

| | Oxford Metro NY P MTRO GT 15/25/100 EPO 23 CNT (EPO) (UCR=N/A) | | Oxford Metro NY G MTRO NG 25/40/1250/80 EPO ME 23 CNT (EPOc) (UCR=N/A) | | Oxford Metro NY G MTRO GT 25/40/1250/80 EPO 23 CNT (EPOc) (UCR=N/A) | | Oxford Metro NY S MTRO NG 50/100/100 EPO ZD 23 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 | | 10/65/95/150 ded T2-3 | | 10/65/95/150 ded T2-3 | | 15/65/95/200 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | N/A | | \$1,250/\$2,500 | | \$1,250/\$2,500 | | N/A | |
| Individual/Family OOP Limit | \$3,250/\$6,500 | | \$6,250/\$12,500 (incl ded) | | \$6,250/\$12,500 (incl ded) | | \$9,100/\$18,200 | |
| Co-Insurance | 0% | | 20% | | 20% | | 0% | |
| Office Visits | | | | | | | | |
| Primary Care | \$15 | | \$25 ded waived | | \$25 ded waived | | \$50 | |
| Specialist | \$25 | | \$40 ded waived | | \$40 ded waived | | \$100 | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | \$200/day; \$800 max/admit | | 20% after ded | | 20% after ded | | \$2,800/admit | |
| Mental Health Inpatient | \$200/day; \$800 max/admit | | 20% after ded | | 20% after ded | | \$2,800/admit | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | Hosp-\$500; FS-\$100 | | Hosp-\$500 after ded; FS-\$200 after ded | | Hosp-\$500 after ded; FS-\$200 after ded | | Hosp-\$700; FS-\$500 | |
| Lab/X-Ray | Lab-No charge/\$60 (D/ND); X-ray-\$20 | | Lab-No charge/50% after ded (D/ND); X-ray-\$50 after ded | | Lab-No charge/50% after ded (D/ND); X-ray-\$50 after ded | | Lab-No charge/\$60 (D/ND); X-ray-\$150 | |
| Mental Health Outpatient | \$15 | | \$25 ded waived | | \$25 ded waived | | \$50 | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$250 (waived if admitted) | | \$500 (waived if admitted) ded waived | | \$500 (waived if admitted) ded waived | | \$1,400 (waived if admitted) | |
| Urgent Care | \$50 | | \$65 ded waived | | \$65 ded waived | | \$100 | |
| Single | 2 x \$1,187.19 | | 2 x \$1,043.67 | | 2 x \$1,007.43 | | 2 x \$991.04 | |
| EE with Spouse | 0 x \$2,374.38 | | 0 x \$2,087.35 | | 0 x \$2,014.86 | | 0 x \$1,982.07 | |
| EE with Child(ren) | 0 x \$2,018.22 | | 0 x \$1,774.25 | | 0 x \$1,712.64 | | 0 x \$1,684.76 | |
| Family | 0 x \$3,383.49 | | 0 x \$2,974.47 | | 0 x \$2,871.18 | | 0 x \$2,824.45 | |
| Monthly Cost | 2 \$2,374.38 | | 2 \$2,087.34 | | 2 \$2,014.86 | | 2 \$1,982.08 | |
| Annual Cost | \$28,492.56 | | \$25,048.08 | | \$24,178.32 | | \$23,784.96 | |

