

	Oxford Liberty L Gold EPO 30/60 Gated OHI CNT		Oxford Liberty L Silver EPO 40/70 Non-Gated OHI CNT		Oxford Liberty L Silver EPO 25/50 Gated OHI CNT		Oxford Liberty L Silver EPO 30/75 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		15/65/85/100 ded T2-3		15/65/50%to\$800/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000		\$2,500/\$5,000		\$3,000/\$6,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,850/\$13,700 (incl ded)		\$6,600/\$13,200 (incl ded)		\$6,850/\$13,700 (incl ded)	
Co-Insurance	0%		30%		50%		40%	
Office Visits								
Primary Care	\$30 ded waived		\$40 ded waived		\$25 ded waived		\$30 ded waived	
Specialist	\$60 ded waived		\$70 ded waived		\$50 ded waived		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/day after ded; \$2,000 max/admit		30% after ded		50% after ded		40% after ded	
Mental Health Inpatient	\$500/day after ded; \$2,000 max/admit		30% after ded		50% after ded		40% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded; FS-\$150 after ded		30% after ded		50% after ded		40% after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$35 after ded		Lab-No charge; X-ray-30% after ded		Lab-No charge; X-ray-50% after ded		Lab-No charge; X-ray-40% after ded	
Mental Health Outpatient	\$60 ded waived		\$70 ded waived		\$50 ded waived		\$75 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$80 ded waived		\$80 ded waived	
Single	1 x	\$848.35	1 x	\$744.19	1 x	\$715.88	1 x	\$699.31
EE with Spouse	0 x	\$1,696.70	0 x	\$1,488.38	0 x	\$1,431.76	0 x	\$1,398.62
EE with Child(ren)	0 x	\$1,442.20	0 x	\$1,265.12	0 x	\$1,217.00	0 x	\$1,188.83
Family	1 x	\$2,417.80	1 x	\$2,120.94	1 x	\$2,040.26	1 x	\$1,993.03
Monthly Cost	2	\$3,266.15	2	\$2,865.13	2	\$2,756.14	2	\$2,692.34
Annual Cost		\$39,193.80		\$34,381.56		\$33,073.68		\$32,308.08

	Oxford Liberty L Silver EPO Prim Adv \$2000 Non-Gated OHI CNT		Oxford Liberty L Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT		Oxford Liberty L Bronze PPO HSA \$6000 30/60 Non-Gated OHI CNT		Oxford Liberty L Bronze EPO HSA \$6550 100% 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 IntDed T2-3		15/35/75 IntDed		15/35/75 IntDed		0%/0%/0% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000		\$2,000/\$4,000		\$6,000/\$12,000	\$10,000/\$20,000	\$6,550/\$13,100	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,550/\$13,100 (incl ded)	\$25,000/\$50,000 (incl ded)	\$6,550/\$13,100 (incl ded)	
Co-Insurance	30%		20%		20%	20%	0%	
Office Visits								
Primary Care	\$25 ded waived		\$25 after ded		\$30 after ded	20% after ded	0% after ded	
Specialist	\$50 after ded		\$50 after ded		\$60 after ded	20% after ded	0% after ded	
Inpatient Services								
Inpatient Hospital	\$250/day after ded; \$1,250 max/admit		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	0% after ded	
Mental Health Inpatient	\$250/day after ded; \$1,250 max/admit		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	0% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded; FS-\$150 after ded		Hosp-\$250 after ded; FS-\$150 after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	0% after ded	
Lab/X-Ray	Lab-\$50 after ded; X-ray-\$90 after ded		Lab-20% after ded; X-ray-\$90 after ded		20% after ded	20% after ded	0% after ded	
Mental Health Outpatient	\$50 ded waived		\$50 after ded		\$60 after ded	20% after ded	0% after ded	
Emergency Care								
Emergency Room	30% after ded		\$250 (waived if admitted) after ded		20% after ded	Paid as in-network	0% after ded	
Urgent Care	\$75 after ded		\$75 after ded		20% after ded	20% after ded	0% after ded	
Single	1 x \$709.73		1 x \$711.88		1 x \$625.49		1 x \$578.57	
EE with Spouse	0 x \$1,419.46		0 x \$1,423.76		0 x \$1,250.98		0 x \$1,157.14	
EE with Child(ren)	0 x \$1,206.54		0 x \$1,210.20		0 x \$1,063.33		0 x \$983.57	
Family	1 x \$2,022.73		1 x \$2,028.86		1 x \$1,782.65		1 x \$1,648.92	
Monthly Cost	2 \$2,732.46		2 \$2,740.74		2 \$2,408.14		2 \$2,227.49	
Annual Cost	\$32,789.52		\$32,888.88		\$28,897.68		\$26,729.88	

Prepared For: **Oxford 2017 1st qtr Liberty Mid**

Delaware County, NY 12167

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2017

Prepared On: 10/27/2016

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SIC: 0000

Oxford Liberty		
L 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	\$585.49
EE with Spouse	0 x	\$1,170.98
EE with Child(ren)	0 x	\$995.33
Family	1 x	\$1,668.65
Monthly Cost	2	\$2,254.14
Annual Cost		\$27,049.68