



	<b>Aetna Gold EPO 1000 90% ID: 14038844* (EPOc) (UCR=N/A)</b>	<b>EmblemHealth EmblemHealth Gold 40/60* (HMOc) (UCR=N/A)</b>	<b>Empire Blue Priority Gold Blue Priority EPO 35/10%/5850* (EPOc) (UCR=N/A)</b>	<b>Empire EPO/PPO Gold EPO 35/10%/5850* (EPOc) (UCR=N/A)</b>	<b>HealthFirst Gold Pro EPO* (EPOc) (UCR=N/A)</b>	<b>Oscar Classic Gold 0 * (EPO) (UCR=N/A)</b>	<b>Oxford Freedom F Gold EPO 15/35 Non-Gated OHI CNT* (EPOc) (UCR=N/A)</b>	<b>Oxford Liberty L Gold EPO 30/60 Gated OHI CNT* (EPOc) (UCR=N/A)</b>
<b>Prescription Drugs</b>								
Drug Card	15/65/50%/TCS/100 ded T2-4	15/35/75/100 ded	10/35/75	10/35/75	10/50/85	10/50/100	15/35/75/100 ded T2-3	15/35/75/100 ded T2-3
<b>In-Network</b>								
Ind/Fam Deductible	\$1,000/\$2,000 embedded	\$250/\$500	N/A	N/A	N/A	N/A	\$1,000/\$2,000	\$1,000/\$2,000
Ind/Fam OOP Limit	\$6,000/\$12,000 (incl ded)	\$5,500/\$11,000 (incl ded)	\$5,850/\$11,700	\$5,850/\$11,700	\$5,000/\$10,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$4,000/\$8,000 (incl ded)
Co-Insurance	10%	0%	10%	10%	0%	0%	10%	0%
Primary Care	\$30 ded waived	\$40 after ded	\$35	\$35	\$25	\$25	\$15 ded waived	\$30 ded waived
Specialist	\$60 ded waived	\$60 after ded	\$50	\$50	\$40	\$50	\$35 ded waived	\$60 ded waived
Inpatient Hospital	10% after ded	\$1,500/admit after ded; pre-auth req	\$500/day; 4 days/admit	\$500/day; 4 days/admit	\$500/day; \$1,500 max/admit	\$500/admit	10% after ded	\$500/day after ded; \$2,000 max/admit
<b>Out-Network</b>								
Ind/Fam Deductible								
Ind/Fam OOP Limit								
Co-Insurance								
Primary Care								
Specialist								
Inpatient Hospital								
<b>Single</b>	0 x \$878.29	0 x \$739.28	0 x \$836.14	0 x \$891.04	0 x \$717.27	0 x \$717.16	0 x \$881.86	0 x \$824.07
<b>EE with Spouse</b>	0 x \$1,756.57	0 x \$1,478.56	0 x \$1,672.28	0 x \$1,782.08	0 x \$1,434.54	0 x \$1,434.31	0 x \$1,763.71	0 x \$1,648.13
<b>EE with Child(ren)</b>	0 x \$1,493.09	0 x \$1,256.78	0 x \$1,421.44	0 x \$1,514.77	0 x \$1,219.36	0 x \$1,219.16	0 x \$1,499.16	0 x \$1,400.91
<b>Family</b>	0 x \$2,503.12	0 x \$2,106.95	0 x \$2,383.00	0 x \$2,539.46	0 x \$2,044.22	0 x \$2,043.89	0 x \$2,513.29	0 x \$2,348.59
<b>Monthly Cost</b>	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00	0 \$0.00
<b>Annual Cost</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



