

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	\$1,234.18	1 x	\$1,097.25	1 x	\$1,073.26	1 x	\$1,025.44
EE with Spouse	0 x	\$2,468.36	0 x	\$2,194.50	0 x	\$2,146.52	0 x	\$2,050.88
EE with Child(ren)	0 x	\$2,098.11	0 x	\$1,865.33	0 x	\$1,824.54	0 x	\$1,743.25
Family	1 x	\$3,517.41	1 x	\$3,127.16	1 x	\$3,058.79	1 x	\$2,922.50
Monthly Cost	2	\$4,751.59	2	\$4,224.41	2	\$4,132.05	2	\$3,947.94
Annual Cost		\$57,019.08		\$50,692.92		\$49,584.60		\$47,375.28

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$1,000/\$2,000		\$800/\$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%	
<b>Office Visits</b>								
Primary Care	\$20		\$25 ded waived		\$15 ded waived		\$50 ded waived	
Specialist	\$40		\$40 ded waived		\$30 ded waived		\$50 ded waived	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	
Single	1 x	\$1,005.72	1 x	\$931.37	1 x	\$880.31	1 x	\$872.60
EE with Spouse	0 x	\$2,011.44	0 x	\$1,862.74	0 x	\$1,760.62	0 x	\$1,745.20
EE with Child(ren)	0 x	\$1,709.72	0 x	\$1,583.33	0 x	\$1,496.53	0 x	\$1,483.42
Family	1 x	\$2,866.30	1 x	\$2,654.40	1 x	\$2,508.88	1 x	\$2,486.91
Monthly Cost	2	\$3,872.02	2	\$3,585.77	2	\$3,389.19	2	\$3,359.51
Annual Cost		\$46,464.24		\$43,029.24		\$40,670.28		\$40,314.12

	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 \$847.23		1 x \$804.32		1 x \$743.45		1 x \$853.88	
EE with Spouse	0 x \$1,694.46		0 x \$1,608.64		0 x \$1,486.90		0 x \$1,707.76	
EE with Child(ren)	0 x \$1,440.29		0 x \$1,367.34		0 x \$1,263.87		0 x \$1,451.60	
Family	1 x \$2,414.61		1 x \$2,292.31		1 x \$2,118.83		1 x \$2,433.56	
Monthly Cost	2 \$3,261.84		2 \$3,096.63		2 \$2,862.28		2 \$3,287.44	
Annual Cost	\$39,142.08		\$37,159.56		\$34,347.36		\$39,449.28	

	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
<b>Prescription Drugs</b>								
Drug Card	10/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	
<b>Single</b>	1 x \$794.73		1 x \$758.03		1 x \$711.16		1 x \$672.33	
EE with Spouse	0 x \$1,589.46		0 x \$1,516.06		0 x \$1,422.32		0 x \$1,344.66	
EE with Child(ren)	0 x \$1,351.04		0 x \$1,288.65		0 x \$1,208.97		0 x \$1,142.96	
Family	1 x \$2,264.98		1 x \$2,160.39		1 x \$2,026.81		1 x \$1,916.14	
<b>Monthly Cost</b>	2 \$3,059.71		2 \$2,918.42		2 \$2,737.97		2 \$2,588.47	
<b>Annual Cost</b>	\$36,716.52		\$35,021.04		\$32,855.64		\$31,061.64	

Prepared For: **Oxford 2017 4th qtr Freedom**

New York County, NY 10001

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

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

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Prepared On: 08/02/2017

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SIC: 0000

<b>Oxford Freedom</b>		
<b>F 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	\$584.90
EE with Spouse	0 x	\$1,169.80
EE with Child(ren)	0 x	\$994.33
Family	1 x	\$1,666.97
Monthly Cost	2	\$2,251.87
Annual Cost		\$27,022.44