



# PEAK ADVISORS, INC

ONE SOURCE INSURANCE SOLUTIONS

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## 2019 SMALL GROUP HEALTH INSURANCE RATES

1Q - NYC - For New Groups Starting First Quarter 2019

	Aetna Gold OAEPO 1000 90% ID: 14041846* (EPOc) (UCR=N/A)	EmblemHealth EmblemHealth Gold Premier* (HMOc) (UCR=N/A)  Prime Network	EmblemHealth EmblemHealth Gold Choice* (HMOc) (UCR=N/A)  Select Care Network	Empire Blue Access Gold Blue Access EPO 35/10%/5850* (EPOc) (UCR=N/A)  Blue Access Network	Empire EPO/PPO Gold EPO 25/0%/6000* (EPO) (UCR=N/A)  EPO/PPO network	HealthFirst Gold 25/50/0 Pro EPO* (EPO) (UCR=N/A)  Pro Network	Oscar Circle Circle Gold \$0* (EPOc) (UCR=N/A)  Circle Network	Oscar Circle Plus Circle Plus Gold \$0* (EPOc) (UCR=N/A)  Circle Plus Network
Prescription Drugs								
Drug Card	15/65/50%/TCS/100 ded T2-4	10/30/70	20/45/75 IntDed T2-3	10/50/75	10/50/75	10/50/85	10/25/100	10/25/100
In-Network								
Ind/Fam Deductible	\$1,000/\$2,000 embedded	\$450/\$900	\$750/\$1,500	N/A	N/A	N/A	N/A	N/A
Ind/Fam OOP Limit	\$6,000/\$12,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$5,850/\$11,700	\$6,000/\$12,000	\$7,000/\$14,000 (incl ded)	\$5,000/\$10,000	\$5,000/\$10,000
Co-Insurance	10%	0%	0%	10%	0%	0%	20%	20%
Primary Care	\$30 ded waived	No charge visits 1-3; \$30 ded waived visits 4+	No charge visits 1-3; \$30 ded waived visits 4+	\$35	\$25	\$25	\$25	\$25
Specialist	\$60 ded waived	\$50 ded waived	\$50 ded waived	\$50	\$50	\$50	\$50	\$50
Inpatient Hospital	10% after ded	\$1,000/admit after ded	\$2,000/admit after ded	\$500/day; 4 days/admit	\$400/day; 4 days max/admit	\$500/admit	\$500/day; 5 days/admit	\$500/day; 5 days/admit
Out-Network								
Ind/Fam Deductible								
Ind/Fam OOP Limit								
Co-Insurance								
Primary Care								
Specialist								
Inpatient Hospital								
<b>Single</b>	<b>\$976.68</b>	<b>\$900.76</b>	<b>\$766.75</b>	<b>\$870.96</b>	<b>\$948.41</b>	<b>\$732.43</b>	<b>\$723.18</b>	<b>\$807.08</b>
<b>EE with Spouse</b>	<b>\$1,953.35</b>	<b>\$1,801.52</b>	<b>\$1,533.50</b>	<b>\$1,741.92</b>	<b>\$1,896.82</b>	<b>\$1,464.86</b>	<b>\$1,446.35</b>	<b>\$1,614.15</b>
<b>EE with Child(ren)</b>	<b>\$1,660.35</b>	<b>\$1,531.29</b>	<b>\$1,303.48</b>	<b>\$1,480.63</b>	<b>\$1,612.30</b>	<b>\$1,245.13</b>	<b>\$1,229.40</b>	<b>\$1,372.03</b>
<b>Family</b>	<b>\$2,783.53</b>	<b>\$2,567.17</b>	<b>\$2,185.24</b>	<b>\$2,482.24</b>	<b>\$2,702.97</b>	<b>\$2,087.43</b>	<b>\$2,061.05</b>	<b>\$2,300.17</b>
<b>Monthly Cost</b>								
<b>Annual Cost</b>								



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## 2019 SMALL GROUP HEALTH INSURANCE RATES 1Q - NYC - For New Groups Starting First Quarter 2019

