

	Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI FAIR CNT		Oxford Freedom F Platinum PPO 5/15 Non-Gated OHI CNT		Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI CNT		Oxford Freedom F Platinum EPO 5/15 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60/100 ded T2-3		5/30/60/100 ded T2-3		5/30/60/100 ded T2-3		5/30/60/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$3,000/\$6,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	\$5,000/\$10,000 (incl ded)	\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	
Co-Insurance	0%	20%	0%	30%	0%	30%	0%	
Office Visits								
Primary Care	\$20	20% after ded	\$5	30% after ded	\$20	30% after ded	\$5	
Specialist	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Inpatient Services								
Inpatient Hospital	\$500/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$500/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Mental Health Inpatient	\$500/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$500/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100; pre-auth req	20% after ded; pre-auth req	Hosp-\$100; FS-\$50; pre-auth req	30% after ded; pre-auth req	Hosp-\$300; FS-\$100; pre-auth req	30% after ded; pre-auth req	Hosp-\$100; FS-\$50	
Lab/X-Ray	Lab-No charge; X-ray-\$90	20% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	
Mental Health Outpatient	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Emergency Care								
Emergency Room	\$200 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	1 x	\$1,156.69	1 x	\$1,028.36	1 x	\$1,005.88	1 x	\$961.05
EE with Spouse	0 x	\$2,313.38	0 x	\$2,056.72	0 x	\$2,011.76	0 x	\$1,922.10
EE with Child(ren)	0 x	\$1,966.37	0 x	\$1,748.21	0 x	\$1,710.00	0 x	\$1,633.79
Family	1 x	\$3,296.57	1 x	\$2,930.83	1 x	\$2,866.76	1 x	\$2,738.99
Monthly Cost	2	\$4,453.26	2	\$3,959.19	2	\$3,872.64	2	\$3,700.04
Annual Cost		\$53,439.12		\$47,510.28		\$46,471.68		\$44,400.48

	Oxford Freedom F Platinum EPO 20/40 Non-Gated OHI CNT		Oxford Freedom F Gold PPO 25/40 Non-Gated OHI CNT		Oxford Freedom F Gold EPO 15/30 Non-Gated OHI CNT		Oxford Freedom F Gold EPO \$50 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60/100 ded T2-3		10/35/75/100 ded T2-3		15/35/75/100 ded T2-3		10/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,000/\$2,000		\$800/\$1,600		\$750/\$1,500	
Individual/Family OOP Limit	\$3,000/\$6,000		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	0%		20%		10%		10%	
Office Visits								
Primary Care	\$20		\$25 ded waived		\$15 ded waived		\$50 ded waived	
Specialist	\$40		\$40 ded waived		\$30 ded waived		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		20% after ded; pre-auth req		10% after ded		\$250/day after ded; \$2,500 max/contr yr	
Mental Health Inpatient	\$500/admit		20% after ded; pre-auth req		10% after ded		\$250/day after ded; \$2,500 max/contr yr	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req		Hosp-\$300 after ded; FS-\$150 after ded		Hosp-\$250 after ded; FS-\$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$25 after ded		Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$80 after ded	
Mental Health Outpatient	\$40		\$40 ded waived		\$30 ded waived		\$50 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$300 (waived if admitted) ded waived		\$400 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived	
Urgent Care	\$50		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Summary of Costs								
Single	1 x	\$942.57	1 x	\$872.89	1 x	\$825.04	1 x	\$817.81
EE with Spouse	0 x	\$1,885.14	0 x	\$1,745.78	0 x	\$1,650.08	0 x	\$1,635.62
EE with Child(ren)	0 x	\$1,602.37	0 x	\$1,483.91	0 x	\$1,402.57	0 x	\$1,390.28
Family	1 x	\$2,686.32	1 x	\$2,487.74	1 x	\$2,351.36	1 x	\$2,330.76
Monthly Cost	2	\$3,628.89	2	\$3,360.63	2	\$3,176.40	2	\$3,148.57
Annual Cost		\$43,546.68		\$40,327.56		\$38,116.80		\$37,782.84