Oxford Metro M Silver EPO 30/60 Gated OHI CNT* (EPOc) (UCR=N/A)	
Prescription Drugs	
Drug Card	10/65/50%to\$800
<b>In-Network</b>	
Ind/Fam Deductible	\$3,000/\$6,000
Ind/Fam OOP Limit	\$7,150/\$14,300 (incl ded)
Co-Insurance	30%
Primary Care	\$30 ded waived
Specialist	\$60 ded waived
Inpatient Hospital	30% after ded
<b>Out-Network</b>	
Ind/Fam Deductible	
Ind/Fam OOP Limit	
Co-Insurance	
Primary Care	
Specialist	
Inpatient Hospital	
<b>Single</b>	<b>0 x      \$587.57</b>
<b>EE with Spouse</b>	<b>0 x      \$1,175.15</b>
<b>EE with Child(ren)</b>	<b>0 x      \$998.88</b>
<b>Family</b>	<b>0 x      \$1,674.59</b>
<b>Monthly Cost</b>	<b>0          \$0.00</b>
<b>Annual Cost</b>	<b>            \$0.00</b>



	Aetna Gold EPO 1000 90% ID: 14038844* (EPOc) (UCR=N/A)		EmblemHealth EmblemHealth Gold 40/60* (HMOc) (UCR=N/A)		Empire Blue Priority Gold Blue Priority EPO 35/10%/5850* (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	15/65/50%/TCS/100 ded T2-4		15/35/75/100 ded		10/35/75	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$250/\$500		N/A	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$5,500/\$11,000 (incl ded)		\$5,850/\$11,700	
Co-Insurance	10%		0%		10%	
<b>Office Visits</b>						
Primary Care	\$30 ded waived		\$40 after ded		\$35	
Specialist	\$60 ded waived		\$60 after ded		\$50	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier		No charge		No charge	
Chiropractic Care	\$60 ded waived		\$60 after ded		\$50	
<b>Inpatient Services</b>						
Inpatient Hospital	10% after ded		\$1,500/admit after ded; pre-auth req		\$500/day; 4 days/admit	
Mental Health Inpatient	10% after ded		\$1,500/admit after ded; pre-auth req		\$500/day; 4 days/admit	
Substance Abuse Inpatient	10% after ded		\$1,500/admit after ded; pre-auth req		\$500/day; 4 days/admit	
<b>Outpatient Services</b>						
Outpatient Facility	Refer to Outpatient Surgery		\$150 after ded; pre-auth req		\$500	
Lab/X-Ray	10% after ded		\$60 after ded		Lab-No charge; X-ray: Office-No charge; OP- \$100	
Advanced Radiology	10% after ded		\$60 after ded		Office-\$50; OP-\$200	
Mental Health Outpatient	\$60 ded waived		\$40 after ded		\$50	
Substance Abuse Outpatient	\$60 ded waived		\$40 after ded		\$50	
<b>Emergency Care</b>						
Emergency Room	\$750 (waived if admitted) ded waived		\$200 (waived if admitted) after ded		\$350	
Ambulance	10% after ded		\$100 after ded		\$350	
Urgent Care	\$75 ded waived		\$60 ded waived		\$100	
<b>Recovery/Special Needs</b>						
Home Health Care	25% ded waived; 40 visits/cal yr		\$40 after ded; 40 visits/plan yr; pre-auth req		\$50; 40 visits/yr	
Skilled Nursing	10% after ded		\$1,500/admit after ded; 200 days/plan yr; pre-auth req		\$500/day; 4 days/admit; 200 days/yr	
Durable Medical Equipment	50% after ded		10% after ded; pre-auth req		10%	
<b>Single</b>	<b>0 x</b>	<b>\$878.29</b>	<b>0 x</b>	<b>\$739.28</b>	<b>0 x</b>	<b>\$836.14</b>
<b>EE with Spouse</b>	<b>0 x</b>	<b>\$1,756.57</b>	<b>0 x</b>	<b>\$1,478.56</b>	<b>0 x</b>	<b>\$1,672.28</b>
<b>EE with Child(ren)</b>	<b>0 x</b>	<b>\$1,493.09</b>	<b>0 x</b>	<b>\$1,256.78</b>	<b>0 x</b>	<b>\$1,421.44</b>
<b>Family</b>	<b>0 x</b>	<b>\$2,503.12</b>	<b>0 x</b>	<b>\$2,106.95</b>	<b>0 x</b>	<b>\$2,383.00</b>
<b>Monthly Cost</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>
<b>Annual Cost</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible



