

Oxford - Freedom (HSA)

Plan #: 6

This policy is an HSA (Health Saving Account) with no out of network coverage, no referrals needed. There is a \$2,850 (single) and a \$5,700 (family) in-network deductible with a 100% coinsurance. Primary office visits, specialist office visits, in-patient hospital, & emergency room visits are all covered 100% after meeting the deductible. There is a 10/30/60 prescription drug card that is subject to the deductible.

	Monthly Small Group	Monthly Sole Proprietor	Quarterly Sole Proprietor
Individual	\$421.53	\$481.76	\$1445.28
Individual + Spouse	\$903.36	\$1035.86	\$3107.58
Individual + Child(ren)	\$764.47	\$876.14	\$2628.42
Family	\$1266.93	\$1453.97	\$4361.91

Oxford - Liberty (HMO)

Plan # 3

This policy is an HMO (Health Maintenance Organization) plan with in network coverage only, & referrals are required. It has a \$30 primary & \$50 specialist office visit co-pay. The inpatient hospital is a \$500 co-pay (\$1000 max per confinement) and \$150 co-pay for emergency room visit. The prescription coverage is 15/35/75 with a \$100 Deductible

	Monthly Small Group	Monthly Sole Proprietor	Quarterly Sole Proprietor
Individual	\$449.92	\$514.41	\$1543.23
Individual + Spouse	\$965.82	\$1107.69	\$3323.07
Individual + Child(ren)	\$816.94	\$936.48	\$2809.44
Family	\$1354.86	\$1555.09	\$4665.27

Oxford - Freedom (HSA)

Plan # 1

This policy is an HSA (Health Savings Account) with no out of network coverage, referrals needed. There is a \$1250(single) & a \$2500(family) in network deductible with a 100% coinsurance. Primary office visits, specialist office visits, in-patient hospital, & emergency room visits are all covered 100% after meeting the deductible. There is a 10/30/60 prescription drug card that is subject to the deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$565.60	\$647.44	\$1942.32
Individual + Spouse	\$1220.32	\$1400.37	\$4201.11
Individual + Child(ren)	\$1031.00	\$1182.65	\$3547.95
Family	\$1713.55	\$1967.58	\$5902.74

Oxford - Liberty (EPO)

Plan #: 4

This policy is an EPO (Exclusive Provider Organization) with no out of network coverage, no referrals needed. There is a \$25 primary & a \$50 specialist office visit co-pay. The In-patient hospital is a \$300 co-pay per day 5 days max per calendar year. There's a 10/30/60 prescription drug card with a \$100 deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$590.41	\$675.97	\$2027.91
Individual + Spouse	\$1274.90	\$1463.14	\$4389.42
Individual + Child(ren)	\$1076.89	\$1235.42	\$3706.26
Family	\$1790.48	\$2056.05	\$6168.15

Oxford - Liberty Direct (POSc)

Plan #7

This policy is a POS (Point of Service) cost share plan (with in & out of network deductibles). The plan has in & out of network coverage, & no referrals needed. There is an in-network deductible \$500 (single) & \$1,250 (family) with a 80% co-insurance. A primary & specialist office visits are \$25/40(in-net) In-patient hospital stays & emergency room visits are all covered at 80% after deductible for in-network doctors. The prescription drug card is 10/30/60 with a \$100 deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$651.36	\$746.06	\$2238.18
Individual + Spouse	\$1408.99	\$1617.34	\$4852.02
Individual + Child(ren)	\$1189.66	\$1365.11	\$4095.33
Family	\$2017.28	\$2316.87	\$6950.61

Oxford - Freedom Metro (EPO)

Plan # 8

This policy is an EPO (Exclusive Provider Organization) with no out of network coverage, & no referrals needed. This plan has a \$25 primary & a \$50 specialist office visit co-pay. The Hospital co-pay is a \$300 co-pay per day up to 5 days with a \$200 emergency room co-pay. The prescription drug card is 10/30/60 with a \$100 deductible.

	<u>Monthly Small Group</u>	<u>Monthly Sole Proprietor</u>	<u>Quarterly Sole Proprietor</u>
Individual	\$633.94	\$726.03	\$2178.09
Individual + Spouse	\$1370.67	1573.27	\$4719.81
Individual + Child(ren)	\$1157.43	\$1328.04	\$3984.12
Family	\$1925.42	\$2211.23	\$6633.69

Oxford - Freedom (POS)

Plan # 5

This policy is a POS (Point of Service) plan with in & out of network coverage & no referrals needed. There is an out of network deductible of \$3,000 (single) & \$9,000 (family) with a 70% co-insurance. This plan has a \$30 primary & \$50 specialist office visit co-pay. In-patient hospital is \$500 per admission, emergency room visits are a \$200 co-pay. The prescription drug card is 10/30/60 with a \$100 deductible.

	Monthly <u>Small Group</u>	Monthly <u>Sole Proprietor</u>	Quarterly <u>Sole Proprietor</u>
Individual	\$733.72	\$840.78	\$2522.34
Individual + Spouse	\$1590.18	\$1825.71	\$5477.13
Individual + Child(ren)	\$1396.30	\$1602.75	\$4808.25
Family	\$2294.46	\$2635.63	\$7906.89

Oxford - Freedom (POS)

Plan # 2

This policy is a POS (Point of Service) plan with in & out of network coverage, & referrals are required. There is an out of network deductible of \$2,000 (single) & \$6,000 (family) with a 70% co-insurance. There is a \$25 primary & \$40 specialist office visit co-pay(in-net). The in-patient hospital is a \$500 per day (\$2,500 calendar year max), emergency room visits are a \$200 co-pay. The prescription drug card is 10/30/60 with a \$100 deductible.

	Monthly <u>Small Group</u>	Monthly <u>Sole Proprietor</u>	Quarterly <u>Sole Proprietor</u>
Individual	\$736.16	\$843.58	\$2530.74
Individual + Spouse	\$1595.55	\$1831.88	\$5495.64
Individual + Child(ren)	\$1346.54	\$1545.52	\$4636.56
Family	\$2242.28	\$2575.62	\$7726.86