

Prepared For: Oxford 2016 3rd qtr Freedom
New York County, NY 10001

Health Plan Comparison Report (4L)

Effective Date: 07/01/2016

Prepared On: 4/25/2016

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

Report ID: 30777130

SIC: 0000

	Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI FAIR CNT (PPO) (UCR=80fh%)		Oxford Freedom F Platinum PPO 5/15 Non-Gated OHI CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum EPO 5/15 Non-Gated OHI CNT (EPO) (UCR=N/A)	
	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	N/A	20%	N/A	30%	N/A	30%	N/A	
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	20% after ded	\$150/admit	30% after ded	\$500/admit	30% after ded	\$150/admit	
Mental Health Inpatient	\$500/admit	20% after ded	\$150/admit	30% after ded	\$500/admit	30% after ded	\$150/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300 FS-\$100	20% after ded	Hosp-\$100 FS-\$50	30% after ded	Hosp-\$300 FS-\$100	30% after ded	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	\$100 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$100 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	1 x	\$1,155.81	1 x	\$1,033.33	1 x	\$1,005.05	1 x	\$947.16
EE with Spouse	0 x	\$2,311.62	0 x	\$2,066.65	0 x	\$2,010.11	0 x	\$1,894.33
EE with Child(ren)	0 x	\$1,964.88	0 x	\$1,756.66	0 x	\$1,708.59	0 x	\$1,610.18
Family	1 x	\$3,294.06	1 x	\$2,944.98	1 x	\$2,864.40	1 x	\$2,699.41
Monthly Cost	2	\$4,449.87	2	\$3,978.31	2	\$3,869.45	2	\$3,646.57
Annual Cost		\$53,398.44		\$47,739.72		\$46,433.40		\$43,758.84

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	Oxford Freedom F Platinum EPO 20/40 Non-Gated OHI CNT (EPO) (UCR=N/A)		Oxford Freedom F Gold PPO 25/40 Non-Gated OHI CNT (PPOc) (UCR=140mc%)		Oxford Freedom F Gold EPO 15/30 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold EPO 25/40 Non-Gated OHI 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	5/30/60/100 ded T2-3		10/35/75/100 ded T2-3		10/35/75/100 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		\$1,250/\$2,500	
Individual/Family OOP Limit	\$3,000/\$6,000		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$5,000/\$10,000 (incl ded)	
Co-Insurance	N/A		20%		10%		20%	
Office Visits								
Primary Care	\$20		\$25 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$40		\$40 ded waived		\$30 ded waived		\$40 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		20% after ded		10% after ded		20% after ded	
Mental Health Inpatient	\$500/admit		20% after ded		10% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$300 FS-\$100		Hosp-\$250 after ded FS-\$150 after ded		Hosp-\$250 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-20% after ded		Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived	
Mental Health Outpatient	\$40		\$40 ded waived		\$30 ded waived		\$40 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$300 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived	
Urgent Care	\$50		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x	\$924.52	1 x	\$871.14	1 x	\$812.60	1 x	\$779.71
EE with Spouse	0 x	\$1,849.04	0 x	\$1,742.28	0 x	\$1,625.21	0 x	\$1,559.42
EE with Child(ren)	0 x	\$1,571.69	0 x	\$1,480.94	0 x	\$1,381.43	0 x	\$1,325.50
Family	1 x	\$2,634.88	1 x	\$2,482.75	1 x	\$2,315.92	1 x	\$2,222.17
Monthly Cost	2	\$3,559.40	2	\$3,353.89	2	\$3,128.52	2	\$3,001.88
Annual Cost		\$42,712.80		\$40,246.68		\$37,542.24		\$36,022.56

