

	Oxford Liberty P LBTY NG 25/70/500/100 EPO 21 CNT (EPOc) (UCR=N/A)		Oxford Liberty P LBTY GT 15/35/250/90 EPO LA 21 CNT (EPOc) (UCR=N/A)		Oxford Liberty G LBTY NG 25/50/100 EPO ZD 21 CNT (EPO) (UCR=N/A)		Oxford Liberty G LBTY GT 30/60/1250/100 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	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$500/\$1,000		\$250/\$500		N/A		\$1,250/\$2,500	
Individual/Family OOP Limit	\$2,800/\$5,600 (incl ded)		\$3,000/\$6,000 (incl ded)		\$5,500/\$11,000		\$5,900/\$11,800 (incl ded)	
Co-Insurance	0%		10%		0%		0%	
Office Visits								
Primary Care	D-\$5 ded waived; ND-\$25 ded waived		\$15 ded waived		\$25		\$30 ded waived	
Specialist	D-\$35 ded waived; ND-\$70 ded waived		\$35 ded waived		\$50		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	0% after ded		10% after ded		\$500/admit		\$500/day after ded; \$2,000 max/admit	
Mental Health Inpatient	0% after ded		10% after ded		\$500/admit		\$500/day after ded; \$2,000 max/admit	
Outpatient Services								
Outpatient Facility	0% after ded		10% after ded		Hosp-\$500; FS-\$150		Hosp-\$250 after ded; FS-\$150 after ded	
Lab/X-Ray	0% after ded		10% after ded		Lab-\$20; X-ray-\$50		Lab-No charge; X-ray-\$35 after ded	
Mental Health Outpatient	\$35 ded waived		\$35 ded waived		\$50		\$60 ded waived	
Emergency Care								
Emergency Room	\$250 ded waived		50% after ded		\$750 (waived if admitted)		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$35 ded waived		\$50		\$75 ded waived	
Single	2 x \$1,123.57		2 x \$1,077.28		2 x \$1,053.18		2 x \$970.12	
EE with Spouse	0 x \$2,247.13		0 x \$2,154.56		0 x \$2,106.36		0 x \$1,940.24	
EE with Child(ren)	0 x \$1,910.06		0 x \$1,831.38		0 x \$1,790.41		0 x \$1,649.21	
Family	0 x \$3,202.17		0 x \$3,070.24		0 x \$3,001.56		0 x \$2,764.84	
Monthly Cost	2 \$2,247.14		2 \$2,154.56		2 \$2,106.36		2 \$1,940.24	
Annual Cost	\$26,965.68		\$25,854.72		\$25,276.32		\$23,282.88	

	Oxford Liberty G LBTY NG 1500/90 EPO HSAM 21 CNT (HSA) (UCR=N/A)		Oxford Liberty S LBTY NG 50/100/100 EPO ZD 21 CNT (EPO) (UCR=N/A)		Oxford Liberty G LBTY NG 30/60/2000/70 EPO 21 CNT (EPOc) (UCR=N/A)		Oxford Liberty G LBTY NG 40/80/2000/80 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	10/50/90 IntDed		10/65/95/150 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000		N/A		\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$8,550/\$17,100		\$7,900/\$15,800 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	10%		0%		30%		20%	
Office Visits								
Primary Care	10% after ded		\$50		\$30 ded waived		D-\$20 ded waived; ND-\$40 ded waived	
Specialist	10% after ded		\$100		\$60 ded waived		D-\$40 ded waived; ND-\$80 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		\$1,000/admit		30% after ded		20% after ded	
Mental Health Inpatient	10% after ded		\$1,000/admit		30% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	10% after ded		Hosp-\$700; FS-\$500		30% after ded		20% after ded	
Lab/X-Ray	10% after ded		Lab-\$40; X-ray-\$150		Lab-No charge; X-ray-30% after ded		20% after ded	
Mental Health Outpatient	10% after ded		\$100		\$60 ded waived		\$40 ded waived	
Emergency Care								
Emergency Room	50% after ded		\$1,350 (waived if admitted)		\$500 (waived if admitted) ded waived		\$500 ded waived	
Urgent Care	10% after ded		\$100		\$75 ded waived		\$75 ded waived	
Single	2 x \$933.28		2 x \$918.77		2 x \$916.20		2 x \$900.97	
EE with Spouse	0 x \$1,866.56		0 x \$1,837.55		0 x \$1,832.39		0 x \$1,801.93	
EE with Child(ren)	0 x \$1,586.58		0 x \$1,561.91		0 x \$1,557.54		0 x \$1,531.64	
Family	0 x \$2,659.85		0 x \$2,618.50		0 x \$2,611.16		0 x \$2,567.75	
Monthly Cost	2 \$1,866.56		2 \$1,837.54		2 \$1,832.40		2 \$1,801.94	
Annual Cost	\$22,398.72		\$22,050.48		\$21,988.80		\$21,623.28	