	Empire EPO/PPO Gold EPO 35/10%/5850* (EPOc) (UCR=N/A)		HealthFirst Gold Pro EPO* (EPOc) (UCR=N/A)		Oscar Classic Gold 0* (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	10/35/75		10/50/85		10/50/100	
<b>Cost Share Information</b>						
Individual/Family Deductible	N/A		N/A		N/A	
Individual/Family OOP Limit	\$5,850/\$11,700		\$5,000/\$10,000 (incl ded)		\$5,000/\$10,000 (incl ded)	
Co-Insurance	10%		0%		0%	
<b>Office Visits</b>						
Primary Care	\$35		\$25		\$25	
Specialist	\$50		\$40		\$50	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$50		\$40		\$50	
<b>Inpatient Services</b>						
Inpatient Hospital	\$500/day; 4 days/admit		\$500/day; \$1,500 max/admit		\$500/admit	
Mental Health Inpatient	\$500/day; 4 days/admit		\$500/day; \$1,500 max/admit		\$500/admit	
Substance Abuse Inpatient	\$500/day; 4 days/admit		\$500/day; \$1,500 max/admit		\$500/admit	
<b>Outpatient Services</b>						
Outpatient Facility	\$500		\$300		\$75	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-\$100		PCP-\$25; SP-\$40		Lab-\$25; X-ray-\$50	
Advanced Radiology	Office-\$50; OP-\$200		\$40		\$100	
Mental Health Outpatient	\$50		\$25		\$50	
Substance Abuse Outpatient	\$50		\$25		\$50	
<b>Emergency Care</b>						
Emergency Room	\$350		\$350 (waived if admitted)		\$500	
Ambulance	\$350		\$150		\$500	
Urgent Care	\$100		\$60		\$75	
<b>Recovery/Special Needs</b>						
Home Health Care	\$50; 40 visits/yr		\$25; 40 visits/plan yr		\$25; 40 visits/plan yr	
Skilled Nursing	\$500/day; 4 days/admit; 200 days/yr		\$500/day; \$1,500 max/admit; 200 days/plan yr		\$500/admit; 200 days/plan yr	
Durable Medical Equipment	10%		15%		\$100	
<b>Single</b>	<b>0 x</b>	<b>\$891.04</b>	<b>0 x</b>	<b>\$717.27</b>	<b>0 x</b>	<b>\$717.16</b>
<b>EE with Spouse</b>	<b>0 x</b>	<b>\$1,782.08</b>	<b>0 x</b>	<b>\$1,434.54</b>	<b>0 x</b>	<b>\$1,434.31</b>
<b>EE with Child(ren)</b>	<b>0 x</b>	<b>\$1,514.77</b>	<b>0 x</b>	<b>\$1,219.36</b>	<b>0 x</b>	<b>\$1,219.16</b>
<b>Family</b>	<b>0 x</b>	<b>\$2,539.46</b>	<b>0 x</b>	<b>\$2,044.22</b>	<b>0 x</b>	<b>\$2,043.89</b>
<b>Monthly Cost</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>
<b>Annual Cost</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>

