,355.31	0 x	\$2,084.29	0 x	\$2,047.11	0 x	\$1,959.55
Family	1 x	\$3,948.61	1 x	\$3,494.25	1 x	\$3,431.92	1 x	\$3,285.13
Monthly Cost	2	\$5,334.09	2	\$4,720.30	2	\$4,636.10	2	\$4,437.81
Annual Cost		\$64,009.08		\$56,643.60		\$55,633.20		\$53,253.72

	Oxford Freedom F Platinum EPO 20/40 Non-Gated OHI CNT		Oxford Freedom F Platinum EPO 10/30 Non-Gated CNT		Oxford Freedom F Gold PPO 25/40 Non-Gated OHI CNT		Oxford Freedom F Gold PPO HSA \$1500 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60/50 ded T2-3		5/30/60/50 ded T2-3		10/35/75/100 ded T2-3		10/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		\$500/\$1,000		\$1,000/\$2,000	\$3,000/\$6,000	\$1,500/\$3,000	\$3,000/\$6,000
Individual/Family OOP Limit	\$2,500/\$5,000		\$3,000/\$6,000 (incl ded)		\$4,500/\$9,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$7,500/\$15,000 (incl ded)
Co-Insurance	0%		10%		20%	40%	10%	40%
Office Visits								
Primary Care	\$20		\$10 ded waived		\$25 ded waived	40% after ded	10% after ded	40% after ded
Specialist	\$40		\$30 ded waived		\$40 ded waived	40% after ded	10% after ded	40% after ded
Inpatient Services								
Inpatient Hospital	\$400/admit		10% after ded		20% after ded; pre-auth req	40% after ded; pre-auth req	10% after ded; pre-auth req	40% after ded; pre-auth req
Mental Health Inpatient	\$400/admit		10% after ded		20% after ded; pre-auth req	40% after ded; pre-auth req	10% after ded; pre-auth req	40% after ded; pre-auth req
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100		Hosp-\$300 after ded; FS-\$150 after ded		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	40% after ded; pre-auth req	10% after ded; pre-auth req	40% after ded; pre-auth req
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$25 after ded	40% after ded	10% after ded	40% after ded
Mental Health Outpatient	\$40		\$30 ded waived		\$40 ded waived	40% after ded	10% after ded	40% after ded
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$200 (waived if admitted) ded waived		\$400 (waived if admitted) ded waived	Paid as in-network	10% after ded	Paid as in-network
Urgent Care	\$50		\$50 ded waived		\$75 ded waived	40% after ded	10% after ded	40% after ded
Single	1 x	\$1,135.39	1 x	\$1,099.41	1 x	\$1,048.40	1 x	\$998.76
EE with Spouse	0 x	\$2,270.78	0 x	\$2,198.82	0 x	\$2,096.80	0 x	\$1,997.51
EE with Child(ren)	0 x	\$1,930.16	0 x	\$1,869.00	0 x	\$1,782.28	0 x	\$1,697.89
Family	1 x	\$3,235.86	1 x	\$3,133.32	1 x	\$2,987.94	1 x	\$2,846.46
Monthly Cost	2	\$4,371.25	2	\$4,232.73	2	\$4,036.34	2	\$3,845.22
Annual Cost		\$52,455.00		\$50,792.76		\$48,436.08		\$46,142.64

	Oxford Freedom F Gold EPO 15/35 Non-Gated OHI CNT		Oxford Freedom F Gold EPO \$50 Non-Gated OHI CNT		Oxford Freedom F Gold PPO 30/60 Non-Gated CNT		Oxford Freedom F Gold EPO 25/40 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75/100 ded T2-3		10/35/75/100 ded T2-3		15/45/75/100 ded T2-3		15/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000		\$750/\$1,500		\$2,000/\$4,000	\$4,000/\$8,000	\$1,250/\$2,500	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$6,850/\$13,700 (incl ded)	\$10,000/\$20,000 (incl ded)	\$5,000/\$10,000 (incl ded)	
Co-Insurance	10%		10%		30%	50%	20%	
Office Visits								
Primary Care	\$15 ded waived		\$50 ded waived		\$30 ded waived	50% after ded	\$25 ded waived	
Specialist	\$35 ded waived		\$50 ded waived		\$60 ded waived	50% after ded	\$40 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		\$250/day after ded; \$2,500 max/contr yr		30% after ded	50% after ded; pre-auth req	20% after ded	
Mental Health Inpatient	10% after ded		\$250/day after ded; \$2,500 max/contr yr		30% after ded	50% after ded; pre-auth req	20% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$300 after ded; FS-\$150 after ded		Hosp-\$250 after ded; FS-\$150 after ded		30% after ded	50% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-30% after ded	50% after ded	Lab-No charge; X-ray-\$80 after ded	
Mental Health Outpatient	\$35 ded waived		\$50 ded waived		\$60 ded waived	50% after ded	\$40 ded waived	
Emergency Care								
Emergency Room	\$400 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived	Paid as in-network	\$400 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived	50% after ded	\$75 ded waived	
Single	1 x \$971.01		1 x \$968.57		1 x \$950.77		1 x \$941.98	
EE with Spouse	0 x \$1,942.03		0 x \$1,937.13		0 x \$1,901.53		0 x \$1,883.95	
EE with Child(ren)	0 x \$1,650.72		0 x \$1,646.56		0 x \$1,616.30		0 x \$1,601.36	
Family	1 x \$2,767.39		1 x \$2,760.41		1 x \$2,709.68		1 x \$2,684.63	
Monthly Cost	2 \$3,738.40		2 \$3,728.98		2 \$3,660.45		2 \$3,626.61	
Annual Cost	\$44,860.80		\$44,747.76		\$43,925.40		\$43,519.32	

