






2018 Summary of Benefits

	 Platinum Pro EPO	 Classic Platinum EPO 2K	 Classic Platinum EPO 3K
	In-Network	In-Network	In-Network
Prescription Drugs			
Drug Card	10/30/60	10/30/75	10/30/75
Cost Share Information			
Individual/Family Deductible	N/A	N/A	N/A
Individual/Family OOP Limit	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
Co-Insurance	0%	0%	0%
Office Visits			
Primary Care	\$20	\$10	\$10
Specialist	\$35	\$25	\$25
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$35	\$25	\$25
Inpatient Services			
Inpatient Hospital	\$500/admit	\$500/admit	\$500/admit
Mental Health Inpatient	\$500/admit	\$500/admit	\$500/admit
Substance Abuse Inpatient	\$500/admit	\$500/admit	\$500/admit
Outpatient Services			
Outpatient Facility	\$200	\$100	\$100
Lab/X-Ray	PCP-\$20; SP-\$35	Lab-\$10; X-ray-\$50	Lab-\$10; X-ray-\$50
Advanced Radiology	\$35	\$100	\$100
Mental Health Outpatient	\$20	\$25	\$25
Substance Abuse Outpatient	\$20	\$25	\$25
Emergency Care			
Emergency Room	\$250 (waived if admitted)	\$200	\$200
Ambulance	\$150	\$200	\$200
Urgent Care	\$50	\$50	\$50
Recovery/Special Needs			
Home Health Care	\$20; 40 visits/plan yr	\$10; 40 visits/plan yr	\$10; 40 visits/plan yr
Skilled Nursing	\$500/admit; 200 days/plan yr	\$500/admit; 200 days/plan yr	\$500/admit; 200 days/plan yr
Durable Medical Equipment	10%	\$50	\$50

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 **Gated plan which requires the selection of Primary Care Physician (PCP) and referrals to see specialists.



2018 Summary of Benefits

	 Liberty Advantage Platinum EPO 15/35**	 Gold Pro EPO	 Classic Gold EPO
	In-Network	In-Network	In-Network
Prescription Drugs			
Drug Card	5/30/60/150 ded T2-3	10/50/85	10/50/100
Cost Share Information			
Individual/Family Deductible	\$250/\$500	N/A	N/A
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$5,000/\$10,000 (incl ded)
Co-Insurance	10%	0%	0%
Office Visits			
Primary Care	\$15 ded waived	\$25	\$25
Specialist	\$35 ded waived	\$40	\$50
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$35 ded waived	\$40	\$50
Inpatient Services			
Inpatient Hospital	10% after ded	\$500/day; \$1,500 max/admit	\$500/admit
Mental Health Inpatient	10% after ded	\$500/day; \$1,500 max/admit	\$500/admit
Substance Abuse Inpatient	Rehab-10% after ded	\$500/day; \$1,500 max/admit	\$500/admit
Outpatient Services			
Outpatient Facility	10% after ded	\$300	\$75
Lab/X-Ray	10% after ded	PCP-\$25; SP-\$40	Lab-\$25; X-ray-\$50
Advanced Radiology	10% after ded	\$40	\$100
Mental Health Outpatient	\$35 ded waived	\$25	\$50
Substance Abuse Outpatient	Rehab-\$35 ded waived	\$25	\$50
Emergency Care			
Emergency Room	10% after ded	\$350 (waived if admitted)	\$500
Ambulance	No charge	\$150	\$500
Urgent Care	\$50 ded waived	\$60	\$75
Recovery/Special Needs			
Home Health Care	\$35 ded waived; 40 visits/contr yr	\$25; 40 visits/plan yr	\$25; 40 visits/plan yr
Skilled Nursing	10% after ded; 200 days/contr yr	\$500/day; \$1,500 max/admit; 200 days/plan yr	\$500/admit; 200 days/plan yr
Durable Medical Equipment	10% after ded	15%	\$100

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**Gated plan which requires the selection of Primary Care Physician (PCP) and referrals to see specialists.



2018 Summary of Benefits

	 Classic Gold EPO 1K	 Simple Gold EPO	 Liberty Gold EPO 30/60**
	In-Network	In-Network	In-Network
Prescription Drugs			
Drug Card	10/50/100	10/50/0% IntDed T3	15/35/75/100 ded T2-3
Cost Share Information			
Individual/Family Deductible	\$1,000/\$2,000	\$4,000/\$8,000	\$1,000/\$2,000
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$4,000/\$8,000 (incl ded)
Co-Insurance	20%	0%	0%
Office Visits			
Primary Care	\$25 ded waived	\$10 ded waived	\$30 ded waived
Specialist	\$50 ded waived	\$50 ded waived	\$60 ded waived
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$50 ded waived	\$50 ded waived	\$60 ded waived
Inpatient Services			
Inpatient Hospital	20% after ded	0% after ded	\$500/day after ded; \$2,000 max/admit
Mental Health Inpatient	20% after ded	0% after ded	\$500/day after ded; \$2,000 max/admit
Substance Abuse Inpatient	20% after ded	0% after ded	Rehab-\$500/day after ded; \$2,000 max/admit
Outpatient Services			
Outpatient Facility	20% after ded	\$100 ded waived	Hosp-\$250 after ded; FS- \$150 after ded
Lab/X-Ray	Lab-\$25 ded waived; X-ray-20% after ded	Lab-\$25 ded waived; X-ray-0% after ded	Lab-No charge; X-ray- \$35 after ded
Advanced Radiology	20% after ded	0% after ded	\$100 after ded
Mental Health Outpatient	\$50 ded waived	\$50 ded waived	\$60 ded waived
Substance Abuse Outpatient	\$50 ded waived	\$50 ded waived	Rehab-\$60 ded waived
Emergency Care			
Emergency Room	\$500 ded waived	0% after ded	\$300 (waived if admitted) ded waived
Ambulance	\$500 ded waived	0% after ded	No charge
Urgent Care	\$75 ded waived	\$100 ded waived	\$75 ded waived
Recovery/Special Needs			
Home Health Care	\$25 ded waived; 40 visits/plan yr	\$50 ded waived; 40 visits/plan yr	\$60 ded waived; 40 visits/contr yr
Skilled Nursing	20% after ded; 200 days/plan yr	0% after ded; 200 days/plan yr	\$500/day after ded; \$2,000 max/admit; 200 days/contr yr
Durable Medical Equipment	20% after ded	0% after ded	0% after ded

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 **Gated plan which requires the selection of Primary Care Physician (PCP) and referrals to see specialists.






2018 Summary of Benefits

	 Liberty Advantage Gold EPO 25/45**	 Metro Gold EPO 25/40 NG	 Oxford Metro Gold EPO 25/40**
	In-Network	In-Network	In-Network
Prescription Drugs			
Drug Card	5/45/75/150 ded T2-3	10/65/90/100 ded T2-3	10/65/50%to\$800
Cost Share Information			
Individual/Family Deductible	\$1,500/\$3,000	\$1,250/\$2,500	\$1,250/\$2,500
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$5,500/\$11,000 (incl ded)
Co-Insurance	20%	20%	20%
Office Visits			
Primary Care	\$25 ded waived	\$25 ded waived	\$25 ded waived
Specialist	\$45 ded waived	\$40 ded waived	\$40 ded waived
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$45 ded waived	\$40 ded waived	\$40 ded waived
Inpatient Services			
Inpatient Hospital	20% after ded	20% after ded	20% after ded
Mental Health Inpatient	20% after ded	20% after ded	20% after ded
Substance Abuse Inpatient	Rehab-20% after ded	Rehab-20% after ded	Rehab-20% after ded
Outpatient Services			
Outpatient Facility	20% after ded	Hosp-\$500 after ded; FS- \$200 after ded	Hosp-\$500 after ded; FS- \$200 after ded
Lab/X-Ray	20% after ded	Lab-No charge; X-ray- \$50 after ded	Lab-No charge; X-ray- \$50 after ded
Advanced Radiology	20% after ded	\$150 after ded	\$150 after ded
Mental Health Outpatient	\$45 ded waived	\$40 ded waived	\$40 ded waived
Substance Abuse Outpatient	Rehab-\$45 ded waived	Rehab-\$40 ded waived	Rehab-\$40 ded waived
Emergency Care			
Emergency Room	20% after ded	\$400 (waived if admitted) ded waived	\$500 (waived if admitted) ded waived
Ambulance	No charge	No charge	No charge
Urgent Care	\$75 ded waived	\$65 ded waived	\$65 ded waived
Recovery/Special Needs			
Home Health Care	\$45 ded waived; 40 visits/contr yr	\$40 ded waived; 40 visits/contr yr	\$40 ded waived; 40 visits/contr yr
Skilled Nursing	20% after ded; 200 days/contr yr	20% after ded; 200 days/contr yr	20% after ded; 200 days/contr yr
Durable Medical Equipment	20% after ded	20% after ded	20% after ded

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2018 Summary of Benefits

	 Silver Pro EPO	 Classic Silver EPO 3K	 Classic Silver EPO 4.5K
	In-Network	In-Network	In-Network
Prescription Drugs			
Drug Card	20/60/110	20/50/100	10/50%/50% IntDed T2-3
Cost Share Information			
Individual/Family Deductible	\$2,600/\$5,200	\$3,000/\$6,000	\$4,500/\$9,000
Individual/Family OOP Limit	\$7,300/\$14,600 (incl ded)	\$7,350/\$14,700 (incl ded)	\$7,350/\$14,700 (incl ded)
Co-Insurance	30%	30%	50%
Office Visits			
Primary Care	\$35 ded waived	\$25 ded waived	\$25 ded waived
Specialist	\$70 ded waived	\$75 ded waived	\$75 ded waived
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$70 ded waived	\$75 ded waived	\$75 ded waived
Inpatient Services			
Inpatient Hospital	30% after ded	30% after ded	50% after ded
Mental Health Inpatient	30% after ded	30% after ded	50% after ded
Substance Abuse Inpatient	30% after ded	30% after ded	50% after ded
Outpatient Services			
Outpatient Facility	30% after ded	30% after ded	50% after ded
Lab/X-Ray	PCP-\$35 ded waived; SP-\$70 ded waived	Lab-\$25 ded waived; X-ray-30% after ded	50% after ded
Advanced Radiology	\$70 after ded	30% after ded	50% after ded
Mental Health Outpatient	\$35 ded waived	\$75 ded waived	\$75 ded waived
Substance Abuse Outpatient	\$35 ded waived	\$75 ded waived	\$75 ded waived
Emergency Care			
Emergency Room	\$600 (waived if admitted) after ded	\$500 ded waived	50% after ded
Ambulance	\$300 after ded	\$500 ded waived	50% after ded
Urgent Care	\$70 ded waived	\$100 ded waived	\$100 ded waived
Recovery/Special Needs			
Home Health Care	\$35 after ded; 40 visits/plan yr	\$25 ded waived; 40 visits/plan yr	\$25 ded waived; 40 visits/plan yr
Skilled Nursing	30% after ded; 200 days/plan yr	30% after ded; 200 days/plan yr	50% after ded; 200 days/plan yr
Durable Medical Equipment	30% after ded	30% after ded	50% after ded

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 **Gated plan which requires the selection of Primary Care Physician (PCP) and referrals to see specialists.



2018 Summary of Benefits

	 Simple Silver EPO	 Liberty Advantage Silver EPO 30/70**	 Liberty Silver EPO 40/70 NG
	In-Network	In-Network	In-Network
Prescription Drugs			
Drug Card	10/0%/0% IntDed T2-3	15/50/90/150 ded T2-3	15/45/75/200 ded T2-3
Cost Share Information			
Individual/Family Deductible	\$7,000/\$14,000	\$4,000/\$8,000	\$2,500/\$5,000
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)	\$7,350/\$14,700 (incl ded)	\$7,150/\$14,300 (incl ded)
Co-Insurance	0%	40%	30%
Office Visits			
Primary Care	\$10 ded waived	\$30 ded waived	\$40 ded waived
Specialist	\$50 ded waived	\$70 ded waived	\$70 ded waived
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$50 ded waived	\$70 ded waived	\$70 ded waived
Inpatient Services			
Inpatient Hospital	0% after ded	40% after ded	30% after ded
Mental Health Inpatient	0% after ded	40% after ded	30% after ded
Substance Abuse Inpatient	0% after ded	Rehab-40% after ded	Rehab-30% after ded
Outpatient Services			
Outpatient Facility	0% after ded	40% after ded	30% after ded
Lab/X-Ray	Lab-\$25 ded waived; X-ray-0% after	40% after ded	Lab-\$20 ded waived; X-ray-30% after ded
Advanced Radiology	0% after ded	40% after ded	30% after ded
Mental Health Outpatient	\$50 ded waived	\$70 ded waived	\$70 ded waived
Substance Abuse Outpatient	\$50 ded waived	Rehab-\$70 ded waived	Rehab-\$70 ded waived
Emergency Care			
Emergency Room	0% after ded	40% after ded	\$700 (waived if admitted) ded waived
Ambulance	0% after ded	No charge	No charge
Urgent Care	\$100 ded waived	\$80 ded waived	\$75 ded waived
Recovery/Special Needs			
Home Health Care	\$50 ded waived; 40 visits/plan yr	\$70 ded waived; 40 visits/contr yr	\$70 ded waived; 40 visits/contr yr
Skilled Nursing	0% after ded; 200 days/plan yr	40% after ded; 200 days/contr yr	30% after ded; 200 days/contr yr
Durable Medical Equipment	0% after ded	40% after ded	30% after ded

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 **Gated plan which requires the selection of Primary Care Physician (PCP) and referrals to see specialists.



2018 Summary of Benefits

	 Liberty Prim Adv Silver EPO 2K	 Metro Silver EPO 30/60**	 Bronze Pro EPO HSA
	In-Network	In-Network	In-Network
Prescription Drugs			
Drug Card	15/35/75 IntDed T2-3	10/65/50%to\$800	20%/20%/20% IntDed
Cost Share Information			
Individual/Family Deductible	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)	\$7,150/\$14,300 (incl ded)	\$6,550/\$13,100 (incl ded)
Co-Insurance	30%	30%	20%
Office Visits			
Primary Care	\$25 ded waived	\$30 ded waived	20% after ded
Specialist	\$50 after ded	\$60 ded waived	20% after ded
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$50 after ded	\$60 ded waived	20% after ded
Inpatient Services			
Inpatient Hospital	\$250/day after ded; \$1,250 max/admit	30% after ded	20% after ded
Mental Health Inpatient	\$250/day after ded; \$1,250 max/admit	30% after ded	20% after ded
Substance Abuse Inpatient	Rehab-\$250/day after ded; \$1,250 max/admit	Rehab-30% after ded	20% after ded
Outpatient Services			
Outpatient Facility	Hosp-\$250 after ded; FS- \$150 after ded	30% after ded	20% after ded
Lab/X-Ray	Lab-\$50 after ded; X-ray- \$90 after ded	Lab-No charge; X-ray-30% after ded	20% after ded
Advanced Radiology	Hosp-\$100 after ded; FS-0% after ded	30% after ded	20% after ded
Mental Health Outpatient	\$50 ded waived	\$60 ded waived	20% after ded
Substance Abuse Outpatient	Rehab-\$50 ded waived	Rehab-\$60 ded waived	20% after ded
Emergency Care			
Emergency Room	30% after ded	30% after ded	20% after ded
Ambulance	\$100 after ded	No charge	20% after ded
Urgent Care	\$75 after ded	\$80 ded waived	20% after ded
Recovery/Special Needs			
Home Health Care	\$50 after ded; 40 visits/contr yr	\$60 ded waived; 40 visits/contr yr	20% after ded; 40 visits/plan yr
Skilled Nursing	\$250/day after ded; \$1,250 max/admit; 200 days/contr yr	30% after ded; 200 days/contr yr	20% after ded; 200 days/plan yr
Durable Medical Equipment	\$100 after ded	30% after ded	20% after ded

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 **Gated plan which requires the selection of Primary Care Physician (PCP) and referrals to see specialists.



2018 Summary of Benefits

	oscar Classic Bronze EPO	oscar Simple Bronze EPO	 Liberty Bronze EPO HSA 70% NG
	In-Network	In-Network	In-Network
Prescription Drugs			
Drug Card	20/50/100 IntDed	0%/0%/0% IntDed	30%/30%/30% IntDed
Cost Share Information			
Individual/Family Deductible	\$4,000/\$8,000	\$7,350/\$14,700	\$3,000/\$6,000
Individual/Family OOP Limit	\$7,350/\$14,700 (incl ded)	\$7,350/\$14,700 (incl ded)	\$6,550/\$13,100 (incl ded)
Co-Insurance	50%	0%	30%
Office Visits			
Primary Care	50% after ded	0% after ded	\$25 after ded
Specialist	50% after ded	0% after ded	\$75 after ded
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	50% after ded	0% after ded	\$75 after ded
Inpatient Services			
Inpatient Hospital	50% after ded	0% after ded	30% after ded
Mental Health Inpatient	50% after ded	0% after ded	30% after ded
Substance Abuse Inpatient	50% after ded	0% after ded	Rehab-30% after ded
Outpatient Services			
Outpatient Facility	\$100 after ded	0% after ded	30% after ded
Lab/X-Ray	50% after ded	0% after ded	30% after ded
Advanced Radiology	50% after ded	0% after ded	30% after ded
Mental Health Outpatient	50% after ded	0% after ded	\$75 after ded
Substance Abuse Outpatient	50% after ded	0% after ded	Rehab-\$75 after ded
Emergency Care			
Emergency Room	50% after ded	0% after ded	30% after ded
Ambulance	50% after ded	0% after ded	30% after ded
Urgent Care	\$100 after ded	0% after ded	30% after ded
Recovery/Special Needs			
Home Health Care	50% after ded; 40 visits/plan yr	0% after ded; 40 visits/plan yr	25% after ded; 40 visits/contr yr
Skilled Nursing	50% after ded; 200 days/plan yr	0% after ded; 200 days/plan yr	30% after ded; 200 days/plan yr
Durable Medical Equipment	50% after ded	0% after ded	30% after ded

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2018 Summary of Benefits

	Metro Bronze EPO HSA 100%**
	In-Network
Prescription Drugs	
Drug Card	0%/0%/0% IntDed
Cost Share Information	
Individual/Family Deductible	\$6,550/\$13,100
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)
Co-Insurance	0%
Office Visits	
Primary Care	0% after ded
Specialist	0% after ded
Maternity Prenatal/Postnatal Care	No charge
Chiropractic Care	0% after ded
Inpatient Services	
Inpatient Hospital	0% after ded
Mental Health Inpatient	0% after ded
Substance Abuse Inpatient	Rehab-0% after ded
Outpatient Services	
Outpatient Facility	0% after ded
Lab/X-Ray	0% after ded
Advanced Radiology	0% after ded
Mental Health Outpatient	0% after ded
Substance Abuse Outpatient	Rehab-0% after ded
Emergency Care	
Emergency Room	0% after ded
Ambulance	0% after ded
Urgent Care	0% after ded
Recovery/Special Needs	
Home Health Care	0% after ded; 40 visits/contr yr
Skilled Nursing	0% after ded; 200 days/contr yr
Durable Medical Equipment	0% after ded

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**Gated plan which requires the selection of Primary Care Physician (PCP) and referrals to see specialists.