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	Oxford Freedom F Gold EPO 15/35 Non-Gated OHI CNT* (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 30/60 Gated OHI CNT* (EPOc) (UCR=N/A)		Oxford Metro M Silver EPO 30/60 Gated OHI CNT* (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	15/35/75/100 ded T2-3		15/35/75/100 ded T2-3		10/65/50%to\$800	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$1,000/\$2,000		\$1,000/\$2,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$7,150/\$14,300 (incl ded)	
Co-Insurance	10%		0%		30%	
<b>Office Visits</b>						
Primary Care	\$15 ded waived		\$30 ded waived		\$30 ded waived	
Specialist	\$35 ded waived		\$60 ded waived		\$60 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$35 ded waived		\$60 ded waived		\$60 ded waived	
<b>Inpatient Services</b>						
Inpatient Hospital	10% after ded		\$500/day after ded; \$2,000 max/admit		30% after ded	
Mental Health Inpatient	10% after ded		\$500/day after ded; \$2,000 max/admit		30% after ded	
Substance Abuse Inpatient	Rehab-10% after ded		Rehab-\$500/day after ded; \$2,000 max/admit		Rehab-30% after ded	
<b>Outpatient Services</b>						
Outpatient Facility	Hosp-\$300 after ded; FS-\$150 after ded		Hosp-\$250 after ded; FS-\$150 after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$35 after ded		Lab-No charge; X-ray-30% after ded	
Advanced Radiology	\$150 after ded		\$100 after ded		30% after ded	
Mental Health Outpatient	\$35 ded waived		\$60 ded waived		\$60 ded waived	
Substance Abuse Outpatient	Rehab-\$35 ded waived		Rehab-\$60 ded waived		Rehab-\$60 ded waived	
<b>Emergency Care</b>						
Emergency Room	\$400 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived		30% after ded	
Ambulance	No charge		No charge		No charge	
Urgent Care	\$75 ded waived		\$75 ded waived		\$80 ded waived	
<b>Recovery/Special Needs</b>						
Home Health Care	\$35 ded waived; 40 visits/contr yr		\$60 ded waived; 40 visits/contr yr		\$60 ded waived; 40 visits/contr yr	
Skilled Nursing	10% after ded; 200 days/contr yr		\$500/day after ded; \$2,000 max/admit; 200 days/contr yr		30% after ded; 200 days/contr yr	
Durable Medical Equipment	10% after ded		0% after ded		30% after ded	
<b>Single</b>	<b>0 x</b>	<b>\$881.86</b>	<b>0 x</b>	<b>\$824.07</b>	<b>0 x</b>	<b>\$587.57</b>
<b>EE with Spouse</b>	<b>0 x</b>	<b>\$1,763.71</b>	<b>0 x</b>	<b>\$1,648.13</b>	<b>0 x</b>	<b>\$1,175.15</b>
<b>EE with Child(ren)</b>	<b>0 x</b>	<b>\$1,499.16</b>	<b>0 x</b>	<b>\$1,400.91</b>	<b>0 x</b>	<b>\$998.88</b>
<b>Family</b>	<b>0 x</b>	<b>\$2,513.29</b>	<b>0 x</b>	<b>\$2,348.59</b>	<b>0 x</b>	<b>\$1,674.59</b>
<b>Monthly Cost</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>
<b>Annual Cost</b>		<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>

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Aetna  
 Gold EPO 1000 90% ID: 14038844\* (EPOc) (UCR=N/A)

	In-Network	Out-Network
<b>Prescription Drugs</b>		
Drug Card	15/65/50%/TCS/100 ded T2-4	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$1,000/\$2,000 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)	
Co-Insurance	10%	
Lifetime Maximum	None	
<b>Office Visits</b>		
Primary Care	\$30 ded waived	
Specialist	\$60 ded waived	
Adult Preventive Care	No charge; visit limits apply	
Child Preventive Care	No charge; visit limits apply	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier	
Rehabilitation Services	\$60 ded waived; visit limits apply	
Chiropractic Care	\$60 ded waived	
<b>Inpatient Services</b>		
Inpatient Hospital	10% after ded	
Inpatient Surgery	Refer to Inpatient Hospital	
Maternity Delivery/Inpatient	10% after ded	
Mental Health Inpatient	10% after ded	
Substance Abuse Inpatient	10% after ded	
<b>Outpatient Services</b>		
Outpatient Facility	Refer to Outpatient Surgery	
Outpatient Surgery	10% after ded	
Lab/X-Ray	10% after ded	
Advanced Radiology	10% after ded	
Mental Health Outpatient	\$60 ded waived	
Substance Abuse Outpatient	\$60 ded waived	
<b>Emergency Care</b>		
Emergency Room	\$750 (waived if admitted) ded waived	
Ambulance	10% after ded	
Urgent Care	\$75 ded waived	
<b>Recovery/Special Needs</b>		
Home Health Care	25% ded waived; 40 visits/cal yr	
Habilitation services	\$60 ded waived; visit limits apply	
Skilled Nursing	10% after ded	
Durable Medical Equipment	50% after ded	
Hospice Services	10% after ded	
<b>Miscellaneous Services</b>		
Pediatric Vision Exam	50% after ded; 1 exam/12 mo	
Pediatric Vision Hardware	50% after ded; 1 pair/12 mo	
Pediatric Dental Check-Up	0% after ded; 1 exam/6 mo	





