2026 PLAN YEAR

Oxford Freedom Platinum EPO

Summary of Benefits · Plan #3 · OX_P3 FP · EPO — In-Network Only · No Referrals Required

SINGLE	PARENT / CHILD(REN)	COUPLE	FAMILY
$1,886.77 per month*	**$3,186.66** per month*	**$3,735.14** per month*	**$5,287.34** per month*

ANNUAL DEDUCTIBLE	COINSURANCE (YOUR SHARE)	OUT-OF-POCKET MAXIMUM
$0 Individual / Family — in network	**0%** unless otherwise noted**	**$3,250 / $6,500** Individual / Family — in network

BENEFIT	IN-NETWORK — WHAT YOU PAY
Office Visits (PCP / Specialist)	$20 / $40 copay
Hospital Admission	$400 copay per admission
Emergency Room	$250 copay per visit (in & out of network)
Urgent Care	$50 copay per visit
Prescription Drugs	Generic $5 · Preferred $35 · Non-Preferred $70 — $100 annual Rx deductible (Tiers 2 & 3)
Mental Health	Outpatient: $20 copay per visit · Inpatient: $400 copay per admission
Lab & X-rays	Lab: $60 · X-ray: $90 copay per service · Imaging: Hospital $100 copay per service, $0 elsewhere
Free-Standing Outpatient Facility	$100 copay per service
Hospital-Based Outpatient Facility	$300 copay per service
Major Diagnostic — Freestanding Facility	Lab: $60 · X-ray: $90 copay per service · Imaging: No charge
Major Diagnostic — Hospital	Lab: $60 · X-ray: $90 copay per service · Imaging: $100 copay per service
Dependent Coverage	Covered to age 26
Find a Doctor	Oxford provider lookup: **www.oxhp.com**

Out-of-Network: Not covered, except emergency care. This plan uses the Oxford network exclusively (EPO).

* Rates valid January 1, 2026 – December 31, 2026 and include the monthly administrative/billing fee ($30 employee-only, $50 all other tiers).

** Coinsurance percentages shown are your share of the cost. Unless otherwise noted, coinsurance applies after the annual deductible is met.

This document is a plan summary prepared for comparison purposes only and is not the official Summary of Benefits and Coverage (SBC), policy, or certificate of coverage. It is not a comprehensive list of all benefits, limitations, or exclusions. The official plan documents govern in all cases and are available upon request.

Fage Financial — Enrollment & Plan Questions (845) 499-2255 • info@fagefinancial.com • fagefinancial.com