

	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 \$905.18		1 x \$794.05		1 x \$763.84		1 x \$746.16	
EE with Spouse	0 x \$1,810.36		0 x \$1,588.10		0 x \$1,527.68		0 x \$1,492.32	
EE with Child(ren)	0 x \$1,538.81		0 x \$1,349.89		0 x \$1,298.53		0 x \$1,268.47	
Family	1 x \$2,579.76		1 x \$2,263.04		1 x \$2,176.94		1 x \$2,126.56	
Monthly Cost	2 \$3,484.94		2 \$3,057.09		2 \$2,940.78		2 \$2,872.72	
Annual Cost	\$41,819.28		\$36,685.08		\$35,289.36		\$34,472.64	

	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	
Single	1 x \$757.28		1 x \$759.57		1 x \$667.40		1 x \$617.33	
EE with Spouse	0 x \$1,514.56		0 x \$1,519.14		0 x \$1,334.80		0 x \$1,234.66	
EE with Child(ren)	0 x \$1,287.38		0 x \$1,291.27		0 x \$1,134.58		0 x \$1,049.46	
Family	1 x \$2,158.25		1 x \$2,164.77		1 x \$1,902.09		1 x \$1,759.39	
Monthly Cost	2 \$2,915.53		2 \$2,924.34		2 \$2,569.49		2 \$2,376.72	
Annual Cost	\$34,986.36		\$35,092.08		\$30,833.88		\$28,520.64	

Prepared For: **Oxford 2017 4th qtr Liberty Mid**

Delaware County, NY 12167

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: 33263608

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	\$624.72
EE with Spouse	0 x	\$1,249.44
EE with Child(ren)	0 x	\$1,062.02
Family	1 x	\$1,780.45
Monthly Cost	2	\$2,405.17
Annual Cost		\$28,862.04