

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	
<b>Single</b>	1 x \$804.49		1 x \$705.72		1 x \$678.87		1 x \$663.16	
EE with Spouse	0 x \$1,608.98		0 x \$1,411.44		0 x \$1,357.74		0 x \$1,326.32	
EE with Child(ren)	0 x \$1,367.63		0 x \$1,199.72		0 x \$1,154.08		0 x \$1,127.37	
Family	1 x \$2,292.80		1 x \$2,011.30		1 x \$1,934.78		1 x \$1,890.01	
Monthly Cost	2 \$3,097.29		2 \$2,717.02		2 \$2,613.65		2 \$2,553.17	
Annual Cost	\$37,167.48		\$32,604.24		\$31,363.80		\$30,638.04	

	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
<b>Prescription Drugs</b>								
Drug Card	15/35/75 IntDed T2-3		15/35/75 IntDed		15/35/75 IntDed		0%/0%/0% IntDed	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	
<b>Single</b>	1 x \$673.04		1 x \$675.08		1 x \$593.16		1 x \$548.66	
EE with Spouse	0 x \$1,346.08		0 x \$1,350.16		0 x \$1,186.32		0 x \$1,097.32	
EE with Child(ren)	0 x \$1,144.17		0 x \$1,147.64		0 x \$1,008.37		0 x \$932.72	
Family	1 x \$1,918.16		1 x \$1,923.98		1 x \$1,690.51		1 x \$1,563.68	
<b>Monthly Cost</b>	2 \$2,591.20		2 \$2,599.06		2 \$2,283.67		2 \$2,112.34	
<b>Annual Cost</b>	\$31,094.40		\$31,188.72		\$27,404.04		\$25,348.08	

Prepared For: **Oxford 2017 3rd qtr Liberty NY**

New York County, NY 10001

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

**Health Plan Comparison Report (4L)**

Effective Date: 07/01/2017

Prepared On: 04/20/2017

Report ID: 32844734

SIC: 0000

<b>Oxford Liberty</b>		
<b>L Bronze EPO HSA \$5500 Non-Gated OHI</b>		
<b>CNT</b>		
	<b>In-Network</b>	<b>Out-Network</b>
<b>Prescription Drugs</b>		
Drug Card	10/40/80 IntDed	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$5,500/\$11,000	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)	
Co-Insurance	30%	
<b>Office Visits</b>		
Primary Care	30% after ded	
Specialist	30% after ded	
<b>Inpatient Services</b>		
Inpatient Hospital	30% after ded	
Mental Health Inpatient	30% after ded	
<b>Outpatient Services</b>		
Outpatient Facility	30% after ded	
Lab/X-Ray	30% after ded	
Mental Health Outpatient	30% after ded	
<b>Emergency Care</b>		
Emergency Room	30% after ded	
Urgent Care	30% after ded	
Single	1 x	\$555.23
EE with Spouse	0 x	\$1,110.46
EE with Child(ren)	0 x	\$943.89
Family	1 x	\$1,582.41
Monthly Cost	2	\$2,137.64
Annual Cost		\$25,651.68