

Prepared For: Oxford 2016 3rd qtr Liberty
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: 30777089

SIC: 0000

	Oxford Liberty L Platinum HMO 20/40 Gated OHP CNT* (HMO) (UCR=N/A)		Oxford Liberty L Gold HMO 30/60 Gated OHP CNT* (HMOc) (UCR=N/A)		Oxford Liberty L Gold EPO 15/30 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 25/40 Non-Gated OHI CNT (EPOc) (UCR=N/A)	
	In-Network		In-Network		In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/30/60/100 ded T2-3		15/35/75/100 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		N/A		10%		20%	
Office Visits								
Primary Care	\$20		\$30 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$40		\$60 ded waived		\$30 ded waived		\$40 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/day; \$1,000 max/admit		\$500/day after ded; \$2,000 max/admit		10% after ded		20% after ded	
Mental Health Inpatient	\$500/day; \$1,000 max/admit		\$500/day after ded; \$2,000 max/admit		10% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$250 FS-\$150		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-\$35; \$500 max/contr yr		Lab-No charge; X-ray-\$35 ded waived; \$500 max/contr yr		Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived	
Mental Health Outpatient	\$40		\$60 ded waived		\$30 ded waived		\$40 ded waived	
Emergency Care								
Emergency Room	\$150 (waived if admitted)		\$200 (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	\$865.24	1 x	\$755.55	1 x	\$798.71	1 x	\$766.38
EE with Spouse	0 x	\$1,730.48	0 x	\$1,511.10	0 x	\$1,597.41	0 x	\$1,532.75
EE with Child(ren)	0 x	\$1,470.91	0 x	\$1,284.43	0 x	\$1,357.81	0 x	\$1,302.84
Family	1 x	\$2,465.93	1 x	\$2,153.32	1 x	\$2,276.31	1 x	\$2,184.17
Monthly Cost	2	\$3,331.17	2	\$2,908.87	2	\$3,075.02	2	\$2,950.55
Annual Cost		\$39,974.04		\$34,906.44		\$36,900.24		\$35,406.60

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	Oxford Liberty L Gold EPO 30/60 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO 40/70 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO Prim Adv \$1500 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO 25/50 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	15/35/75/100 ded T2-3		15/45/75/100 ded T2-3		15/35/75 IntDed T2-3		15/65/85/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000		\$2,000/\$4,000		\$1,500/\$3,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	N/A		30%		30%		30%	
Office Visits								
Primary Care	\$30 ded waived		\$40 ded waived		\$25 ded waived		\$25 ded waived	
Specialist	\$60 ded waived		\$70 ded waived		\$50 after ded		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/day after ded; \$2,000 max/admit		30% after ded		\$250/day after ded; \$1,250 max/admit		30% after ded	
Mental Health Inpatient	\$500/day after ded; \$2,000 max/admit		30% after ded		\$250/day after ded; \$1,250 max/admit		30% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded FS- \$150 after ded		30% after ded		Hosp-\$250 after ded FS- \$150 after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$35 ded waived; \$500 max/contr yr		Lab-No charge; X-ray-30% after ded		Lab-\$50 after ded; X-ray- \$90 after ded		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$60 ded waived		\$70 ded waived		\$25 after ded		\$50 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$100 (waived if admitted) after ded		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 after ded		\$80 ded waived	
Single	1 x	\$763.18	1 x	\$668.08	1 x	\$665.13	1 x	\$648.86
EE with Spouse	0 x	\$1,526.36	0 x	\$1,336.17	0 x	\$1,330.27	0 x	\$1,297.72
EE with Child(ren)	0 x	\$1,297.41	0 x	\$1,135.74	0 x	\$1,130.72	0 x	\$1,103.06
Family	1 x	\$2,175.06	1 x	\$1,904.04	1 x	\$1,895.63	1 x	\$1,849.25
Monthly Cost	2	\$2,938.24	2	\$2,572.12	2	\$2,560.76	2	\$2,498.11
Annual Cost		\$35,258.88		\$30,865.44		\$30,729.12		\$29,977.32

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	Oxford Liberty L Silver EPO 30/75 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Liberty L Bronze PPO HSA \$5000 30/60 Non-Gated OHI Fair CNT (HSA) (UCR=80fh%)		Oxford Liberty L Bronze PPO HSA \$5000 30/60 Non-Gated OHI MNRP CNT (HSA) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/50%to\$800/100 ded T2-3		15/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000		\$2,000/\$4,000		\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
Individual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$4,500/\$9,000 (incl ded)		\$6,450/\$12,900 (incl ded)	\$25,000/\$50,000 (incl ded)	\$6,450/\$12,900 (incl ded)	\$25,000/\$50,000 (incl ded)
Co-Insurance	40%		20%		20%	20%	20%	20%
Office Visits								
Primary Care	\$30 ded waived		\$25 after ded		\$30 after ded	20% after ded	\$30 after ded	20% after ded
Specialist	\$75 ded waived		\$50 after ded		\$60 after ded	20% after ded	\$60 after ded	20% after ded
Inpatient Services								
Inpatient Hospital	40% after ded		20% after ded		20% after ded	20% after ded	20% after ded	20% after ded
Mental Health Inpatient	40% after ded		20% after ded		20% after ded	20% after ded	20% after ded	20% after ded
Outpatient Services								
Outpatient Facility	40% after ded		Hosp-\$250 after ded FS- \$150 after ded		20% after ded	20% after ded	20% after ded	20% after ded
Lab/X-Ray	Lab-No charge; X-ray-40% after ded		Lab-20% after ded; X-ray- \$90 after ded		20% after ded	20% after ded	20% after ded	20% after ded
Mental Health Outpatient	\$75 ded waived		\$50 after ded		\$60 after ded	20% after ded	\$60 after ded	20% after ded
Emergency Care								
Emergency Room	\$500 (waived if admitted) after ded		\$250 (waived if admitted) after ded		20% after ded	Paid as in-network	20% after ded	Paid as in-network
Urgent Care	\$80 ded waived		\$75 after ded		20% after ded	20% after ded	20% after ded	20% after ded
Single	1 x \$628.88		1 x \$647.88		1 x \$593.05		1 x \$558.08	
EE with Spouse	0 x \$1,257.77		0 x \$1,295.76		0 x \$1,186.09		0 x \$1,116.17	
EE with Child(ren)	0 x \$1,069.11		0 x \$1,101.40		0 x \$1,008.18		0 x \$948.74	
Family	1 x \$1,792.32		1 x \$1,846.46		1 x \$1,690.18		1 x \$1,590.55	
Monthly Cost	2 \$2,421.20		2 \$2,494.34		2 \$2,283.23		2 \$2,148.63	
Annual Cost	\$29,054.40		\$29,932.08		\$27,398.76		\$25,783.56	

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Oxford Liberty L 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	\$512.66
EE with Spouse	0 x	\$1,025.31
EE with Child(ren)	0 x	\$871.52
Family	1 x	\$1,461.07
Monthly Cost	2	\$1,973.73
Annual Cost		\$23,684.76