

	Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI FAIR CNT		Oxford Freedom F Platinum PPO 5/15 Non-Gated OHI CNT		Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI CNT		Oxford Freedom F Platinum EPO 5/15 Non-Gated OHI CNT	
	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	0%	20%	0%	30%	0%	30%	0%	
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; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$500/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Mental Health Inpatient	\$500/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$500/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100; pre-auth req	20% after ded; pre-auth req	Hosp-\$100; FS-\$50; pre-auth req	30% after ded; pre-auth req	Hosp-\$300; FS-\$100; pre-auth req	30% after ded; pre-auth req	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	\$200 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	1 x	\$1,301.46	1 x	\$1,157.07	1 x	\$1,131.77	1 x	\$1,081.34
EE with Spouse	0 x	\$2,602.92	0 x	\$2,314.14	0 x	\$2,263.54	0 x	\$2,162.68
EE with Child(ren)	0 x	\$2,212.48	0 x	\$1,967.02	0 x	\$1,924.01	0 x	\$1,838.28
Family	1 x	\$3,709.16	1 x	\$3,297.65	1 x	\$3,225.54	1 x	\$3,081.82
Monthly Cost	2	\$5,010.62	2	\$4,454.72	2	\$4,357.31	2	\$4,163.16
Annual Cost		\$60,127.44		\$53,456.64		\$52,287.72		\$49,957.92

	Oxford Freedom F Platinum EPO 20/40 Non-Gated OHI CNT		Oxford Freedom F Gold PPO 25/40 Non-Gated OHI CNT		Oxford Freedom F Gold EPO 15/30 Non-Gated OHI CNT		Oxford Freedom F Gold EPO \$50 Non-Gated OHI CNT	
	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		15/35/75/100 ded T2-3		10/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,000/\$2,000		\$300/\$1,600		\$750/\$1,500	
Individual/Family OOP Limit	\$3,000/\$6,000		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	0%		20%		10%		10%	
Office Visits								
Primary Care	\$20		\$25 ded waived		\$15 ded waived		\$50 ded waived	
Specialist	\$40		\$40 ded waived		\$30 ded waived		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		20% after ded; pre-auth req		10% after ded		\$250/day after ded; \$2,500 max/contr yr	
Mental Health Inpatient	\$500/admit		20% after ded; pre-auth req		10% after ded		\$250/day after ded; \$2,500 max/contr yr	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req		Hosp-\$300 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-\$25 after ded		Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$80 after ded	
Mental Health Outpatient	\$40		\$40 ded waived		\$30 ded waived		\$50 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$300 (waived if admitted) ded waived		\$400 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived	
Urgent Care	\$50		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Summary								
Single	1 x	\$1,060.55	1 x	\$982.15	1 x	\$928.30	1 x	\$920.17
EE with Spouse	0 x	\$2,121.10	0 x	\$1,964.30	0 x	\$1,856.60	0 x	\$1,840.34
EE with Child(ren)	0 x	\$1,802.94	0 x	\$1,669.66	0 x	\$1,578.11	0 x	\$1,564.29
Family	1 x	\$3,022.57	1 x	\$2,799.13	1 x	\$2,645.66	1 x	\$2,622.48
Monthly Cost	2	\$4,083.12	2	\$3,781.28	2	\$3,573.96	2	\$3,542.65
Annual Cost		\$48,997.44		\$45,375.36		\$42,887.52		\$42,511.80