Empire Blue Priority Gold Blue Priority EPO 35/10%/5850* (EPOc) (UCR=N/A)		
	In-Network	Out-Network
<b>Prescription Drugs</b>		
Drug Card	10/35/75	
<b>Cost Share Information</b>		
Individual/Family Deductible	N/A	
Individual/Family OOP Limit	\$5,850/\$11,700	
Co-Insurance	10%	
Lifetime Maximum	None	
<b>Office Visits</b>		
Primary Care	\$35	
Specialist	\$50	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	\$50; 60 visits/yr comb PT/OT/ST	
Chiropractic Care	\$50	
<b>Inpatient Services</b>		
Inpatient Hospital	\$500/day; 4 days/admit	
Inpatient Surgery	No charge	
Maternity Delivery/Inpatient	\$500/day; 4 days/admit	
Mental Health Inpatient	\$500/day; 4 days/admit	
Substance Abuse Inpatient	\$500/day; 4 days/admit	
<b>Outpatient Services</b>		
Outpatient Facility	\$500	
Outpatient Surgery	No charge	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-\$100	
Advanced Radiology	Office-\$50; OP-\$200	
Mental Health Outpatient	\$50	
Substance Abuse Outpatient	\$50	
<b>Emergency Care</b>		
Emergency Room	\$350	
Ambulance	\$350	
Urgent Care	\$100	
<b>Recovery/Special Needs</b>		
Home Health Care	\$50; 40 visits/yr	
Habilitation services	\$50; 60 visits/yr comb PT/OT/ST	
Skilled Nursing	\$500/day; 4 days/admit; 200 days/yr	
Durable Medical Equipment	10%	
Hospice Services	10%	
<b>Miscellaneous Services</b>		
Pediatric Vision Exam	No charge	
Pediatric Vision Hardware	No charge	
Pediatric Dental Check-Up	No charge	





Empire EPO/PPO Gold EPO 35/10%/5850* (EPOc) (UCR=N/A)		
	In-Network	Out-Network
<b>Prescription Drugs</b>		
Drug Card	10/35/75	
<b>Cost Share Information</b>		
Individual/Family Deductible	N/A	
Individual/Family OOP Limit	\$5,850/\$11,700	
Co-Insurance	10%	
Lifetime Maximum	None	
<b>Office Visits</b>		
Primary Care	\$35	
Specialist	\$50	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	\$50; 60 visits/yr comb PT/OT/ST	
Chiropractic Care	\$50	
<b>Inpatient Services</b>		
Inpatient Hospital	\$500/day; 4 days/admit	
Inpatient Surgery	No charge	
Maternity Delivery/Inpatient	\$500/day; 4 days/admit	
Mental Health Inpatient	\$500/day; 4 days/admit	
Substance Abuse Inpatient	\$500/day; 4 days/admit	
<b>Outpatient Services</b>		
Outpatient Facility	\$500	
Outpatient Surgery	No charge	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-\$100	
Advanced Radiology	Office-\$50; OP-\$200	
Mental Health Outpatient	\$50	
Substance Abuse Outpatient	\$50	
<b>Emergency Care</b>		
Emergency Room	\$350	
Ambulance	\$350	
Urgent Care	\$100	
<b>Recovery/Special Needs</b>		
Home Health Care	\$50; 40 visits/yr	
Habilitation services	\$50; 60 visits/yr comb PT/OT/ST	
Skilled Nursing	\$500/day; 4 days/admit; 200 days/yr	
Durable Medical Equipment	10%	
Hospice Services	10%	
<b>Miscellaneous Services</b>		
Pediatric Vision Exam	No charge	
Pediatric Vision Hardware	No charge	
Pediatric Dental Check-Up	No charge	