	Oxford Metro M Gold EPO 25/40 Gated OHI CNT* (EPOc) (UCR=N/A)	Oxford Liberty L Gold EPO 30/60 Gated OHI CNT* (EPOc) (UCR=N/A)	Oxford Freedom F Gold EPO 15/35 Non-Gated OHI CNT* (EPOc) (UCR=N/A)
	Metro Network	Liberty Network	Freedom Network
Prescription Drugs			
Drug Card	10/65/90/100 ded T2-3	15/35/75/100 ded T2-3	15/35/75/100 ded T2-3
In-Network			
Ind/Fam Deductible	\$1,250/\$2,500	\$1,000/\$2,000	\$1,000/\$2,000
Ind/Fam OOP Limit	\$5,500/\$11,000 (incl ded)	\$4,500/\$9,000 (incl ded)	\$5,250/\$10,500 (incl ded)
Co-Insurance	20%	0%	10%
Primary Care	\$25 ded waived	\$30 ded waived	\$15 ded waived
Specialist	\$40 ded waived	\$60 ded waived	\$35 ded waived
Inpatient Hospital	20% after ded	\$500/day after ded; \$2,000 max/admit	10% after ded
Out-Network			
Ind/Fam Deductible			
Ind/Fam OOP Limit			
Co-Insurance			
Primary Care			
Specialist			
Inpatient Hospital			
<b>Single</b>	<b>\$689.87</b>	<b>\$822.12</b>	<b>\$915.99</b>
<b>EE with Spouse</b>	<b>\$1,379.74</b>	<b>\$1,644.24</b>	<b>\$1,831.99</b>
<b>EE with Child(ren)</b>	<b>\$1,172.78</b>	<b>\$1,397.60</b>	<b>\$1,557.19</b>
<b>Family</b>	<b>\$1,966.13</b>	<b>\$2,343.04</b>	<b>\$2,610.59</b>
<b>Monthly Cost</b>			
<b>Annual Cost</b>			



Aetna  
 Gold OAEPO 1000 90% ID: 14041846\* (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	



EmblemHealth EmblemHealth Gold Premier* (HMOc) (UCR=N/A)		
	In-Network	Out-Network
<b>Prescription Drugs</b>		
Drug Card	10/30/70	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$450/\$900	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)	
Co-Insurance	0%	
Lifetime Maximum	None	
<b>Office Visits</b>		
Primary Care	No charge visits 1-3; \$30 ded waived visits 4+	
Specialist	\$50 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	\$50 after ded; 90 visits/cond/plan yr comb PT/OT/ST	
Chiropractic Care	\$50 ded waived	
<b>Inpatient Services</b>		
Inpatient Hospital	\$1,000/admit after ded	
Inpatient Surgery	\$150 after ded	
Maternity Delivery/Inpatient	\$1,000/admit after ded	
Mental Health Inpatient	\$1,000/admit after ded	
Substance Abuse Inpatient	\$1,000/admit after ded	
<b>Outpatient Services</b>		
Outpatient Facility	\$150 after ded	
Outpatient Surgery	\$150 after ded	
Lab/X-Ray	Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30 after ded; SP-\$50 after ded	
Advanced Radiology	\$50 after ded	
Mental Health Outpatient	\$30 ded waived	
Substance Abuse Outpatient	\$30 ded waived	
<b>Emergency Care</b>		
Emergency Room	\$300 (waived if admitted) after ded	
Ambulance	\$150 after ded	
Urgent Care	\$75 ded waived	
<b>Recovery/Special Needs</b>		
Home Health Care	\$50 after ded; 40 visits/plan yr	
Habilitation services	\$50 after ded; 90 visits/cond/plan yr comb PT/OT/ST	
Skilled Nursing	\$1,000/admit after ded; 200 days/plan yr	
Durable Medical Equipment	20% after ded	
Hospice Services	\$1,000/admit after ded; 210 days/plan yr	
<b>Miscellaneous Services</b>		
Pediatric Vision Exam	No charge; 1 exam/12 mo	
Pediatric Vision Hardware	20% ded waived; 1 pair/12 mo	
Pediatric Dental Check-Up	No charge; 1 exam/6 mo	