	Oxford Freedom F Gold EPO 25/40 Non-Gated OHI CNT		Oxford Freedom F Silver PPO 40/70 Non-Gated OHI CNT		Oxford Freedom F Silver EPO 40/70 Non-Gated OHI CNT		Oxford Freedom F Gold PPO HSA \$1500 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		15/45/75/100 ded T2-3		10/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,250/\$2,500		\$2,500/\$5,000		\$2,500/\$5,000		\$1,500/\$3,000	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$6,850/\$13,700 (incl ded)		\$10,000/\$20,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	20%		30%		30%		10%	
Office Visits								
Primary Care	\$25 ded waived		\$40 ded waived		\$40 ded waived		10% after ded	
Specialist	\$40 ded waived		\$70 ded waived		\$70 ded waived		10% after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		30% after ded; pre-auth req		30% after ded		10% after ded; pre-auth req	
Mental Health Inpatient	20% after ded		30% after ded; pre-auth req		30% after ded		10% after ded; pre-auth req	
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded; FS-\$150 after ded		30% after ded; pre-auth req		30% after ded		10% after ded; pre-auth req	
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-30% after ded		Lab-No charge; X-ray-30% after ded		10% after ded	
Mental Health Outpatient	\$40 ded waived		\$70 ded waived		\$70 ded waived		10% after ded	
Emergency Care								
Emergency Room	\$400 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		10% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		10% after ded	
Single	1 x \$893.41		1 x \$848.17		1 x \$783.97		1 x \$900.43	
EE with Spouse	0 x \$1,786.82		0 x \$1,696.34		0 x \$1,567.94		0 x \$1,800.86	
EE with Child(ren)	0 x \$1,518.80		0 x \$1,441.89		0 x \$1,332.75		0 x \$1,530.73	
Family	1 x \$2,546.22		1 x \$2,417.28		1 x \$2,234.31		1 x \$2,566.23	
Monthly Cost	2 \$3,439.63		2 \$3,265.45		2 \$3,018.28		2 \$3,466.66	
Annual Cost	\$41,275.56		\$39,185.40		\$36,219.36		\$41,599.92	

	Oxford Freedom F Gold EPO HSA \$1500 Non-Gated OHI CNT		Oxford Freedom F Silver PPO HSA \$2000 30/60 Non-Gated OHI CNT		Oxford Freedom F Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT		Oxford Freedom F Silver EPO HSA \$2000 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000		\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$5,500/\$11,000 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	10%		20%	50%	20%		30%	
Office Visits								
Primary Care	10% after ded		\$30 after ded	50% after ded	\$25 after ded		30% after ded	
Specialist	10% after ded		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		30% after ded	
Mental Health Inpatient	10% after ded		20% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	10% after ded		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	50% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 after ded		30% after ded	
Lab/X-Ray	10% after ded		20% after ded	50% after ded	Lab-20% after ded; X-ray-\$90 after ded		30% after ded	
Mental Health Outpatient	10% after ded		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Emergency Care								
Emergency Room	10% after ded		20% after ded	Paid as in-network	\$250 (waived if admitted) after ded		30% after ded	
Urgent Care	10% after ded		\$75 after ded	50% after ded	\$75 after ded		30% after ded	
Single	1 x \$838.06		1 x \$799.35		1 x \$749.93		1 x \$708.98	
EE with Spouse	0 x \$1,676.12		0 x \$1,598.70		0 x \$1,499.86		0 x \$1,417.96	
EE with Child(ren)	0 x \$1,424.70		0 x \$1,358.90		0 x \$1,274.88		0 x \$1,205.27	
Family	1 x \$2,388.47		1 x \$2,278.15		1 x \$2,137.30		1 x \$2,020.59	
Monthly Cost	2 \$3,226.53		2 \$3,077.50		2 \$2,887.23		2 \$2,729.57	
Annual Cost	\$38,718.36		\$36,930.00		\$34,646.76		\$32,754.84	

Prepared For: **Oxford 2017 2nd qtr Freedom**

Delaware County, NY 12167

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2017

Prepared On: 01/23/2017

Report ID: 32450478

SIC: 0000

Oxford Freedom		
F 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	\$616.78
EE with Spouse	0 x	\$1,233.56
EE with Child(ren)	0 x	\$1,048.53
Family	1 x	\$1,757.82
Monthly Cost	2	\$2,374.60
Annual Cost		\$28,495.20