		HealthFirst Gold Pro EPO* (EPOc) (UCR=N/A)	
		In-Network	Out-Network
<b>Prescription Drugs</b>			
Drug Card		10/50/85	
<b>Cost Share Information</b>			
Individual/Family Deductible		N/A	
Individual/Family OOP Limit		\$5,000/\$10,000 (incl ded)	
Co-Insurance		0%	
Lifetime Maximum		None	
<b>Office Visits</b>			
Primary Care		\$25	
Specialist		\$40	
Adult Preventive Care		No charge	
Child Preventive Care		No charge	
Maternity Prenatal/Postnatal Care		No charge	
Rehabilitation Services		\$40; 60 visits/cond/plan yr comb PT/OT/ST	
Chiropractic Care		\$40	
<b>Inpatient Services</b>			
Inpatient Hospital		\$500/day; \$1,500 max/admit	
Inpatient Surgery		\$300	
Maternity Delivery/Inpatient		Delivery-\$100; IP-\$500/day; \$1,500 max/admit	
Mental Health Inpatient		\$500/day; \$1,500 max/admit	
Substance Abuse Inpatient		\$500/day; \$1,500 max/admit	
<b>Outpatient Services</b>			
Outpatient Facility		\$300	
Outpatient Surgery		\$300	
Lab/X-Ray		PCP-\$25; SP-\$40	
Advanced Radiology		\$40	
Mental Health Outpatient		\$25	
Substance Abuse Outpatient		\$25	
<b>Emergency Care</b>			
Emergency Room		\$350 (waived if admitted)	
Ambulance		\$150	
Urgent Care		\$60	
<b>Recovery/Special Needs</b>			
Home Health Care		\$25; 40 visits/plan yr	
Habilitation services		\$40; 60 visits/cond/plan yr comb PT/OT/ST	
Skilled Nursing		\$500/day; \$1,500 max/admit; 200 days/plan yr	
Durable Medical Equipment		15%	
Hospice Services		\$500/day; \$1,500 max/admit IP; \$25 OP; 210 days/plan yr	
<b>Miscellaneous Services</b>			
Pediatric Vision Exam		\$10; 1 exam/yr	
Pediatric Vision Hardware		\$25; 1 pair/yr	
Pediatric Dental Check-Up		\$25; 2 visits/yr	



Oscar Classic Gold 0 * (EPO) (UCR=N/A)		
	In-Network	Out-Network
<b>Prescription Drugs</b>		
Drug Card	10/50/100	
<b>Cost Share Information</b>		
Individual/Family Deductible	N/A	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	
Co-Insurance	0%	
Lifetime Maximum	None	
<b>Office Visits</b>		
Primary Care	\$25	
Specialist	\$50	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	\$50; 60 visits/cond/plan yr comb PT/OT/ST	
Chiropractic Care	\$50	
<b>Inpatient Services</b>		
Inpatient Hospital	\$500/admit	
Inpatient Surgery	\$100	
Maternity Delivery/Inpatient	Delivery-\$100; IP-\$500/admit	
Mental Health Inpatient	\$500/admit	
Substance Abuse Inpatient	\$500/admit	
<b>Outpatient Services</b>		
Outpatient Facility	\$75	
Outpatient Surgery	\$75	
Lab/X-Ray	Lab-\$25; X-ray-\$50	
Advanced Radiology	\$100	
Mental Health Outpatient	\$50	
Substance Abuse Outpatient	\$50	
<b>Emergency Care</b>		
Emergency Room	\$500	
Ambulance	\$500	
Urgent Care	\$75	
<b>Recovery/Special Needs</b>		
Home Health Care	\$25; 40 visits/plan yr	
Habilitation services	\$50; 60 visits/cond/plan yr comb PT/OT/ST	
Skilled Nursing	\$500/admit; 200 days/plan yr	
Durable Medical Equipment	\$100	
Hospice Services	\$500/admit IP; \$25 OP; 210 days/yr	
<b>Miscellaneous Services</b>		
Pediatric Vision Exam	\$25; 1 exam/12 mo	
Pediatric Vision Hardware	\$100; 1 pair/12 mo	
Pediatric Dental Check-Up	\$100; 1 exam/6 mo	