	Oxford Freedom F Gold EPO HSA \$1500 Non-Gated OHI CNT		Oxford Freedom F Gold EPO 30/60 Non-Gated CNT		Oxford Freedom F Silver PPO HSA \$2000 30/60 Non-Gated OHI CNT		Oxford Freedom F Silver PPO 40/70 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75 IntDed		15/45/75/100 ded T2-3		15/35/75 IntDed		15/45/75/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000		\$2,000/\$4,000		\$2,000/\$4,000	\$4,000/\$8,000	\$2,500/\$5,000	\$4,000/\$8,000
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,850/\$13,700 (incl ded)		\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$7,150/\$14,300 (incl ded)	\$10,000/\$20,000 (incl ded)
Co-Insurance	10%		30%		20%	50%	30%	50%
Office Visits								
Primary Care	10% after ded		\$30 ded waived		\$30 after ded	50% after ded	\$40 ded waived	50% after ded
Specialist	10% after ded		\$60 ded waived		\$60 after ded	50% after ded	\$70 ded waived	50% after ded
Inpatient Services								
Inpatient Hospital	10% after ded		30% after ded		20% after ded; pre-auth req	50% after ded; pre-auth req	30% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Inpatient	10% after ded		30% after ded		20% after ded; pre-auth req	50% after ded; pre-auth req	30% after ded; pre-auth req	50% after ded; pre-auth req
Outpatient Services								
Outpatient Facility	10% after ded		30% after ded		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	50% after ded; pre-auth req	30% after ded; pre-auth req	50% after ded; pre-auth req
Lab/X-Ray	10% after ded		Lab-No charge; X-ray-30% after ded		20% after ded	50% after ded	Lab-\$20 ded waived; X-ray-30% after ded	50% after ded
Mental Health Outpatient	10% after ded		\$60 ded waived		\$60 after ded	50% after ded	\$70 ded waived	50% after ded
Emergency Care								
Emergency Room	10% after ded		\$500 (waived if admitted) ded waived		20% after ded	Paid as in-network	\$700 (waived if admitted) ded waived	Paid as in-network
Urgent Care	10% after ded		\$75 ded waived		\$75 after ded	50% after ded	\$75 ded waived	50% after ded
Single	1 x	\$937.80	1 x	\$889.57	1 x	\$880.39	1 x	\$880.11
EE with Spouse	0 x	\$1,875.60	0 x	\$1,779.13	0 x	\$1,760.78	0 x	\$1,760.22
EE with Child(ren)	0 x	\$1,594.26	0 x	\$1,512.26	0 x	\$1,496.66	0 x	\$1,496.18
Family	1 x	\$2,672.73	1 x	\$2,535.26	1 x	\$2,509.11	1 x	\$2,508.31
Monthly Cost	2	\$3,610.53	2	\$3,424.83	2	\$3,389.50	2	\$3,388.42
Annual Cost		\$43,326.36		\$41,097.96		\$40,674.00		\$40,661.04

	Oxford Freedom F Silver EPO 40/70 Non-Gated OHI CNT		Oxford Freedom F Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT		Oxford Freedom F Silver EPO HSA \$2000 Non-Gated OHI CNT		Oxford Freedom F Bronze EPO HSA \$5500 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/45/75/200 ded T2-3		15/35/75 IntDed		15/35/75 IntDed		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,500/\$5,000		\$2,000/\$4,000		\$2,000/\$4,000		\$5,500/\$11,000	
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	30%		20%		30%		30%	
Office Visits								
Primary Care	\$40 ded waived		\$25 after ded		30% after ded		30% after ded	
Specialist	\$70 ded waived		\$50 after ded		30% after ded		30% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		20% after ded		30% after ded		30% after ded	
Mental Health Inpatient	30% after ded		20% after ded		30% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		Hosp-\$250 after ded; FS-\$150 after ded		30% after ded		30% after ded	
Lab/X-Ray	Lab-\$20 ded waived; X-ray-30% after ded		Lab-20% after ded; X-ray-\$90 after ded		30% after ded		30% after ded	
Mental Health Outpatient	\$70 ded waived		\$50 after ded		30% after ded		30% after ded	
Emergency Care								
Emergency Room	\$700 (waived if admitted) ded waived		\$250 (waived if admitted) after ded		30% after ded		30% after ded	
Urgent Care	\$75 ded waived		\$75 after ded		30% after ded		30% after ded	
Single	1 x	\$819.67	1 x	\$814.11	1 x	\$791.50	1 x	\$676.54
EE with Spouse	0 x	\$1,639.33	0 x	\$1,628.22	0 x	\$1,583.01	0 x	\$1,353.07
EE with Child(ren)	0 x	\$1,393.43	0 x	\$1,383.99	0 x	\$1,345.56	0 x	\$1,150.11
Family	1 x	\$2,336.05	1 x	\$2,320.22	1 x	\$2,255.79	1 x	\$1,928.13
Monthly Cost	2	\$3,155.72	2	\$3,134.33	2	\$3,047.29	2	\$2,604.67
Annual Cost		\$37,868.64		\$37,611.96		\$36,567.48		\$31,256.04