

	Oxford Liberty P LBTY GT 15/35/250/90 EPO LA 20 CNT (EPOc) (UCR=N/A)		Oxford Liberty P LBTY NG 40/80/80 EPO 411 20 CNT (EPOc) (UCR=N/A)		Oxford Liberty G LBTY NG 25/50/100 EPO ZD 20 CNT (EPO) (UCR=N/A)		Oxford Liberty G LBTY GT 30/60/1000/100 EPO 20 CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60/150 ded T2-3		5/30/60/150 ded T2-3		10/65/90/100 ded T2-3		15/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$250/\$500		N/A		N/A		\$1,000/\$2,000	
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)		\$2,000/\$4,000		\$5,000/\$10,000		\$5,400/\$10,800 (incl ded)	
Co-Insurance	10%		20%		0%		0%	
Office Visits								
Primary Care	\$15 ded waived		\$5 visits 1-4; \$40 visits 5+		\$25		\$30 ded waived	
Specialist	\$35 ded waived		\$25 visit 1; \$80 visits 2+		\$50		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		\$1,000/admit		\$500/admit		\$500/day after ded; \$2,000 max/admit	
Mental Health Inpatient	10% after ded		\$1,000/admit		\$500/admit		\$500/day after ded; \$2,000 max/admit	
Outpatient Services								
Outpatient Facility	10% after ded		Hosp-\$500; FS-\$250		Hosp-\$500; FS-\$150		Hosp-\$250 after ded; FS-\$150 after ded	
Lab/X-Ray	10% after ded		Lab-\$15; X-ray-\$50		Lab-\$20; X-ray-\$50		Lab-No charge; X-ray-\$35 after ded	
Mental Health Outpatient	\$35 ded waived		\$40		\$50		\$60 ded waived	
Emergency Care								
Emergency Room	10% after ded		50%		\$750 (waived if admitted)		\$500 (waived if admitted) ded waived	
Urgent Care	\$35 ded waived		\$25 visit 1; \$80 visits 2+		\$50		\$75 ded waived	
Single	2 x \$1,055.54		2 x \$1,051.92		2 x \$998.73		2 x \$933.95	
EE with Spouse	0 x \$2,111.09		0 x \$2,103.84		0 x \$1,997.47		0 x \$1,867.91	
EE with Child(ren)	0 x \$1,794.43		0 x \$1,788.26		0 x \$1,697.85		0 x \$1,587.73	
Family	0 x \$3,008.30		0 x \$2,997.97		0 x \$2,846.40		0 x \$2,661.77	
Monthly Cost	2 \$2,111.08		2 \$2,103.84		2 \$1,997.46		2 \$1,867.90	
Annual Cost	\$25,332.96		\$25,246.08		\$23,969.52		\$22,414.80	

	Oxford Liberty G LBTY NG 40/80/2000/80 EPO 411 20 CNT (EPOc) (UCR=N/A)		Oxford Liberty G LBTY NG 30/60/2000/70 EPO 20 CNT (EPOc) (UCR=N/A)		Oxford Liberty S LBTY NG 25/50/2000/80 EPO HSA 20 CNT (HSA) (UCR=N/A)		Oxford Liberty S LBTY NG 40/70/2500/65 EPO 20 CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60/150 ded T2-3		15/45/75/100 ded T2-3		15/35/75 IntDed		15/45/75/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000		\$2,000/\$4,000		\$2,000/\$4,000		\$2,500/\$5,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$7,900/\$15,800 (incl ded)		\$6,400/\$12,800 (incl ded)		\$8,150/\$16,300 (incl ded)	
Co-Insurance	20%		30%		20%		35%	
Office Visits								
Primary Care	\$5 ded waived visits 1-4; \$40 ded waived visits 5+		\$30 ded waived		\$25 after ded		\$40 ded waived	
Specialist	\$25 ded waived visit 1; \$80 ded waived visits 2+		\$60 ded waived		\$50 after ded		\$70 ded waived	
Inpatient Services								
Inpatient Hospital	\$1,000/admit after ded		30% after ded		20% after ded		35% after ded	
Mental Health Inpatient	\$1,000/admit after ded		30% after ded		20% after ded		35% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$500 after ded; FS- \$250 after ded		30% after ded		Hosp-\$250 after ded; FS- \$150 after ded		35% after ded	
Lab/X-Ray	Lab-\$15 ded waived; X-ray- \$50 after ded		Lab-No charge; X-ray-30% after ded		Lab-20% after ded; X-ray- \$90 after ded		Lab-\$25 ded waived; X-ray-35% after ded	
Mental Health Outpatient	\$40 ded waived		\$60 ded waived		\$50 after ded		\$70 ded waived	
Emergency Care								
Emergency Room	50% after ded		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) after ded		50% after ded	
Urgent Care	\$25 ded waived visit 1; \$80 ded waived visits 2+		\$75 ded waived		\$75 after ded		\$75 ded waived	
Single	2 x \$898.03		2 x \$879.30		2 x \$788.81		2 x \$781.14	
EE with Spouse	0 x \$1,796.05		0 x \$1,758.60		0 x \$1,577.62		0 x \$1,562.28	
EE with Child(ren)	0 x \$1,526.64		0 x \$1,494.81		0 x \$1,340.97		0 x \$1,327.93	
Family	0 x \$2,559.38		0 x \$2,506.01		0 x \$2,248.11		0 x \$2,226.24	
Monthly Cost	2 \$1,796.06		2 \$1,758.60		2 \$1,577.62		2 \$1,562.28	
Annual Cost	\$21,552.72		\$21,103.20		\$18,931.44		\$18,747.36	

