

	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 \$866.89		1 x \$760.45		1 x \$731.52		1 x \$714.59	
EE with Spouse	0 x \$1,733.78		0 x \$1,520.90		0 x \$1,463.04		0 x \$1,429.18	
EE with Child(ren)	0 x \$1,473.71		0 x \$1,292.77		0 x \$1,243.58		0 x \$1,214.80	
Family	1 x \$2,470.64		1 x \$2,167.28		1 x \$2,084.83		1 x \$2,036.58	
Monthly Cost	2 \$3,337.53		2 \$2,927.73		2 \$2,816.35		2 \$2,751.17	
Annual Cost	\$40,050.36		\$35,132.76		\$33,796.20		\$33,014.04	

	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	
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 \$725.23		1 x \$727.43		1 x \$639.16		1 x \$591.21	
EE with Spouse	0 x \$1,450.46		0 x \$1,454.86		0 x \$1,278.32		0 x \$1,182.42	
EE with Child(ren)	0 x \$1,232.89		0 x \$1,236.63		0 x \$1,086.57		0 x \$1,005.06	
Family	1 x \$2,066.91		1 x \$2,073.18		1 x \$1,821.61		1 x \$1,684.95	
Monthly Cost	2 \$2,792.14		2 \$2,800.61		2 \$2,460.77		2 \$2,276.16	
Annual Cost	\$33,505.68		\$33,607.32		\$29,529.24		\$27,313.92	

Prepared For: **Oxford 2017 2nd qtr Liberty Mid**

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: 32450516

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	\$598.29
EE with Spouse	0 x	\$1,196.58
EE with Child(ren)	0 x	\$1,017.09
Family	1 x	\$1,705.13
Monthly Cost	2	\$2,303.42
Annual Cost		\$27,641.04