Oxford Liberty L Gold EPO 30/60 Gated OHI CNT* (EPOc) (UCR=N/A)		
	In-Network	Out-Network
<b>Prescription Drugs</b>		
Drug Card	15/35/75/100 ded T2-3	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$1,000/\$2,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)	
Co-Insurance	0%	
Lifetime Maximum	None	
<b>Office Visits</b>		
Primary Care	\$30 ded waived	
Specialist	\$60 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	\$60 ded waived; 60 visits/contr yr comb PT/OT/ST	
Chiropractic Care	\$60 ded waived	
<b>Inpatient Services</b>		
Inpatient Hospital	\$500/day after ded; \$2,000 max/admit	
Inpatient Surgery	0% after ded	
Maternity Delivery/Inpatient	\$500/day after ded; \$2,000 max/admit	
Mental Health Inpatient	\$500/day after ded; \$2,000 max/admit	
Substance Abuse Inpatient	Rehab-\$500/day after ded; \$2,000 max/admit	
<b>Outpatient Services</b>		
Outpatient Facility	Hosp-\$250 after ded; FS-\$150 after ded	
Outpatient Surgery	Included in Outpatient Facility	
Lab/X-Ray	Lab-No charge; X-ray-\$35 after ded	
Advanced Radiology	\$100 after ded	
Mental Health Outpatient	\$60 ded waived	
Substance Abuse Outpatient	Rehab-\$60 ded waived	
<b>Emergency Care</b>		
Emergency Room	\$300 (waived if admitted) ded waived	
Ambulance	No charge	
Urgent Care	\$75 ded waived	
<b>Recovery/Special Needs</b>		
Home Health Care	\$60 ded waived; 40 visits/contr yr	
Habilitation services	\$60 ded waived; 60 visits/contr yr comb PT/OT/ST	
Skilled Nursing	\$500/day after ded; \$2,000 max/admit; 200 days/contr yr	
Durable Medical Equipment	0% after ded	
Hospice Services	\$500/day after ded; \$2,000 max/admit IP; \$60 ded waived OP	
<b>Miscellaneous Services</b>		
Pediatric Vision Exam	\$30 ded waived	
Pediatric Vision Hardware	50% ded waived	
Pediatric Dental Check-Up	0% after ded	



Oxford Metro M Silver EPO 30/60 Gated OHI CNT* (EPOc) (UCR=N/A)		
	In-Network	Out-Network
<b>Prescription Drugs</b>		
Drug Card	10/65/50%to\$800	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$3,000/\$6,000	
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)	
Co-Insurance	30%	
Lifetime Maximum	None	
<b>Office Visits</b>		
Primary Care	\$30 ded waived	
Specialist	\$60 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	\$60 ded waived; 60 visits/contr yr comb PT/OT/ST	
Chiropractic Care	\$60 ded waived	
<b>Inpatient Services</b>		
Inpatient Hospital	30% after ded	
Inpatient Surgery	30% after ded	
Maternity Delivery/Inpatient	30% after ded	
Mental Health Inpatient	30% after ded	
Substance Abuse Inpatient	Rehab-30% after ded	
<b>Outpatient Services</b>		
Outpatient Facility	30% after ded	
Outpatient Surgery	30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded	
Advanced Radiology	30% after ded	
Mental Health Outpatient	\$60 ded waived	
Substance Abuse Outpatient	Rehab-\$60 ded waived	
<b>Emergency Care</b>		
Emergency Room	30% after ded	
Ambulance	No charge	
Urgent Care	\$80 ded waived	
<b>Recovery/Special Needs</b>		
Home Health Care	\$60 ded waived; 40 visits/contr yr	
Habilitation services	\$60 ded waived; 60 visits/contr yr comb PT/OT/ST	
Skilled Nursing	30% after ded; 200 days/contr yr	
Durable Medical Equipment	30% after ded	
Hospice Services	30% after ded IP; \$60 ded waived OP	
<b>Miscellaneous Services</b>		
Pediatric Vision Exam	\$30 ded waived	
Pediatric Vision Hardware	50% ded waived	
Pediatric Dental Check-Up	0% after ded	