

	Oxford Freedom NY P FRDM NG 20/40/100 PPO FAIR 24 CNT (PPO) (UCR=80fh%)		Oxford Freedom NY P FRDM NG 5/15/100 PPO 24 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 20/40/100 PPO 24 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 5/15/100 EPO 24 CNT (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A	\$10,000/\$20,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,250/\$6,500	\$25,000/\$50,000 (incl ded)	\$3,750/\$7,500	\$5,500/\$11,000 (incl ded)	\$3,250/\$6,500	\$8,000/\$16,000 (incl ded)	\$3,750/\$7,500	
Co-Insurance	0%	20%	0%	30%	0%	30%	0%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
Inpatient Hospital	\$400/admit	20% after ded	\$200/admit	30% after ded	\$400/admit	30% after ded	\$200/admit	
Mental Health Inpatient	\$400/admit	20% after ded	\$200/admit	30% after ded	\$400/admit	30% after ded	\$200/admit	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$300; FS-\$100	20% after ded; pre-auth req	Hosp-\$100; FS-\$50	30% after ded; pre-auth req	Hosp-\$300; FS-\$100	30% after ded; pre-auth req	Hosp-\$100; FS-\$50	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$90	Lab-Not covered; X-ray-20% after ded	Lab-No charge/\$60 (D/ND); X-ray-\$90	Lab-Not covered; X-ray-30% after ded	Lab-No charge/\$60 (D/ND); X-ray-\$90	Lab-Not covered; X-ray-30% after ded	Lab-No charge/\$60 (D/ND); X-ray-\$90	
Mental Health Outpatient	\$20	20% after ded	5	30% after ded	\$20	30% after ded	\$5	
<b>Emergency Care</b>								
Emergency Room	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	2 x \$1,952.29		2 x \$1,665.34		2 x \$1,630.32		2 x \$1,605.72	
EE with Spouse	0 x \$3,904.58		0 x \$3,330.68		0 x \$3,260.64		0 x \$3,211.44	
EE with Child(ren)	0 x \$3,318.89		0 x \$2,831.08		0 x \$2,771.54		0 x \$2,729.72	
Family	0 x \$5,564.03		0 x \$4,746.22		0 x \$4,646.41		0 x \$4,576.30	
Monthly Cost	2 \$3,904.58		2 \$3,330.68		2 \$3,260.64		2 \$3,211.44	
Annual Cost	\$46,854.96		\$39,968.16		\$39,127.68		\$38,537.28	

	Oxford Freedom NY P FRDM NG 20/40/100 EPO 24 CNT (EPO) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/50/100 EPO ZD 24 CNT (EPO) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/40/1500/80 PPO 24 CNT (PPOc) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 50/50/1000/90 EPO 24 CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	5/35/70/100 ded T2-3		10/65/95/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		N/A		\$1,500/\$3,000	\$4,000/\$8,000	\$1,000/\$2,000	
Individual/Family OOP Limit	\$3,250/\$6,500		\$7,000/\$14,000		\$7,250/\$14,500 (incl ded)	\$10,500/\$21,000 (incl ded)	\$6,700/\$13,400 (incl ded)	
Co-Insurance	0%		0%		20%	40%	10%	
<b>Office Visits</b>								
Primary Care	\$20		\$25		\$25 ded waived	40% after ded	\$50 ded waived	
Specialist	\$40		\$50		\$40 ded waived	40% after ded	\$50 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$400/admit		\$500/admit		20% after ded	40% after ded	\$250/day after ded; \$2,500 max/admit	
Mental Health Inpatient	\$400/admit		\$500/admit		20% after ded	40% after ded	\$250/day after ded; \$2,500 max/admit	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$300; FS-\$100		Hosp-\$500; FS-\$150		Hosp-\$250 after ded; FS-\$150 after ded	40% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 after ded	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$90		Lab-No charge/\$60 (D/ND); X-ray-\$50		Lab-No charge/50% after ded (D/ND); X-ray-\$25 after ded	Lab-Not covered; X-ray-40% after ded	Lab-No charge/50% after ded (D/ND); X-ray-\$80 after ded	
Mental Health Outpatient	\$20		\$25		\$25 ded waived	40% after ded	\$50 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$250 (waived if admitted)		\$750 (waived if admitted)		\$500 (waived if admitted) ded waived	Paid as in-network	\$500 (waived if admitted) ded waived	
Urgent Care	\$50		\$50		\$75 ded waived	40% after ded	\$75 ded waived	
Single	2 x \$1,574.31		2 x \$1,432.23		2 x \$1,388.03		2 x \$1,347.87	
EE with Spouse	0 x \$3,148.62		0 x \$2,864.46		0 x \$2,776.06		0 x \$2,695.74	
EE with Child(ren)	0 x \$2,676.33		0 x \$2,434.79		0 x \$2,359.65		0 x \$2,291.38	
Family	0 x \$4,486.78		0 x \$4,081.86		0 x \$3,955.89		0 x \$3,841.43	
Monthly Cost	2 \$3,148.62		2 \$2,864.46		2 \$2,776.06		2 \$2,695.74	
Annual Cost	\$37,783.44		\$34,373.52		\$33,312.72		\$32,348.88	