EmblemHealth EmblemHealth Gold Choice* (HMOc) (UCR=N/A)		
	In-Network	Out-Network
<b>Prescription Drugs</b>		
Drug Card	20/45/75 IntDed T2-3	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$750/\$1,500	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	
Co-Insurance	0%	
Lifetime Maximum	None	
<b>Office Visits</b>		
Primary Care	No charge visits 1-3; \$30 ded waived visits 4+	
Specialist	\$50 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	\$50 after ded; 90 visits/cond/plan yr comb PT/OT/ST	
Chiropractic Care	\$50 ded waived	
<b>Inpatient Services</b>		
Inpatient Hospital	\$2,000/admit after ded	
Inpatient Surgery	\$150 after ded	
Maternity Delivery/Inpatient	\$2,000/admit after ded	
Mental Health Inpatient	\$2,000/admit after ded	
Substance Abuse Inpatient	\$2,000/admit after ded	
<b>Outpatient Services</b>		
Outpatient Facility	\$150 after ded	
Outpatient Surgery	\$150 after ded	
Lab/X-Ray	Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30 after ded; SP-\$50 after ded	
Advanced Radiology	\$50 after ded	
Mental Health Outpatient	\$30 ded waived	
Substance Abuse Outpatient	\$30 ded waived	
<b>Emergency Care</b>		
Emergency Room	\$300 (waived if admitted) after ded	
Ambulance	\$150 after ded	
Urgent Care	\$75 ded waived	
<b>Recovery/Special Needs</b>		
Home Health Care	\$50 after ded; 40 visits/plan yr	
Habilitation services	\$50 after ded; 90 visits/cond/plan yr comb PT/OT/ST	
Skilled Nursing	\$2,000/admit after ded; 200 days/plan yr	
Durable Medical Equipment	20% after ded	
Hospice Services	\$2,000/admit after ded; 210 days/plan yr	
<b>Miscellaneous Services</b>		
Pediatric Vision Exam	No charge; 1 exam/12 mo	
Pediatric Vision Hardware	20% ded waived; 1 pair/12 mo	
Pediatric Dental Check-Up	No charge; 1 exam/6 mo	



Empire Blue Access  
 Gold Blue Access EPO 35/10%/5850\* (EPOc) (UCR=N/A)

In-Network

Out-Network

	In-Network	Out-Network
<b>Prescription Drugs</b>		
Drug Card	10/50/75	
<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 (physician's charges)	
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 (physician's charges)	
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	\$400	
Ambulance	\$400	
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	
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 25/0%/6000* (EPO) (UCR=N/A)		
	In-Network	Out-Network
<b>Prescription Drugs</b>		
Drug Card	10/50/75	
<b>Cost Share Information</b>		
Individual/Family Deductible	N/A	
Individual/Family OOP Limit	\$6,000/\$12,000	
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/yr comb PT/OT/ST	
Chiropractic Care	\$50	
<b>Inpatient Services</b>		
Inpatient Hospital	\$400/day; 4 days max/admit	
Inpatient Surgery	No charge (physician's charges)	
Maternity Delivery/Inpatient	\$400/day; 4 days max/admit	
Mental Health Inpatient	\$400/day; 4 days max/admit	
Substance Abuse Inpatient	\$400/day; 4 days max/admit	
<b>Outpatient Services</b>		
Outpatient Facility	\$400	
Outpatient Surgery	No charge (physician's charges)	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-\$50	
Advanced Radiology	Office-\$50; OP-\$150	
Mental Health Outpatient	\$50	
Substance Abuse Outpatient	\$50	
<b>Emergency Care</b>		
Emergency Room	\$400	
Ambulance	\$400	
Urgent Care	\$75	
<b>Recovery/Special Needs</b>		
Home Health Care	\$50; 40 visits/yr	
Habilitation services	\$50; 60 visits/yr comb PT/OT/ST	
Skilled Nursing	\$400/day; 4 days max/admit	
Durable Medical Equipment	No charge	
Hospice Services	No charge	
<b>Miscellaneous Services</b>		
Pediatric Vision Exam	No charge	
Pediatric Vision Hardware	No charge	
Pediatric Dental Check-Up	No charge	



