Prepared For: **Oxford 2024 4th qtr Liberty Nassau Suffolk**
Nassau County, NY 11565
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: 39136227 SIC: 0000

	Oxford Liberty NY P LBTY NG 5/35/500/100 EPO PD 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY P LBTY GT 10/25/250/90 EPO LA 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 25/50/100 EPO ZD 24 CNT (EPO) (UCR=N/A)		Oxford Liberty NY G LBTY NG 20/40/1500/80 EPO PD 24 CNT (EPOc) (UCR=N/A)	
	In-Network	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**
Prescription Drugs								
Drug Card	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	$500/$1,000		$250/$500		N/A		$1,500/$3,000	
Individual/Family OOP Limit	$2,450/$4,900 (incl ded)		$2,750/$5,500 (incl ded)		$7,000/$14,000		$8,750/$17,500 (incl ded)	
Co-Insurance	0%		10%		0%		20%	
Office Visits								
Primary Care	D-$5 ded waived; ND-$25 ded waived		$10 ded waived		$25		D-$20 ded waived; ND-$40 ded waived	
Specialist	D-$35 ded waived; ND-$70 ded waived		$25 ded waived		$50		D-$40 ded waived; ND-$80 ded waived	
Inpatient Services								
Inpatient Hospital	0% after ded		10% after ded		$500/admit		20% after ded	
Mental Health Inpatient	0% after ded		10% after ded		$500/admit		20% after ded	
Outpatient Services								
Outpatient Facility	0% after ded		10% after ded		Hosp-$500; FS-$150		20% after ded	
Lab/X-Ray	Lab-50% after ded; X-ray-0% after ded		Lab-No charge/50% after ded (D/ND); X-ray-10% after ded		Lab-No charge/$60 (D/ND); X-ray-$50		Lab-50% after ded; X-ray-20% after ded	
Mental Health Outpatient	$5 ded waived		$10 ded waived		$25		$20 ded waived	
Emergency Care								
Emergency Room	$250 ded waived		50% after ded		$750 (waived if admitted)		$500 ded waived	
Urgent Care	$75 ded waived		$30 ded waived		$50		$75 ded waived	
Single	2 x $1,480.30		2 x $1,404.77		2 x $1,383.53		2 x $1,257.94	
EE with Spouse	0 x $2,960.60		0 x $2,809.54		0 x $2,767.06		0 x $2,515.88	
EE with Child(ren)	0 x $2,516.51		0 x $2,388.11		0 x $2,352.00		0 x $2,138.50	
Family	0 x $4,218.86		0 x $4,003.59		0 x $3,943.06		0 x $3,585.13	
Monthly Cost	2 $2,960.60		2 $2,809.54		2 $2,767.06		2 $2,515.88	
Annual Cost	$35,527.20		$33,714.48		$33,204.72		$30,190.56	

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	Oxford Liberty NY G LBTY GT 30/60/1250/100 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/1800/70 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 50/100/100 EPO ZD 24 CNT (EPO) (UCR=N/A)		Oxford Liberty NY G LBTY NG 1600/90 EPO HSA PR 24 CNT (HSA) (UCR=N/A)	
	In-Network	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**
Prescription Drugs								
Drug Card	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		15/65/95/200 ded T2-3		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	$1,250/$2,500		$1,800/$3,600		N/A		$1,600/$3,200	
Individual/Family OOP Limit	$7,000/$14,000 (incl ded)		$8,000/$16,000 (incl ded)		$9,450/$18,900		$5,750/$11,500 (incl ded)	
Co-Insurance	0%		30%		0%		10%	
Office Visits								
Primary Care	$30 ded waived		$30 ded waived		$50		10% after ded	
Specialist	$60 ded waived		$60 ded waived		$100		10% after ded	
Inpatient Services								
Inpatient Hospital	$500/day after ded; $2,000 max/admit		30% after ded		$2,800/admit		10% after ded	
Mental Health Inpatient	$500/day after ded; $2,000 max/admit		30% after ded		$2,800/admit		10% after ded	
Outpatient Services								
Outpatient Facility	Hosp-$250 after ded; FS-$150 after ded		30% after ded		Hosp-$500; FS-$250		10% after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-$35 after ded		Lab-No charge/50% after ded (D/ND); X-ray-30% after ded		Lab-No charge/$60 (D/ND); X-ray-$200		10% after ded	
Mental Health Outpatient	$30 ded waived		$30 ded waived		$50		10% after ded	
Emergency Care								
Emergency Room	$500 (waived if admitted) ded waived		$500 (waived if admitted) ded waived		$1,500 (waived if admitted)		50% after ded	
Urgent Care	$75 ded waived		$75 ded waived		$100		10% after ded	
Single	2 x $1,253.72		2 x $1,236.71		2 x $1,225.24		2 x $1,199.41	
EE with Spouse	0 x $2,507.44		0 x $2,473.42		0 x $2,450.48		0 x $2,398.82	
EE with Child(ren)	0 x $2,131.32		0 x $2,102.41		0 x $2,082.91		0 x $2,039.00	
Family	0 x $3,573.10		0 x $3,524.62		0 x $3,491.93		0 x $3,418.32	
Monthly Cost	2 $2,507.44		2 $2,473.42		2 $2,450.48		2 $2,398.82	
Annual Cost	$30,089.28		$29,681.04		$29,405.76		$28,785.84	