| | Oxford Metro NY S MTRO GT 40/80/3250/60 EPO 23 CNT (EPOc) (UCR=N/A) | | Oxford Metro NY S MTRO NG 30/80/3750/60 EPO ME 23 CNT (EPOc) (UCR=N/A) | | Oxford Metro NY S MTRO GT 30/80/3750/60 EPO 23 CNT (EPOc) (UCR=N/A) | | Oxford Metro NY S MTRO GT 35/50/4000/70 EPO HSA 23 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 | | 10/65/95/200 ded T2-3 | | 10/65/95/200 ded T2-3 | | 10/65/50%to\$800 IntDed | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | 3,250/\$6,500 | | \$3,750/\$7,500 | | \$3,750/\$7,500 | | \$4,000/\$8,000 | |
| Individual/Family OOP Limit | \$9,100/\$18,200 (incl ded) | | \$9,100/\$18,200 (incl ded) | | \$9,100/\$18,200 (incl ded) | | \$7,200/\$14,400 (incl ded) | |
| Co-Insurance | 40% | | 40% | | 40% | | 30% | |
| Office Visits | | | | | | | | |
| Primary Care | \$40 ded waived | | \$30 ded waived | | \$30 ded waived | | \$35 after ded | |
| Specialist | \$80 ded waived | | \$80 ded waived | | \$80 ded waived | | \$50 after ded | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 40% after ded | | 40% after ded | | 40% after ded | | 30% after ded | |
| Mental Health Inpatient | 40% after ded | | 40% after ded | | 40% after ded | | 30% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | 40% after ded | | 40% after ded | | 40% after ded | | Hosp-\$750 after ded; FS-\$300 after ded | |
| Lab/X-Ray | Lab-No charge/50% after ded (D/ND); X-ray-40% after ded | | Lab-No charge/50% after ded (D/ND); X-ray-40% after ded | | Lab-No charge/50% after ded (D/ND); X-ray-40% after ded | | Lab-\$15 after ded; X-ray-\$50 after ded | |
| Mental Health Outpatient | \$40 ded waived | | \$30 ded waived | | \$30 ded waived | | \$35 after ded | |
| Emergency Care | | | | | | | | |
| Emergency Room | 50% after ded | | 50% after ded | | 50% after ded | | \$500 (waived if admitted) after ded | |
| Urgent Care | \$75 ded waived | | \$80 ded waived | | \$80 ded waived | | \$80 after ded | |
| Single | 2 x \$874.39 | | 2 x \$872.14 | | 2 x \$841.86 | | 2 x \$801.42 | |
| EE with Spouse | 0 x \$1,748.78 | | 0 x \$1,744.28 | | 0 x \$1,683.72 | | 0 x \$1,602.83 | |
| EE with Child(ren) | 0 x \$1,486.46 | | 0 x \$1,482.64 | | 0 x \$1,431.16 | | 0 x \$1,362.41 | |
| Family | 0 x \$2,492.01 | | 0 x \$2,485.60 | | 0 x \$2,399.29 | | 0 x \$2,284.03 | |
| Monthly Cost | 2 \$1,748.78 | | 2 \$1,744.28 | | 2 \$1,683.72 | | 2 \$1,602.84 | |
| Annual Cost | \$20,985.36 | | \$20,931.36 | | \$20,204.64 | | \$19,234.08 | |

| | Oxford Metro NY B MTRO GT 7000/100 EPO HSA 23 CNT (HSA) (UCR=N/A) | | Oxford Metro NY B MTRO GT 40/75/6500/50 EPO HSA 23 CNT (HSA) (UCR=N/A) | |
|-------------------------------|---|-------------|--|-------------|
| | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | |
| Drug Card | 0%/0%/0% IntDed | | 10/65/95 IntDed | |
| Cost Share Information | | | | |
| Individual/Family Deductible | \$7,000/\$14,000 | | \$6,500/\$13,000 | |
| Individual/Family OOP Limit | \$7,000/\$14,000 (incl ded) | | \$7,350/\$14,700 (incl ded) | |
| Co-Insurance | 0% | | 50% | |
| Office Visits | | | | |
| Primary Care | 0% after ded | | \$40 after ded | |
| Specialist | 0% after ded | | \$75 after ded | |
| Inpatient Services | | | | |
| Inpatient Hospital | 0% after ded | | 50% after ded | |
| Mental Health Inpatient | 0% after ded | | 50% after ded | |
| Outpatient Services | | | | |
| Outpatient Facility | 0% after ded | | Hosp-\$1,000 after ded; FS-\$500 after ded | |
| Lab/X-Ray | 0% after ded | | Lab-\$15 after ded; X-ray-50% after ded | |
| Mental Health Outpatient | 0% after ded | | \$40 after ded | |
| Emergency Care | | | | |
| Emergency Room | 0% after ded | | \$500 (waived if admitted) after ded | |
| Urgent Care | 0% after ded | | \$80 after ded | |
| Single | 2 x | \$769.35 | 2 x | \$758.58 |
| EE with Spouse | 0 x | \$1,538.70 | 0 x | \$1,517.15 |
| EE with Child(ren) | 0 x | \$1,307.89 | 0 x | \$1,289.58 |
| Family | 0 x | \$2,192.64 | 0 x | \$2,161.94 |
| Monthly Cost | 2 | \$1,538.70 | 2 | \$1,517.16 |
| Annual Cost | | \$18,464.40 | | \$18,205.92 |