HealthFirst Gold 25/50/0 Pro EPO* (EPO) (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	\$7,000/\$14,000 (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	\$300	
Outpatient Surgery	\$100	
Lab/X-Ray	PCP-\$25; SP-\$50	
Advanced Radiology	\$50	
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	\$50; 60 visits/cond/plan yr comb PT/OT/ST	
Skilled Nursing	\$500/admit; 200 days/plan yr	
Durable Medical Equipment	15%	
Hospice Services	\$500/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 Circle Circle Gold \$0* (EPOc) (UCR=N/A)		
	In-Network	Out-Network
<b>Prescription Drugs</b>		
Drug Card	10/25/100	
<b>Cost Share Information</b>		
Individual/Family Deductible	N/A	
Individual/Family OOP Limit	\$5,000/\$10,000	
Co-Insurance	20%	
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	\$25; 60 visits/cond/plan yr comb PT/OT/ST	
Chiropractic Care	\$25	
<b>Inpatient Services</b>		
Inpatient Hospital	\$500/day; 5 days/admit	
Inpatient Surgery	\$150	
Maternity Delivery/Inpatient	\$500/day; 5 days/admit	
Mental Health Inpatient	\$500/day; 5 days/admit	
Substance Abuse Inpatient	\$500/day; 5 days/admit	
<b>Outpatient Services</b>		
Outpatient Facility	\$150	
Outpatient Surgery	\$150	
Lab/X-Ray	\$50	
Advanced Radiology	\$125	
Mental Health Outpatient	\$25	
Substance Abuse Outpatient	\$25	
<b>Emergency Care</b>		
Emergency Room	\$750	
Ambulance	\$750	
Urgent Care	\$75	
<b>Recovery/Special Needs</b>		
Home Health Care	\$50; 40 visits/plan yr	
Habilitation services	\$25; 60 visits/cond/plan yr comb PT/OT/ST	
Skilled Nursing	\$500/day; 5 days/admit; 200 days/plan yr	
Durable Medical Equipment	20%	
Hospice Services	20%; 210 days/plan yr	
<b>Miscellaneous Services</b>		
Pediatric Vision Exam	\$50; 1 exam/12 mo	
Pediatric Vision Hardware	20%; 1 pair/12 mo	
Pediatric Dental Check-Up	No charge; 1 exam/6 mo	



Oscar Circle Plus Circle Plus Gold \$0* (EPOc) (UCR=N/A)		
	In-Network	Out-Network
<b>Prescription Drugs</b>		
Drug Card	10/25/100	
<b>Cost Share Information</b>		
Individual/Family Deductible	N/A	
Individual/Family OOP Limit	\$5,000/\$10,000	
Co-Insurance	20%	
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	\$25; 60 visits/cond/plan yr comb PT/OT/ST	
Chiropractic Care	\$25	
<b>Inpatient Services</b>		
Inpatient Hospital	\$500/day; 5 days/admit	
Inpatient Surgery	\$150	
Maternity Delivery/Inpatient	\$500/day; 5 days/admit	
Mental Health Inpatient	\$500/day; 5 days/admit	
Substance Abuse Inpatient	\$500/day; 5 days/admit	
<b>Outpatient Services</b>		
Outpatient Facility	\$150	
Outpatient Surgery	\$150	
Lab/X-Ray	\$50	
Advanced Radiology	\$125	
Mental Health Outpatient	\$25	
Substance Abuse Outpatient	\$25	
<b>Emergency Care</b>		
Emergency Room	\$750	
Ambulance	\$750	
Urgent Care	\$75	
<b>Recovery/Special Needs</b>		
Home Health Care	\$50; 40 visits/plan yr	
Habilitation services	\$25; 60 visits/cond/plan yr comb PT/OT/ST	
Skilled Nursing	\$500/day; 5 days/admit; 200 days/plan yr	
Durable Medical Equipment	20%	
Hospice Services	20%; 210 days/plan yr	
<b>Miscellaneous Services</b>		
Pediatric Vision Exam	\$50; 1 exam/12 mo	
Pediatric Vision Hardware	20%; 1 pair/12 mo	
Pediatric Dental Check-Up	No charge; 1 exam/6 mo	



Oxford Metro  
 M Gold EPO 25/40 Gated OHI CNT\* (EPOc) (UCR=N/A)