	Oxford Freedom NY G FRDM NG 15/35/1750/90 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/40/1750/80 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 1600/90 PPO HSA 24 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 30/60/2250/70 EPO 24 CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80 IntDed		10/40/80/150 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,750/\$3,500		\$1,750/\$3,500		\$1,600/\$3,200 (cal yr)	\$4,000/\$8,000 (cal yr)	\$2,250/\$4,500	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$6,500/\$13,000 (incl ded)		\$5,750/\$11,500 (incl ded)	\$10,500/\$21,000 (incl ded)	\$8,250/\$16,500 (incl ded)	
Co-Insurance	10%		20%		10%	40%	30%	
<b>Office Visits</b>								
Primary Care	\$15 ded waived		\$25 ded waived		10% after ded	40% after ded	\$30 ded waived	
Specialist	\$35 ded waived		\$40 ded waived		10% after ded	40% after ded	\$60 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		20% after ded		10% after ded	40% after ded	30% after ded	
Mental Health Inpatient	10% after ded		20% after ded		10% after ded	40% after ded	30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$300 after ded; FS-\$150 after ded		Hosp-\$250 after ded; FS-\$150 after ded		10% after ded	40% after ded	30% after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-\$80 after ded		Lab-No charge/50% after ded (D/ND); X-ray-\$80 after ded		10% after ded	Lab-Not covered; X-ray-40% after ded	Lab-No charge/50% after ded (D/ND); X-ray-30% after ded	
Mental Health Outpatient	\$15 ded waived		\$25 ded waived		10% after ded	40% after ded	\$30 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		50% after ded	Paid as in-network	\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		10% after ded	40% after ded	\$75 ded waived	
Single	2 x \$1,343.38		2 x \$1,333.22		2 x \$1,286.58		2 x \$1,276.33	
EE with Spouse	0 x \$2,686.76		0 x \$2,666.44		0 x \$2,573.16		0 x \$2,552.66	
EE with Child(ren)	0 x \$2,283.75		0 x \$2,266.47		0 x \$2,187.19		0 x \$2,169.76	
Family	0 x \$3,828.63		0 x \$3,799.68		0 x \$3,666.75		0 x \$3,637.54	
Monthly Cost	2 \$2,686.76		2 \$2,666.44		2 \$2,573.16		2 \$2,552.66	
Annual Cost	\$32,241.12		\$31,997.28		\$30,877.92		\$30,631.92	

	Oxford Freedom NY S FRDM NG 50/100/100 EPO ZD 24 CNT (EPO) (UCR=N/A)		Oxford Freedom NY G FRDM NG 2000/100 EPO HSA PR 24 CNT (HSA) (UCR=N/A)		Oxford Freedom NY G FRDM NG 1600/90 EPO HSA 24 CNT (HSA) (UCR=N/A)		Oxford Freedom NY S FRDM NG 40/80/3250/60 PPO 24 CNT (PPOc) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/65/95/200 ded T2-3		10/40/80 IntDed		10/40/80 IntDed		10/50/90/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$2,000/\$4,000		\$1,600/\$3,200		\$3,250/\$6,500	\$6,000/\$12,000
Individual/Family OOP Limit	\$9,450/\$18,900		\$7,050/\$14,100 (incl ded)		\$5,750/\$11,500 (incl ded)		\$9,450/\$18,900 (incl ded)	\$15,500/\$31,000 (incl ded)
Co-Insurance	0%		0%		10%		40%	50%
<b>Office Visits</b>								
Primary Care	\$50		0% after ded		10% after ded		\$40 ded waived	50% after ded
Specialist	\$100		0% after ded		10% after ded		\$80 ded waived	50% after ded
<b>Inpatient Services</b>								
Inpatient Hospital	\$2,800/admit		0% after ded		10% after ded		40% after ded	50% after ded
Mental Health Inpatient	\$2,800/admit		0% after ded		10% after ded		40% after ded	50% after ded
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$500; FS-\$250		0% after ded		10% after ded		40% after ded	50% after ded
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$200		0% after ded		10% after ded		Lab-No charge/50% after ded (D/ND); X-ray-40% after ded	Lab-Not covered; X-ray-50% after ded
Mental Health Outpatient	\$50		0% after ded		10% after ded		\$40 ded waived	50% after ded
<b>Emergency Care</b>								
Emergency Room	\$1,500 (waived if admitted)		50% after ded		50% after ded		50% after ded	Paid as in-network
Urgent Care	\$100		0% after ded		10% after ded		\$75 ded waived	50% after ded
Single	2 x \$1,264.23		2 x \$1,240.69		2 x \$1,238.81		2 x \$1,162.46	
EE with Spouse	0 x \$2,528.46		0 x \$2,481.38		0 x \$2,477.62		0 x \$2,324.92	
EE with Child(ren)	0 x \$2,149.19		0 x \$2,109.17		0 x \$2,105.98		0 x \$1,976.18	
Family	0 x \$3,603.06		0 x \$3,535.97		0 x \$3,530.61		0 x \$3,313.01	
Monthly Cost	2 \$2,528.46		2 \$2,481.38		2 \$2,477.62		2 \$2,324.92	
Annual Cost	\$30,341.52		\$29,776.56		\$29,731.44		\$27,899.04	