	Oxford Liberty S LBTY NG 40/70/3000/65 EPO 21 CNT (EPOc) (UCR=N/A)		Oxford Liberty S LBTY NG 25/50/2500/80 EPO HSA 21 CNT (HSA) (UCR=N/A)		Oxford Liberty S LBTY NG 30/75/3500/60 EPO 21 CNT (EPOc) (UCR=N/A)		Oxford Liberty S LBTY GT 25/50/4500/50 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	10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/50%to\$800/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000		\$2,500/\$5,000		\$3,500/\$7,000		\$4,500/\$9,000	
Individual/Family OOP Limit	\$8,550/\$17,100 (incl ded)		\$6,400/\$12,800 (incl ded)		\$8,550/\$17,100 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	35%		20%		40%		50%	
Office Visits								
Primary Care	\$40 ded waived		\$25 after ded		\$30 ded waived		\$25 ded waived	
Specialist	\$70 ded waived		\$50 after ded		\$75 ded waived		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	35% after ded		20% after ded		40% after ded		50% after ded	
Mental Health Inpatient	35% after ded		20% after ded		40% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	35% after ded		Hosp-\$250 after ded; FS- \$150 after ded		40% after ded		50% after ded	
Lab/X-Ray	Lab-\$25 ded waived; X-ray-35% after ded		Lab-20% after ded; X-ray- \$90 after ded		Lab-\$20 ded waived; X-ray-40% after ded		Lab-\$15 ded waived; X-ray-50% after ded	
Mental Health Outpatient	\$70 ded waived		\$50 after ded		\$75 ded waived		\$50 ded waived	
Emergency Care								
Emergency Room	50% after ded		\$500 (waived if admitted) after ded		\$600 (waived if admitted) after ded		50% after ded	
Urgent Care	\$75 ded waived		\$75 after ded		\$80 ded waived		\$80 ded waived	
Single	2 x \$810.28		2 x \$808.04		2 x \$791.14		2 x \$785.98	
EE with Spouse	0 x \$1,620.56		0 x \$1,616.08		0 x \$1,582.28		0 x \$1,571.96	
EE with Child(ren)	0 x \$1,377.47		0 x \$1,373.67		0 x \$1,344.94		0 x \$1,336.16	
Family	0 x \$2,309.30		0 x \$2,302.91		0 x \$2,254.75		0 x \$2,240.04	
Monthly Cost	2 \$1,620.56		2 \$1,616.08		2 \$1,582.28		2 \$1,571.96	
Annual Cost	\$19,446.72		\$19,392.96		\$18,987.36		\$18,863.52	

	Oxford Liberty S LBTY NG 45/75/5000/50 EPO 21 CNT (EPOc) (UCR=N/A)		Oxford Liberty S LBTY NG 4000/80 EPO HSAM 21 CNT (HSA) (UCR=N/A)		Oxford Liberty B LBTY NG 30/60/6750/80 PPO HSA 21 CNT (HSA) (UCR=140mc%)		Oxford Liberty B LBTY NG 25/75/5750/70 EPO HSA 21 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	10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90 IntDed		30%/30%/30% IntDed	
Cost Share Information								
Individual/Family Deductible	\$5,000/\$10,000		\$4,000/\$8,000		\$6,750/\$13,500	\$10,000/\$20,000	\$5,750/\$11,500	
Individual/Family OOP Limit	\$8,550/\$17,100 (incl ded)		\$6,650/\$13,300 (incl ded)		\$7,000/\$14,000 (incl ded)	\$25,000/\$50,000 (incl ded)	\$7,000/\$14,000 (incl ded)	
Co-Insurance	50%		20%		20%	20%	30%	
Office Visits								
Primary Care	D-\$25 ded waived; ND-\$45 ded waived		20% after ded		\$30 after ded	20% after ded	\$25 after ded	
Specialist	D-\$45 ded waived; ND-\$75 ded waived		20% after ded		\$60 after ded	20% after ded	\$75 after ded	
Inpatient Services								
Inpatient Hospital	50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	30% after ded	
Mental Health Inpatient	50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	30% after ded	
Outpatient Services								
Outpatient Facility	50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req	30% after ded	
Lab/X-Ray	50% after ded		20% after ded		20% after ded	20% after ded	30% after ded	
Mental Health Outpatient	\$45 ded waived		20% after ded		\$60 after ded	20% after ded	\$75 after ded	
Emergency Care								
Emergency Room	50% after ded		50% after ded		50% after ded	Paid as in-network	50% after ded	
Urgent Care	\$75 ded waived		20% after ded		20% after ded	20% after ded	30% after ded	
Single	2 x \$766.52		2 x \$752.04		2 x \$720.75		2 x \$686.26	
EE with Spouse	0 x \$1,533.04		0 x \$1,504.08		0 x \$1,441.50		0 x \$1,372.52	
EE with Child(ren)	0 x \$1,303.09		0 x \$1,278.47		0 x \$1,225.28		0 x \$1,166.64	
Family	0 x \$2,184.59		0 x \$2,143.32		0 x \$2,054.14		0 x \$1,955.84	
Monthly Cost	2 \$1,533.04		2 \$1,504.08		2 \$1,441.50		2 \$1,372.52	
Annual Cost	\$18,396.48		\$18,048.96		\$17,298.00		\$16,470.24	

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

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 7000/100 EPO HSA 21 CNT (HSA) (UCR=N/A)		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed	
Cost Share Information		
Individual/Family Deductible	\$7,000/\$14,000	
Individual/Family OOP Limit	\$7,000/\$14,000 (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	\$684.91
EE with Spouse	0 x	\$1,369.81
EE with Child(ren)	0 x	\$1,164.34
Family	0 x	\$1,951.98
Monthly Cost	2	\$1,369.82
Annual Cost		\$16,437.84