In-Network

Out-Network

	In-Network	Out-Network
<b>Prescription Drugs</b>		
Drug Card	10/65/90/100 ded T2-3	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$1,250/\$2,500	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)	
Co-Insurance	20%	
Lifetime Maximum	None	
<b>Office Visits</b>		
Primary Care	\$25 ded waived	
Specialist	\$40 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST	
Chiropractic Care	\$40 ded waived	
<b>Inpatient Services</b>		
Inpatient Hospital	20% after ded	
Inpatient Surgery	20% after ded	
Maternity Delivery/Inpatient	20% after ded	
Mental Health Inpatient	20% after ded	
Substance Abuse Inpatient	Rehab-20% after ded	
<b>Outpatient Services</b>		
Outpatient Facility	Hosp-\$500 after ded; FS-\$200 after ded	
Outpatient Surgery	20% after ded	
Lab/X-Ray	Lab-\$15 ded waived; X-ray-\$50 after ded	
Advanced Radiology	\$150 after ded	
Mental Health Outpatient	\$40 ded waived	
Substance Abuse Outpatient	Rehab-\$40 ded waived	
<b>Emergency Care</b>		
Emergency Room	\$500 (waived if admitted) ded waived	
Ambulance	No charge	
Urgent Care	\$65 ded waived	
<b>Recovery/Special Needs</b>		
Home Health Care	\$40 ded waived; 40 visits/cal yr	
Habilitation services	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST	
Skilled Nursing	20% after ded; 200 days/cal yr	
Durable Medical Equipment	20% after ded	
Hospice Services	20% after ded	
<b>Miscellaneous Services</b>		
Pediatric Vision Exam	\$25 ded waived	
Pediatric Vision Hardware	50% ded waived	
Pediatric Dental Check-Up	0% after ded	



Oxford Liberty  
 L Gold EPO 30/60 Gated OHI CNT\* (EPOc) (UCR=N/A)

In-Network

Out-Network

	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	\$4,500/\$9,000 (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/cal 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	\$500 (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/cal yr	
Habilitation services	\$60 ded waived; 60 visits/cal yr comb PT/OT/ST	
Skilled Nursing	\$500/day after ded; \$2,000 max/admit; 200 days/cal yr	
Durable Medical Equipment	0% after ded	
Hospice Services	\$500/day after ded; \$2,000 max/admit	
<b>Miscellaneous Services</b>		
Pediatric Vision Exam	\$30 ded waived	
Pediatric Vision Hardware	50% ded waived	
Pediatric Dental Check-Up	0% after ded	



Oxford Freedom  
 F Gold EPO 15/35 Non-Gated OHI CNT\* (EPOc) (UCR=N/A)

In-Network

Out-Network

	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	\$5,250/\$10,500 (incl ded)	
Co-Insurance	10%	
Lifetime Maximum	None	
<b>Office Visits</b>		
Primary Care	\$15 ded waived	
Specialist	\$35 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	\$35 ded waived; 60 visits/cal yr comb PT/OT/ST	
Chiropractic Care	\$35 ded waived	
<b>Inpatient Services</b>		
Inpatient Hospital	10% after ded	
Inpatient Surgery	10% after ded	
Maternity Delivery/Inpatient	10% after ded	
Mental Health Inpatient	10% after ded	
Substance Abuse Inpatient	Rehab-10% after ded	
<b>Outpatient Services</b>		
Outpatient Facility	Hosp-\$300 after ded; FS-\$150 after ded	
Outpatient Surgery	10% after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded	
Advanced Radiology	\$150 after ded	
Mental Health Outpatient	\$35 ded waived	
Substance Abuse Outpatient	Rehab-\$35 ded waived	
<b>Emergency Care</b>		
Emergency Room	\$500 (waived if admitted) ded waived	
Ambulance	No charge	
Urgent Care	\$75 ded waived	
<b>Recovery/Special Needs</b>		
Home Health Care	\$35 ded waived; 40 visits/cal yr	
Habilitation services	\$35 ded waived; 60 visits/cal yr comb PT/OT/ST	
Skilled Nursing	10% after ded; 200 days/cal yr	
Durable Medical Equipment	10% after ded	
Hospice Services	10% after ded	
<b>Miscellaneous Services</b>		
Pediatric Vision Exam	\$15 ded waived	
Pediatric Vision Hardware	50% ded waived	
Pediatric Dental Check-Up	0% after ded	