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	Oxford Freedom NY S FRDM NG 30/60/2250/70 PPO HSA 24 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY S FRDM NG 40/80/3250/60 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY S FRDM NG 30/60/3000/80 EPO HSA 24 CNT (HSA) (UCR=N/A)		Oxford Freedom NY S FRDM NG 2500/60 EPO HSA 24 CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/40/80 IntDed		10/50/90/200 ded T2-3		10/40/80 IntDed		10/40/80 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$2,250/\$4,500	\$6,000/\$12,000	\$3,250/\$6,500		\$3,000/\$6,000		\$2,500/\$5,000	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)	\$15,500/\$31,000 (incl ded)	\$9,450/\$18,900 (incl ded)		\$7,150/\$14,300 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	30%	50%	40%		20%		40%	
<b>Office Visits</b>								
Primary Care	\$30 after ded	50% after ded	\$40 ded waived		\$30 after ded		40% after ded	
Specialist	\$60 after ded	50% after ded	\$80 ded waived		\$60 after ded		40% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	30% after ded	50% after ded	40% after ded		20% after ded		40% after ded	
Mental Health Inpatient	30% after ded	50% after ded	40% after ded		20% after ded		40% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$250 after ded; FS-\$150 after ded	50% after ded; pre-auth req	40% after ded		Hosp-\$250 after ded; FS-\$150 after ded		40% after ded	
Lab/X-Ray	30% after ded	Lab-Not covered; X-ray-50% after ded	Lab-No charge/50% after ded (D/ND); X-ray-40% after ded		Lab-20% after ded; X-ray-\$90 after ded		40% after ded	
Mental Health Outpatient	\$30 after ded	50% after ded	\$40 ded waived		\$30 after ded		40% after ded	
<b>Emergency Care</b>								
Emergency Room	50% after ded	Paid as in-network	50% after ded		\$500 (waived if admitted) after ded		50% after ded	
Urgent Care	\$75 after ded	50% after ded	\$75 ded waived		\$75 after ded		40% after ded	
Single	2 x \$1,128.71		2 x \$1,119.44		2 x \$1,087.64		2 x \$1,053.23	
EE with Spouse	0 x \$2,257.42		0 x \$2,238.88		0 x \$2,175.28		0 x \$2,106.46	
EE with Child(ren)	0 x \$1,918.81		0 x \$1,903.05		0 x \$1,848.99		0 x \$1,790.49	
Family	0 x \$3,216.82		0 x \$3,190.40		0 x \$3,099.77		0 x \$3,001.71	
Monthly Cost	2 \$2,257.42		2 \$2,238.88		2 \$2,175.28		2 \$2,106.46	
Annual Cost	\$27,089.04		\$26,866.56		\$26,103.36		\$25,277.52	

Prepared For: **Oxford 2024 4th qtr Freedom NY City**

New York County, NY 10001

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

**Health Plan Comparison Report (4L)**

Effective Date: 10/01/2024

Prepared On: 09/10/2024

Report ID: 39136207

SIC: 0000

<b>Oxford Freedom NY B FRDM NG 5000/50 EPO HSA 24 CNT (HSA) (UCR=N/A)</b>		
	<b>In-Network</b>	<b>Out-Network</b>
<b>Prescription Drugs</b>		
Drug Card	10/40/80 IntDed	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$5,000/\$10,000	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)	
Co-Insurance	50%	
<b>Office Visits</b>		
Primary Care	50% after ded	
Specialist	50% after ded	
<b>Inpatient Services</b>		
Inpatient Hospital	50% after ded	
Mental Health Inpatient	50% after ded	
<b>Outpatient Services</b>		
Outpatient Facility	50% after ded	
Lab/X-Ray	50% after ded	
Mental Health Outpatient	50% after ded	
<b>Emergency Care</b>		
Emergency Room	50% after ded	
Urgent Care	50% after ded	
Single	2 x	\$981.34
EE with Spouse	0 x	\$1,962.68
EE with Child(ren)	0 x	\$1,668.28
Family	0 x	\$2,796.82
Monthly Cost	2	\$1,962.68
Annual Cost		\$23,552.16

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