

	Oxford Freedom P FRDM NG 20/40/100 PPO FAIR 21 CNT (PPO) (UCR=80fh%)		Oxford Freedom P FRDM NG 5/15/100 PPO 21 CNT (PPO) (UCR=140mc%)		Oxford Freedom P FRDM NG 20/40/100 PPO 21 CNT (PPO) (UCR=140mc%)		Oxford Freedom P FRDM NG 5/15/100 EPO 21 CNT (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$5,000/\$10,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	\$5,000/\$10,000 (incl ded)	\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	
Co-Insurance	0%	20%	0%	30%	0%	30%	0%	
Office Visits								
Primary Care	\$20	20% after ded	\$5	30% after ded	\$20	30% after ded	\$5	
Specialist	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Inpatient Services								
Inpatient Hospital	\$400/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$400/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Mental Health Inpatient	\$400/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$400/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100; pre-auth req	20% after ded; pre-auth req	Hosp-\$100; FS-\$50; pre-auth req	30% after ded; pre-auth req	Hosp-\$300; FS-\$100; pre-auth req	30% after ded; pre-auth req	Hosp-\$100; FS-\$50	
Lab/X-Ray	Lab-No charge; X-ray-\$90	20% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	
Mental Health Outpatient	\$40	20% after ded	\$15; pre-auth req	30% after ded; pre-auth req	\$40	30% after ded	\$15	
Emergency Care								
Emergency Room	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	2 x \$1,552.22		2 x \$1,327.47		2 x \$1,297.79		2 x \$1,278.18	
EE with Spouse	0 x \$3,104.44		0 x \$2,654.94		0 x \$2,595.57		0 x \$2,556.36	
EE with Child(ren)	0 x \$2,638.77		0 x \$2,256.70		0 x \$2,206.24		0 x \$2,172.91	
Family	0 x \$4,423.83		0 x \$3,783.29		0 x \$3,698.69		0 x \$3,642.81	
Monthly Cost	2 \$3,104.44		2 \$2,654.94		2 \$2,595.58		2 \$2,556.36	
Annual Cost	\$37,253.28		\$31,859.28		\$31,146.96		\$30,676.32	

	Oxford Freedom P FRDM NG 20/40/100 EPO 21 CNT (EPO) (UCR=N/A)		Oxford Freedom G FRDM NG 25/40/1500/80 PPO 21 CNT (PPOc) (UCR=140mc%)		Oxford Freedom G FRDM NG 50/50/1000/90 EPO 21 CNT (EPOc) (UCR=N/A)		Oxford Freedom G FRDM NG 15/35/1750/90 EPO 21 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	5/35/70/100 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,500/\$3,000	\$3,000/\$6,000	\$1,000/\$2,000		\$1,750/\$3,500	
Individual/Family OOP Limit	\$3,000/\$6,000		\$6,300/\$12,600 (incl ded)	\$7,500/\$15,000 (incl ded)	\$5,700/\$11,400 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	0%		20%	40%	10%		10%	
Office Visits								
Primary Care	\$20		\$25 ded waived	40% after ded	\$50 ded waived		\$15 ded waived	
Specialist	\$40		\$40 ded waived	40% after ded	\$50 ded waived		\$35 ded waived	
Inpatient Services								
Inpatient Hospital	\$400/admit		20% after ded; pre-auth req	40% after ded; pre-auth req	\$250/day after ded; \$2,500 max/admit		10% after ded	
Mental Health Inpatient	\$400/admit		20% after ded; pre-auth req	40% after ded; pre-auth req	\$250/day after ded; \$2,500 max/admit		10% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	40% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 after ded		Hosp-\$300 after ded; FS-\$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$25 after ded	40% after ded	Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$80 after ded	
Mental Health Outpatient	\$40		\$40 ded waived	40% after ded	\$50 ded waived		\$35 ded waived	
Emergency Care								
Emergency Room	\$250 (waived if admitted)		\$500 (waived if admitted) ded waived	Paid as in-network	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived	
Urgent Care	\$50		\$75 ded waived	40% after ded	\$75 ded waived		\$75 ded waived	
Single	2 x \$1,251.33		2 x \$1,085.18		2 x \$1,058.94		2 x \$1,045.81	
EE with Spouse	0 x \$2,502.66		0 x \$2,170.36		0 x \$2,117.89		0 x \$2,091.63	
EE with Child(ren)	0 x \$2,127.26		0 x \$1,844.81		0 x \$1,800.21		0 x \$1,777.89	
Family	0 x \$3,566.29		0 x \$3,092.77		0 x \$3,017.99		0 x \$2,980.57	
Monthly Cost	2 \$2,502.66		2 \$2,170.36		2 \$2,117.88		2 \$2,091.62	
Annual Cost	\$30,031.92		\$26,044.32		\$25,414.56		\$25,099.44	

	Oxford Freedom G FRDM NG 25/40/1750/80 EPO 21 CNT (EPOc) (UCR=N/A)		Oxford Freedom G FRDM NG 1500/90 PPO HSA 21 CNT (HSA) (UCR=140mc%)		Oxford Freedom G FRDM NG 1500/90 EPO HSA 21 CNT (HSA) (UCR=N/A)		Oxford Freedom G FRDM NG 30/60/2250/70 EPO 21 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	10/40/80/150 ded T2-3		10/40/80 IntDed		10/40/80 IntDed		10/40/80/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,750/\$3,500		\$1,500/\$3,000	\$3,000/\$6,000	\$1,500/\$3,000		\$2,250/\$4,500	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$5,000/\$10,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$5,000/\$10,000 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	20%		10%	40%	10%		30%	
Office Visits								
Primary Care	\$25 ded waived		10% after ded	40% after ded	10% after ded		\$30 ded waived	
Specialist	\$40 ded waived		10% after ded	40% after ded	10% after ded		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded		10% after ded; pre-auth req	40% after ded; pre-auth req	10% after ded		30% after ded	
Mental Health Inpatient	20% after ded		10% after ded; pre-auth req	40% after ded; pre-auth req	10% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded; FS-\$150 after ded		10% after ded; pre-auth req	40% after ded; pre-auth req	10% after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded		10% after ded	40% after ded	10% after ded		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$40 ded waived		10% after ded	40% after ded	10% after ded		\$60 ded waived	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		50% after ded	Paid as in-network	50% after ded		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		10% after ded	40% after ded	10% after ded		\$75 ded waived	
Single	2 x \$1,036.70		2 x \$1,030.60		2 x \$987.93		2 x \$965.24	
EE with Spouse	0 x \$2,073.40		0 x \$2,061.20		0 x \$1,975.85		0 x \$1,930.47	
EE with Child(ren)	0 x \$1,762.39		0 x \$1,752.02		0 x \$1,679.48		0 x \$1,640.91	
Family	0 x \$2,954.59		0 x \$2,937.22		0 x \$2,815.60		0 x \$2,750.93	
Monthly Cost	2 \$2,073.40		2 \$2,061.20		2 \$1,975.86		2 \$1,930.48	
Annual Cost	\$24,880.80		\$24,734.40		\$23,710.32		\$23,165.76	

	Oxford Freedom S FRDM NG 30/60/2000/80 PPO HSA 21 CNT (HSA) (UCR=140mc%)		Oxford Freedom S FRDM NG 40/70/3000/65 PPO 21 CNT (PPOc) (UCR=140mc%)		Oxford Freedom S FRDM NG 25/50/2250/80 EPO HSA 21 CNT (HSA) (UCR=N/A)		Oxford Freedom S FRDM NG 40/70/3000/65 EPO 21 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	10/40/80 IntDed		10/40/80/200 ded T2-3		10/40/80 IntDed		10/40/80/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000	\$4,000/\$8,000	\$2,250/\$4,500		\$3,000/\$6,000	
Individual/Family OOP Limit	\$6,400/\$12,800 (incl ded)	\$10,000/\$20,000 (incl ded)	\$8,550/\$17,100 (incl ded)	\$10,000/\$20,000 (incl ded)	\$6,400/\$12,800 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	20%	50%	35%	50%	20%		35%	
Office Visits								
Primary Care	\$30 after ded	50% after ded	\$40 ded waived	50% after ded	\$25 after ded		\$40 ded waived	
Specialist	\$60 after ded	50% after ded	\$70 ded waived	50% after ded	\$50 after ded		\$70 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded; pre-auth req	50% after ded; pre-auth req	35% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		35% after ded	
Mental Health Inpatient	20% after ded; pre-auth req	50% after ded; pre-auth req	35% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		35% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	50% after ded; pre-auth req	35% after ded; pre-auth req	50% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 after ded		35% after ded	
Lab/X-Ray	20% after ded	50% after ded	Lab-\$25 ded waived; X-ray-35% after ded	50% after ded	Lab-20% after ded; X-ray-\$90 after ded		Lab-\$25 ded waived; X-ray-35% after ded	
Mental Health Outpatient	\$60 after ded; pre-auth req	50% after ded; pre-auth req	\$70 ded waived; pre-auth req	50% after ded; pre-auth req	\$50 after ded		\$70 ded waived	
Emergency Care								
Emergency Room	50% after ded	Paid as in-network	50% after ded	Paid as in-network	\$500 (waived if admitted) after ded		50% after ded	
Urgent Care	\$75 after ded	50% after ded	\$75 ded waived	50% after ded	\$75 after ded		\$75 ded waived	
Single	2 x \$908.21		2 x \$902.58		2 x \$870.55		2 x \$861.70	
EE with Spouse	0 x \$1,816.42		0 x \$1,805.16		0 x \$1,741.10		0 x \$1,723.40	
EE with Child(ren)	0 x \$1,543.96		0 x \$1,534.39		0 x \$1,479.94		0 x \$1,464.89	
Family	0 x \$2,588.40		0 x \$2,572.34		0 x \$2,481.07		0 x \$2,455.85	
Monthly Cost	2 \$1,816.42		2 \$1,805.16		2 \$1,741.10		2 \$1,723.40	
Annual Cost	\$21,797.04		\$21,661.92		\$20,893.20		\$20,680.80	

Prepared For: **Oxford 2021 1st qtr Freedom NY City**

New York County, NY 10001

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Health Plan Comparison Report (4L)

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	Oxford Freedom S FRDM NG 2000/70 EPO HSA 21 CNT (HSA) (UCR=N/A)		Oxford Freedom B FRDM NG 5800/50 EPO HSA 21 CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	10/40/80 IntDed		10/40/80 IntDed	
Cost Share Information				
Individual/Family Deductible	\$2,000/\$4,000		\$5,800/\$11,600	
Individual/Family OOP Limit	\$6,900/\$13,800 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	30%		50%	
Office Visits				
Primary Care	30% after ded		50% after ded	
Specialist	30% after ded		50% after ded	
Inpatient Services				
Inpatient Hospital	30% after ded		50% after ded	
Mental Health Inpatient	30% after ded		50% after ded	
Outpatient Services				
Outpatient Facility	30% after ded		50% after ded	
Lab/X-Ray	30% after ded		50% after ded	
Mental Health Outpatient	30% after ded		50% after ded	
Emergency Care				
Emergency Room	50% after ded		50% after ded	
Urgent Care	30% after ded		50% after ded	
Single	2 x \$849.62		2 x \$734.12	
EE with Spouse	0 x \$1,699.24		0 x \$1,468.24	
EE with Child(ren)	0 x \$1,444.35		0 x \$1,248.00	
Family	0 x \$2,421.42		0 x \$2,092.25	
Monthly Cost	2 \$1,699.24		2 \$1,468.24	
Annual Cost	\$20,390.88		\$17,618.88	