

	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 \$1,190.83		2 x \$1,186.75		2 x \$1,126.75		2 x \$1,053.66	
EE with Spouse	0 x \$2,381.67		0 x \$2,373.50		0 x \$2,253.51		0 x \$2,107.32	
EE with Child(ren)	0 x \$2,024.42		0 x \$2,017.47		0 x \$1,915.49		0 x \$1,791.22	
Family	0 x \$3,393.88		0 x \$3,382.24		0 x \$3,211.25		0 x \$3,002.94	
Monthly Cost	2 \$2,381.66		2 \$2,373.50		2 \$2,253.50		2 \$2,107.32	
Annual Cost	\$28,579.92		\$28,482.00		\$27,042.00		\$25,287.84	

	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 \$1,013.14		2 x \$992.00		2 x \$889.91		2 x \$881.26	
EE with Spouse	0 x \$2,026.28		0 x \$1,984.00		0 x \$1,779.83		0 x \$1,762.52	
EE with Child(ren)	0 x \$1,722.34		0 x \$1,686.40		0 x \$1,512.86		0 x \$1,498.14	
Family	0 x \$2,887.44		0 x \$2,827.21		0 x \$2,536.25		0 x \$2,511.59	
Monthly Cost	2 \$2,026.28		2 \$1,984.00		2 \$1,779.82		2 \$1,762.52	
Annual Cost	\$24,315.36		\$23,808.00		\$21,357.84		\$21,150.24	

	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 \$857.94		2 x \$843.64		2 x \$799.54		2 x \$759.27	
EE with Spouse	0 x \$1,715.88		0 x \$1,687.28		0 x \$1,599.08		0 x \$1,518.55	
EE with Child(ren)	0 x \$1,458.50		0 x \$1,434.19		0 x \$1,359.23		0 x \$1,290.77	
Family	0 x \$2,445.13		0 x \$2,404.38		0 x \$2,278.69		0 x \$2,163.93	
Monthly Cost	2 \$1,715.88		2 \$1,687.28		2 \$1,599.08		2 \$1,518.54	
Annual Cost	\$20,590.56		\$20,247.36		\$19,188.96		\$18,222.48	

Prepared For: **Oxford 2020 3rd qtr Mid Hudson Liberty**

Delaware County, NY 12167

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 \$735.49
EE with Spouse	0 x \$1,470.98
EE with Child(ren)	0 x \$1,250.33
Family	0 x \$2,096.14
Monthly Cost	2 \$1,470.98
Annual Cost	\$17,651.76

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible