

	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 \$1,586.88		2 x \$1,357.11		2 x \$1,326.76		2 x \$1,306.73	
EE with Spouse	0 x \$3,173.76		0 x \$2,714.22		0 x \$2,653.51		0 x \$2,613.45	
EE with Child(ren)	0 x \$2,697.70		0 x \$2,307.09		0 x \$2,255.49		0 x \$2,221.43	
Family	0 x \$4,522.61		0 x \$3,867.76		0 x \$3,781.26		0 x \$3,724.17	
Monthly Cost	2 \$3,173.76		2 \$2,714.22		2 \$2,653.52		2 \$2,613.46	
Annual Cost	\$38,085.12		\$32,570.64		\$31,842.24		\$31,361.52	

	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 \$1,279.27		2 x \$1,109.41		2 x \$1,082.59		2 x \$1,069.16	
EE with Spouse	0 x \$2,558.55		0 x \$2,218.82		0 x \$2,165.17		0 x \$2,138.32	
EE with Child(ren)	0 x \$2,174.76		0 x \$1,885.99		0 x \$1,840.40		0 x \$1,817.58	
Family	0 x \$3,645.94		0 x \$3,161.82		0 x \$3,085.37		0 x \$3,047.11	
Monthly Cost	2 \$2,558.54		2 \$2,218.82		2 \$2,165.18		2 \$2,138.32	
Annual Cost	\$30,702.48		\$26,625.84		\$25,982.16		\$25,659.84	

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

	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 \$1,059.85		2 x \$1,053.62		2 x \$1,009.99		2 x \$986.79	
EE with Spouse	0 x \$2,119.70		0 x \$2,107.23		0 x \$2,019.97		0 x \$1,973.57	
EE with Child(ren)	0 x \$1,801.75		0 x \$1,791.15		0 x \$1,716.98		0 x \$1,677.54	
Family	0 x \$3,020.58		0 x \$3,002.81		0 x \$2,878.46		0 x \$2,812.34	
Monthly Cost	2 \$2,119.70		2 \$2,107.24		2 \$2,019.98		2 \$1,973.58	
Annual Cost	\$25,436.40		\$25,286.88		\$24,239.76		\$23,682.96	

	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 \$928.49		2 x \$922.73		2 x \$889.99		2 x \$880.93	
EE with Spouse	0 x \$1,856.98		0 x \$1,845.46		0 x \$1,779.97		0 x \$1,761.87	
EE with Child(ren)	0 x \$1,578.44		0 x \$1,568.64		0 x \$1,512.97		0 x \$1,497.59	
Family	0 x \$2,646.20		0 x \$2,629.78		0 x \$2,536.46		0 x \$2,510.67	
Monthly Cost	2 \$1,856.98		2 \$1,845.46		2 \$1,779.98		2 \$1,761.86	
Annual Cost	\$22,283.76		\$22,145.52		\$21,359.76		\$21,142.32	

Prepared For: **Oxford 2021 2nd qtr Freedom New York City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

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SIC: 0000

	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 \$868.59		2 x \$750.51	
EE with Spouse	0 x \$1,737.19		0 x \$1,501.02	
EE with Child(ren)	0 x \$1,476.61		0 x \$1,275.87	
Family	0 x \$2,475.50		0 x \$2,138.95	
Monthly Cost	2 \$1,737.18		2 \$1,501.02	
Annual Cost	\$20,846.16		\$18,012.24	

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