Prepared For: **Oxford 2021 3rd qtr Liberty NY City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 07/01/2021 Prepared On: 04/20/2021

Report ID: 38287476 SIC: 0000

	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 $1,174.29		2 x $1,125.92		2 x $1,100.74		2 x $1,013.92	
EE with Spouse	0 x $2,348.58		0 x $2,251.84		0 x $2,201.48		0 x $2,027.85	
EE with Child(ren)	0 x $1,996.30		0 x $1,914.07		0 x $1,871.25		0 x $1,723.67	
Family	0 x $3,346.73		0 x $3,208.87		0 x $3,137.10		0 x $2,889.69	
Monthly Cost	2 $2,348.58		2 $2,251.84		2 $2,201.48		2 $2,027.84	
Annual Cost	$28,182.96		$27,022.08		$26,417.76		$24,334.08	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	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 $975.43		2 x $960.26		2 x $957.57		2 x $941.65	
EE with Spouse	0 x $1,950.86		0 x $1,920.52		0 x $1,915.15		0 x $1,883.30	
EE with Child(ren)	0 x $1,658.23		0 x $1,632.45		0 x $1,627.88		0 x $1,600.81	
Family	0 x $2,779.97		0 x $2,736.74		0 x $2,729.09		0 x $2,683.70	
Monthly Cost	2 $1,950.86		2 $1,920.52		2 $1,915.14		2 $1,883.30	
Annual Cost	$23,410.32		$23,046.24		$22,981.68		$22,599.60	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	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 $846.87		2 x $844.52		2 x $826.86		2 x $821.47	
EE with Spouse	0 x $1,693.73		0 x $1,689.05		0 x $1,653.73		0 x $1,642.94	
EE with Child(ren)	0 x $1,439.68		0 x $1,435.69		0 x $1,405.67		0 x $1,396.50	
Family	0 x $2,413.57		0 x $2,406.89		0 x $2,356.56		0 x $2,341.19	
Monthly Cost	2 $1,693.74		2 $1,689.04		2 $1,653.72		2 $1,642.94	
Annual Cost	$20,324.88		$20,268.48		$19,844.64		$19,715.28	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	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 $801.14		2 x $786.01		2 x $753.30		2 x $717.25	
EE with Spouse	0 x $1,602.27		0 x $1,572.01		0 x $1,506.60		0 x $1,434.50	
EE with Child(ren)	0 x $1,361.93		0 x $1,336.21		0 x $1,280.61		0 x $1,219.33	
Family	0 x $2,283.24		0 x $2,240.12		0 x $2,146.90		0 x $2,044.16	
Monthly Cost	2 $1,602.28		2 $1,572.02		2 $1,506.60		2 $1,434.50	
Annual Cost	$19,227.36		$18,864.24		$18,079.20		$17,214.00	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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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	$715.83
EE with Spouse	0 x	$1,431.66
EE with Child(ren)	0 x	$1,216.91
Family	0 x	$2,040.13
Monthly Cost	2	$1,431.66
Annual Cost		$17,179.92

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible