2026 PLAN YEAR

Oxford Liberty Gold EPO

Summary of Benefits | Plan #2 · OX_P2 LG | EPO — In-Network Only | No Referrals Required

SINGLE	PARENT / CHILD(REN)	COUPLE	FAMILY
$1,519.29 per month*	**$2,561.40** per month*	**$3,000.18** per month*	**$4,235.35** per month*

ANNUAL DEDUCTIBLE	COINSURANCE (YOUR SHARE)	OUT-OF-POCKET MAXIMUM
$1,800 / $3,600 Individual / Family — in network	**30% after deductible** unless otherwise noted**	**$8,000 / $16,000** Individual / Family — in network

BENEFIT	IN-NETWORK — WHAT YOU PAY
Office Visits (PCP / Specialist)	$30 / $60 copay
Hospital Admission	30% coinsurance**
Emergency Room	$500 copay per visit (in & out of network)
Urgent Care	$75 copay per visit
Prescription Drugs	Generic $10 · Preferred $50 · Non-Preferred $90 — $200 annual Rx deductible (Tiers 2 & 3)
Mental Health	Outpatient: $30 copay per visit · Inpatient: 30% coinsurance**
Lab & X-rays	Lab: 50% coinsurance** · X-ray/Imaging: 30% coinsurance**
Free-Standing Outpatient Facility	50% coinsurance**
Hospital-Based Outpatient Facility	30% coinsurance**
Major Diagnostic — Freestanding Facility	Lab: 50% coinsurance** · X-ray/Imaging: 30% coinsurance**
Major Diagnostic — Hospital	Lab: 50% coinsurance** · X-ray/Imaging: 30% coinsurance**
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