	Oxford Freedom F Gold EPO 25/40 Non-Gated OHI CNT		Oxford Freedom F Silver PPO 40/70 Non-Gated OHI CNT		Oxford Freedom F Silver EPO 40/70 Non-Gated OHI CNT		Oxford Freedom F Gold PPO HSA \$1500 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75/100 ded T2-3		15/45/75/100 ded T2-3		15/45/75/100 ded T2-3		10/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,250/\$2,500		\$2,500/\$5,000		\$2,500/\$5,000		\$1,500/\$3,000	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$6,850/\$13,700 (incl ded)		\$10,000/\$20,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	20%		30%		30%		10%	
Office Visits								
Primary Care	\$25 ded waived		\$40 ded waived		\$40 ded waived		10% after ded	
Specialist	\$40 ded waived		\$70 ded waived		\$70 ded waived		10% after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		30% after ded; pre-auth req		30% after ded		10% after ded; pre-auth req	
Mental Health Inpatient	20% after ded		30% after ded; pre-auth req		30% after ded		10% after ded; pre-auth req	
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded; FS-\$150 after ded		30% after ded; pre-auth req		30% after ded		10% after ded; pre-auth req	
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-30% after ded		Lab-No charge; X-ray-30% after ded		10% after ded	
Mental Health Outpatient	\$40 ded waived		\$70 ded waived		\$70 ded waived		10% after ded	
Emergency Care								
Emergency Room	\$400 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		10% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		10% after ded	
Single	1 x	\$794.03	1 x	\$753.82	1 x	\$696.77	1 x	\$800.27
EE with Spouse	0 x	\$1,588.06	0 x	\$1,507.64	0 x	\$1,393.54	0 x	\$1,600.54
EE with Child(ren)	0 x	\$1,349.85	0 x	\$1,281.49	0 x	\$1,184.51	0 x	\$1,360.46
Family	1 x	\$2,262.99	1 x	\$2,148.39	1 x	\$1,985.79	1 x	\$2,280.77
Monthly Cost	2	\$3,057.02	2	\$2,902.21	2	\$2,682.56	2	\$3,081.04
Annual Cost		\$36,684.24		\$34,826.52		\$32,190.72		\$36,972.48

	Oxford Freedom F Gold EPO HSA \$1500 Non-Gated OHI CNT		Oxford Freedom F Silver PPO HSA \$2000 30/60 Non-Gated OHI CNT		Oxford Freedom F Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT		Oxford Freedom F Silver EPO HSA \$2000 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000		\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$5,500/\$11,000 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	10%		20%	50%	20%		30%	
Office Visits								
Primary Care	10% after ded		\$30 after ded	50% after ded	\$25 after ded		30% after ded	
Specialist	10% after ded		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		30% after ded	
Mental Health Inpatient	10% after ded		20% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	10% after ded		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	50% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 after ded		30% after ded	
Lab/X-Ray	10% after ded		20% after ded	50% after ded	Lab-20% after ded; X-ray-\$90 after ded		30% after ded	
Mental Health Outpatient	10% after ded		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Emergency Care								
Emergency Room	10% after ded		20% after ded	Paid as in-network	\$250 (waived if admitted) after ded		30% after ded	
Urgent Care	10% after ded		\$75 after ded	50% after ded	\$75 after ded		30% after ded	
Single	1 x \$744.83		1 x \$710.43		1 x \$666.51		1 x \$630.11	
EE with Spouse	0 x \$1,489.66		0 x \$1,420.86		0 x \$1,333.02		0 x \$1,260.22	
EE with Child(ren)	0 x \$1,266.21		0 x \$1,207.73		0 x \$1,133.07		0 x \$1,071.19	
Family	1 x \$2,122.77		1 x \$2,024.73		1 x \$1,899.55		1 x \$1,795.81	
Monthly Cost	2 \$2,867.60		2 \$2,735.16		2 \$2,566.06		2 \$2,425.92	
Annual Cost	\$34,411.20		\$32,821.92		\$30,792.72		\$29,111.04	

Prepared For: **Oxford 2017 1st qtr Freedom NY**

New York County, NY 10001

Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

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SIC: 0000

Oxford Freedom F Bronze EPO HSA \$5500 Non-Gated OHI CNT		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/40/80 IntDed	
Cost Share Information		
Individual/Family Deductible	\$5,500/\$11,000	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)	
Co-Insurance	30%	
Office Visits		
Primary Care	30% after ded	
Specialist	30% after ded	
Inpatient Services		
Inpatient Hospital	30% after ded	
Mental Health Inpatient	30% after ded	
Outpatient Services		
Outpatient Facility	30% after ded	
Lab/X-Ray	30% after ded	
Mental Health Outpatient	30% after ded	
Emergency Care		
Emergency Room	30% after ded	
Urgent Care	30% after ded	
Single	1 x	\$548.17
EE with Spouse	0 x	\$1,096.34
EE with Child(ren)	0 x	\$931.89
Family	1 x	\$1,562.28
Monthly Cost	2	\$2,110.45
Annual Cost		\$25,325.40