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	Oxford Freedom F Gold EPO \$50 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold PPO HSA \$1500 Non-Gated OHI CNT (HSA) (UCR=140mc%)		Oxford Freedom F Gold EPO HSA \$1500 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Freedom F Silver PPO 40/70 Non-Gated OHI CNT (PPOc) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75/100 ded T2-3		10/35/75 IntDed		10/35/75 IntDed		15/45/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$750/\$1,500		\$1,500/\$3,000	\$3,000/\$6,000	\$1,500/\$3,000		\$2,000/\$4,000	\$4,000/\$8,000
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$2,000/\$4,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$2,000/\$4,000 (incl ded)		\$6,600/\$13,200 (incl ded)	\$10,000/\$20,000 (incl ded)
Co-Insurance	10%		10%	40%	10%		30%	50%
Office Visits								
Primary Care	\$50 ded waived		10% after ded	40% after ded	10% after ded		\$40 ded waived	50% after ded
Specialist	\$50 ded waived		10% after ded	40% after ded	10% after ded		\$70 ded waived	50% after ded
Inpatient Services								
Inpatient Hospital	\$250/day after ded; \$2,500 max/contr yr		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
Mental Health Inpatient	\$250/day after ded; \$2,500 max/contr yr		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded FS- \$150 after ded		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
Lab/X-Ray	Lab-No charge; X-ray-\$90 ded waived		10% after ded	40% after ded	10% after ded		Lab-No charge; X-ray-30% after ded	50% after ded
Mental Health Outpatient	\$50 ded waived		10% after ded	40% after ded	10% after ded		\$70 ded waived	50% after ded
Emergency Care								
Emergency Room	\$300 (waived if admitted) ded waived		10% after ded	Paid as in-network	10% after ded		\$500 (waived if admitted) ded waived	Paid as in-network
Urgent Care	\$75 ded waived		10% after ded	40% after ded	10% after ded		\$75 ded waived	50% after ded
Single	1 x \$797.61		1 x \$839.03		1 x \$767.01		1 x \$751.71	
EE with Spouse	0 x \$1,595.22		0 x \$1,678.05		0 x \$1,534.03		0 x \$1,503.42	
EE with Child(ren)	0 x \$1,355.94		0 x \$1,426.34		0 x \$1,303.92		0 x \$1,277.90	
Family	1 x \$2,273.18		1 x \$2,391.23		1 x \$2,185.99		1 x \$2,142.37	
Monthly Cost	2 \$3,070.79		2 \$3,230.26		2 \$2,953.00		2 \$2,894.08	
Annual Cost	\$36,849.48		\$38,763.12		\$35,436.00		\$34,728.96	

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	Oxford Freedom F Silver EPO 40/70 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Silver PPO HSA \$2000 30/60 Non-Gated OHI CNT (HSA) (UCR=140mc%)		Oxford Freedom F Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Freedom F Silver EPO HSA \$2000 Non-Gated OHI 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	15/45/75/100 ded T2-3		15/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000		\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$4,500/\$9,000 (incl ded)		\$6,400/\$12,800 (incl ded)	
Co-Insurance	30%		10%	50%	20%		30%	
Office Visits								
Primary Care	\$40 ded waived		\$30 after ded	50% after ded	\$25 after ded		30% after ded	
Specialist	\$70 ded waived		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		10% after ded	50% after ded	20% after ded		30% after ded	
Mental Health Inpatient	30% after ded		10% after ded	50% after ded	20% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		Hosp-\$250 after ded FS-\$150 after ded	50% after ded	Hosp-\$250 after ded FS-\$150 after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded		10% after ded	50% after ded	Lab-20% after ded; X-ray-\$90 after ded		30% after ded	
Mental Health Outpatient	\$70 ded waived		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		10% after ded	Paid as in-network	\$250 (waived if admitted) after ded		30% after ded	
Urgent Care	\$75 ded waived		\$75 after ded	50% after ded	\$75 after ded		30% after ded	
Single	1 x \$679.72		1 x \$718.76		1 x \$659.17		1 x \$609.20	
EE with Spouse	0 x \$1,359.43		0 x \$1,437.51		0 x \$1,318.33		0 x \$1,218.40	
EE with Child(ren)	0 x \$1,155.52		0 x \$1,221.88		0 x \$1,120.59		0 x \$1,035.64	
Family	1 x \$1,937.19		1 x \$2,048.46		1 x \$1,878.63		1 x \$1,736.22	
Monthly Cost	2 \$2,616.91		2 \$2,767.22		2 \$2,537.80		2 \$2,345.42	
Annual Cost	\$31,402.92		\$33,206.64		\$30,453.60		\$28,145.04	

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Oxford Freedom F Bronze EPO HSA \$5000 Non-Gated OHI CNT (HSA) (UCR=N/A)		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/40/80 IntDed	
Cost Share Information		
Individual/Family Deductible	\$5,000/\$10,000	
Individual/Family OOP Limit	\$6,350/\$12,700 (incl ded)	
Co-Insurance	20%	
Office Visits		
Primary Care	20% after ded	
Specialist	20% after ded	
Inpatient Services		
Inpatient Hospital	20% after ded	
Mental Health Inpatient	20% after ded	
Outpatient Services		
Outpatient Facility	20% after ded	
Lab/X-Ray	20% after ded	
Mental Health Outpatient	20% after ded	
Emergency Care		
Emergency Room	20% after ded	
Urgent Care	20% after ded	
Single	1 x	\$521.58
EE with Spouse	0 x	\$1,043.16
EE with Child(ren)	0 x	\$886.69
Family	1 x	\$1,486.50
Monthly Cost	2	\$2,008.08
Annual Cost		\$24,096.96