

	Oxford Freedom F Gold EPO 30/60 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford Freedom F Silver EPO 40/70 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Bronze EPO HSA \$5500 Non-Gated OHI CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	15/45/75/100 ded T2-3		15/45/75/200 ded T2-3		10/40/80 IntDed	
Cost Share Information						
Individual/Family Deductible	\$2,000/\$4,000		\$2,500/\$5,000		\$5,500/\$11,000	
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)		\$7,900/\$15,800 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	30%		30%		30%	
Office Visits						
Primary Care	\$30 ded waived		\$40 ded waived		30% after ded	
Specialist	\$60 ded waived		\$70 ded waived		30% after ded	
Inpatient Services						
Inpatient Hospital	30% after ded		30% after ded		30% after ded	
Mental Health Inpatient	30% after ded		30% after ded		30% after ded	
Outpatient Services						
Outpatient Facility	30% after ded		30% after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded		Lab-\$20 ded waived; X-ray-30% after ded		30% after ded	
Mental Health Outpatient	\$60 ded waived		\$70 ded waived		30% after ded	
Emergency Care						
Emergency Room	\$500 (waived if admitted) ded waived		30% after ded		50% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		30% after ded	
Single	1 x	\$885.93	1 x	\$806.24	1 x	\$664.79
EE with Spouse	1 x	\$1,771.86	1 x	\$1,612.48	1 x	\$1,329.58
EE with Child(ren)	1 x	\$1,506.09	1 x	\$1,370.60	1 x	\$1,130.14
Family	1 x	\$2,524.90	1 x	\$2,297.78	1 x	\$1,894.65
Monthly Cost	4	\$6,688.78	4	\$6,087.10	4	\$5,019.16
Annual Cost		\$80,265.36		\$73,045.20		\$60,229.92