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	Oxford Liberty NY S LBTY NG 40/80/3250/60 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 25/45/5000/50 EPO PD 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/75/4000/50 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/60/3000/80 EPO HSA 24 CNT (HSA) (UCR=N/A)	
	In-Network	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**
Prescription Drugs								
Drug Card	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/50%to$800/200 ded T2-3		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	$3,250/$6,500		$5,000/$10,000		$4,000/$8,000		$3,000/$6,000	
Individual/Family OOP Limit	$9,450/$18,900 (incl ded)		$9,450/$18,900 (incl ded)		$9,450/$18,900 (incl ded)		$7,150/$14,300 (incl ded)	
Co-Insurance	40%		50%		50%		20%	
Office Visits								
Primary Care	$40 ded waived		D-$25 ded waived; ND-$45 ded waived		$30 ded waived		$30 after ded	
Specialist	$80 ded waived		D-$45 ded waived; ND-$75 ded waived		$75 ded waived		$60 after ded	
Inpatient Services								
Inpatient Hospital	40% after ded		50% after ded		50% after ded		20% after ded	
Mental Health Inpatient	40% after ded		50% after ded		50% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	40% after ded		50% after ded		50% after ded		Hosp-$250 after ded; FS-$150 after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-40% after ded		Lab-50% after ded; X-ray-50% after ded		Lab-No charge/50% after ded (D/ND); X-ray-50% after ded		Lab-20% after ded; X-ray-$90 after ded	
Mental Health Outpatient	$40 ded waived		$25 ded waived		$30 ded waived		$30 after ded	
Emergency Care								
Emergency Room	50% after ded		50% after ded		$600 (waived if admitted) after ded		$500 (waived if admitted) after ded	
Urgent Care	$75 ded waived		$75 ded waived		$80 ded waived		$75 after ded	
Single	2 x $1,084.36		2 x $1,078.83		2 x $1,069.13		2 x $1,052.72	
EE with Spouse	0 x $2,168.72		0 x $2,157.66		0 x $2,138.26		0 x $2,105.44	
EE with Child(ren)	0 x $1,843.41		0 x $1,834.01		0 x $1,817.52		0 x $1,789.62	
Family	0 x $3,090.43		0 x $3,074.67		0 x $3,047.02		0 x $3,000.25	
Monthly Cost	2 $2,168.72		2 $2,157.66		2 $2,138.26		2 $2,105.44	
Annual Cost	$26,024.64		$25,891.92		$25,659.12		$25,265.28	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Oxford Liberty NY S LBTY GT 30/60/4500/50 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 4000/80 EPO HSA PR 24 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 30/60/6750/80 PPO HSA 24 CNT (HSA) (UCR=140mc%)		Oxford Liberty NY B LBTY NG 7250/100 EPO HSA 24 CNT (HSA) (UCR=N/A)	
	In-Network	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**
Prescription Drugs								
Drug Card	10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90 IntDed		0%/0%/0% IntDed	
Cost Share Information								
Individual/Family Deductible	$4,500/$9,000		$4,000/$8,000		$6,750/$13,500	$12,500/$25,000	$7,250/$14,500	
Individual/Family OOP Limit	$9,450/$18,900 (incl ded)		$8,000/$16,000 (incl ded)		$8,000/$16,000 (incl ded)	$31,250/$62,500 (incl ded)	$7,250/$14,500 (incl ded)	
Co-Insurance	50%		20%		20%	20%	0%	
Office Visits								
Primary Care	$30 ded waived		20% after ded		$30 after ded	20% after ded	0% after ded	
Specialist	$60 ded waived		20% after ded		$60 after ded	20% after ded	0% after ded	
Inpatient Services								
Inpatient Hospital	50% after ded		20% after ded		20% after ded	20% after ded	0% after ded	
Mental Health Inpatient	50% after ded		20% after ded		20% after ded	20% after ded	0% after ded	
Outpatient Services								
Outpatient Facility	50% after ded		20% after ded		20% after ded	20% after ded	0% after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-50% after ded		20% after ded		20% after ded	Lab-Not covered; X-ray-20% after ded	0% after ded	
Mental Health Outpatient	$30 ded waived		20% after ded		$30 after ded	20% after ded	0% after ded	
Emergency Care								
Emergency Room	50% after ded		50% after ded		50% after ded	Paid as in-network	0% after ded	
Urgent Care	$80 ded waived		20% after ded		20% after ded	20% after ded	0% after ded	
Single	2 x $1,046.50		2 x $996.57		2 x $973.89		2 x $960.62	
EE with Spouse	0 x $2,093.00		0 x $1,993.14		0 x $1,947.78		0 x $1,921.24	
EE with Child(ren)	0 x $1,779.05		0 x $1,694.17		0 x $1,655.61		0 x $1,633.05	
Family	0 x $2,982.53		0 x $2,840.22		0 x $2,775.59		0 x $2,737.77	
Monthly Cost	2 $2,093.00		2 $1,993.14		2 $1,947.78		2 $1,921.24	
Annual Cost	$25,116.00		$23,917.68		$23,373.36		$23,054.88	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Oxford Liberty NY B LBTY NG 25/75/5750/70 EPO HSA 24 CNT (HSA) (UCR=N/A)	
	In-Network	**Out-Network**
Prescription Drugs		
Drug Card	30%/30%/30% IntDed	
Cost Share Information		
Individual/Family Deductible	$5,750/$11,500	
Individual/Family OOP Limit	$8,000/$16,000 (incl ded)	
Co-Insurance	30%	
Office Visits		
Primary Care	$25 after ded	
Specialist	$75 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	$25 after ded	
Emergency Care		
Emergency Room	50% after ded	
Urgent Care	30% after ded	

Single	2 x	$945.20
EE with Spouse	0 x	$1,890.40
EE with Child(ren)	0 x	$1,606.84
Family	0 x	$2,693.82
Monthly Cost	2	$1,890.40
Annual Cost		$22,684.80