	Oxford Liberty S LBTY NG 30/75/3000/60 EPO 20 CNT (EPOc) (UCR=N/A)		Oxford Liberty S LBTY GT 25/50/3500/50 EPO 20 CNT (EPOc) (UCR=N/A)		Oxford Liberty B LBTY NG 30/60/6000/80 PPO HSA 20 CNT (HSA) (UCR=140mc%)		Oxford Liberty B LBTY NG 25/75/4000/70 EPO HSA 20 CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/50%to\$800/100 ded T2-3		15/65/85/100 ded T2-3		15/35/75 IntDed		30%/30%/30% IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000		\$3,500/\$7,000		\$6,000/\$12,000	\$10,000/\$20,000	\$4,000/\$8,000	
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)		\$8,150/\$16,300 (incl ded)		\$6,550/\$13,100 (incl ded)	\$25,000/\$50,000 (incl ded)	\$6,750/\$13,500 (incl ded)	
Co-Insurance	40%		50%		20%	20%	30%	
Office Visits								
Primary Care	\$30 ded waived		\$25 ded waived		\$30 after ded	20% after ded	\$25 after ded	
Specialist	\$75 ded waived		\$50 ded waived		\$60 after ded	20% after ded	\$75 after ded	
Inpatient Services								
Inpatient Hospital	40% after ded		50% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	30% after ded	
Mental Health Inpatient	40% after ded		50% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	30% after ded	
Outpatient Services								
Outpatient Facility	40% after ded		50% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	30% after ded	
Lab/X-Ray	Lab-\$15 ded waived; X-ray-40% after ded		Lab-\$15 ded waived; X-ray-50% after ded		20% after ded	20% after ded	30% after ded	
Mental Health Outpatient	\$75 ded waived		\$50 ded waived		\$60 after ded	20% after ded	\$75 after ded	
Emergency Care								
Emergency Room	\$600 (waived if admitted) after ded		50% after ded		20% after ded	Paid as in-network	30% after ded	
Urgent Care	\$80 ded waived		\$80 ded waived		20% after ded	20% after ded	30% after ded	
Single	2 x \$760.47		2 x \$747.78		2 x \$708.70		2 x \$673.01	
EE with Spouse	0 x \$1,520.93		0 x \$1,495.57		0 x \$1,417.40		0 x \$1,346.01	
EE with Child(ren)	0 x \$1,292.79		0 x \$1,271.23		0 x \$1,204.78		0 x \$1,144.12	
Family	0 x \$2,167.33		0 x \$2,131.18		0 x \$2,019.79		0 x \$1,918.07	
Monthly Cost	2 \$1,520.94		2 \$1,495.56		2 \$1,417.40		2 \$1,346.02	
Annual Cost	\$18,251.28		\$17,946.72		\$17,008.80		\$16,152.24	

Prepared For: **Oxford 2020 2nd qtr NY City Liberty**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

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Oxford Liberty B LBTY NG 6750/100 EPO HSA 20 CNT (HSA) (UCR=N/A)		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed	
Cost Share Information		
Individual/Family Deductible	\$6,750/\$13,500	
Individual/Family OOP Limit	\$6,750/\$13,500 (incl ded)	
Co-Insurance	0%	
Office Visits		
Primary Care	0% after ded	
Specialist	0% after ded	
Inpatient Services		
Inpatient Hospital	0% after ded	
Mental Health Inpatient	0% after ded	
Outpatient Services		
Outpatient Facility	0% after ded	
Lab/X-Ray	0% after ded	
Mental Health Outpatient	0% after ded	
Emergency Care		
Emergency Room	0% after ded	
Urgent Care	0% after ded	
Single	2 x	\$651.93
EE with Spouse	0 x	\$1,303.86
EE with Child(ren)	0 x	\$1,108.28
Family	0 x	\$1,858.00
Monthly Cost	2	\$1,303.86
Annual Cost		\$15,646.32