Prepared For: **Oxford 2017 4th qtr Liberty New**
New York County, NY 10001
Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)
Effective Date: 10/01/2017 Prepared On: 08/02/2017
Report ID: 33263744 SIC: 0000

	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 $822.07		1 x $721.14		1 x $693.70		1 x $677.65	
EE with Spouse	0 x $1,644.14		0 x $1,442.28		0 x $1,387.40		0 x $1,355.30	
EE with Child(ren)	0 x $1,397.52		0 x $1,225.94		0 x $1,179.29		0 x $1,152.01	
Family	1 x $2,342.90		1 x $2,055.25		1 x $1,977.05		1 x $1,931.30	
Monthly Cost	2 $3,164.97		2 $2,776.39		2 $2,670.75		2 $2,608.95	
Annual Cost	$37,979.64		$33,316.68		$32,049.00		$31,307.40	

Prepared For: **Oxford 2017 4th qtr Liberty New**
New York County, NY 10001
Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)
Effective Date: 10/01/2017 Prepared On: 08/02/2017
Report ID: 33263744 SIC: 0000

	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	$687.74	1 x	$689.83	1 x	$606.12	1 x	$560.65
EE with Spouse	0 x	$1,375.48	0 x	$1,379.66	0 x	$1,212.24	0 x	$1,121.30
EE with Child(ren)	0 x	$1,169.16	0 x	$1,172.71	0 x	$1,030.40	0 x	$953.11
Family	1 x	$1,960.06	1 x	$1,966.02	1 x	$1,727.44	1 x	$1,597.85
Monthly Cost	2	$2,647.80	2	$2,655.85	2	$2,333.56	2	$2,158.50
Annual Cost		$31,773.60		$31,870.20		$28,002.72		$25,902.00

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

Prepared For: **Oxford 2017 4th qtr Liberty New**
New York County, NY 10001
Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)
Effective Date: 10/01/2017 Prepared On: 08/02/2017
Report ID: 33263744 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	$567.36
EE with Spouse	0 x	$1,134.72
EE with Child(ren)	0 x	$964.51
Family	1 x	$1,616.98
Monthly Cost	2	$2,184.34
Annual Cost		$26,212.08

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible