

	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 \$1,108.09		2 x \$1,104.28		2 x \$1,048.46		2 x \$980.45	
EE with Spouse	0 x \$2,216.17		0 x \$2,208.57		0 x \$2,096.92		0 x \$1,960.89	
EE with Child(ren)	0 x \$1,883.75		0 x \$1,877.28		0 x \$1,782.38		0 x \$1,666.76	
Family	0 x \$3,158.04		0 x \$3,147.21		0 x \$2,988.11		0 x \$2,794.27	
Monthly Cost	2 \$2,216.18		2 \$2,208.56		2 \$2,096.92		2 \$1,960.90	
Annual Cost	\$26,594.16		\$26,502.72		\$25,163.04		\$23,530.80	

	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 \$942.73		2 x \$923.07		2 x \$828.08		2 x \$820.03	
EE with Spouse	0 x \$1,885.46		0 x \$1,846.14		0 x \$1,656.17		0 x \$1,640.05	
EE with Child(ren)	0 x \$1,602.64		0 x \$1,569.22		0 x \$1,407.74		0 x \$1,394.05	
Family	0 x \$2,686.78		0 x \$2,630.75		0 x \$2,360.04		0 x \$2,337.07	
Monthly Cost	2 \$1,885.46		2 \$1,846.14		2 \$1,656.16		2 \$1,640.06	
Annual Cost	\$22,625.52		\$22,153.68		\$19,873.92		\$19,680.72	

	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 \$798.32		2 x \$785.02		2 x \$743.98		2 x \$706.51	
EE with Spouse	0 x \$1,596.64		0 x \$1,570.03		0 x \$1,487.96		0 x \$1,413.03	
EE with Child(ren)	0 x \$1,357.15		0 x \$1,334.52		0 x \$1,264.77		0 x \$1,201.08	
Family	0 x \$2,275.22		0 x \$2,237.30		0 x \$2,120.35		0 x \$2,013.57	
Monthly Cost	2 \$1,596.64		2 \$1,570.04		2 \$1,487.96		2 \$1,413.02	
Annual Cost	\$19,159.68		\$18,840.48		\$17,855.52		\$16,956.24	

Prepared For: **Oxford 2020 4th qtr NY City Liberty**

New York County, NY 10001

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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 \$684.38
EE with Spouse	0 x \$1,368.77
EE with Child(ren)	0 x \$1,163.46
Family	0 x \$1,950.50
Monthly Cost	2 \$1,368.76
Annual Cost	\$16,425.12