

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$1,658.54		2 x \$1,418.39		2 x \$1,386.67		2 x \$1,365.73	
EE with Spouse	0 x \$3,317.07		0 x \$2,836.78		0 x \$2,773.35		0 x \$2,731.45	
EE with Child(ren)	0 x \$2,819.52		0 x \$2,411.26		0 x \$2,357.35		0 x \$2,321.73	
Family	0 x \$4,726.83		0 x \$4,042.40		0 x \$3,952.02		0 x \$3,892.32	
Monthly Cost	2 \$3,317.08		2 \$2,836.78		2 \$2,773.34		2 \$2,731.46	
Annual Cost	\$39,804.96		\$34,041.36		\$33,280.08		\$32,777.52	

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$1,337.04		2 x \$1,159.51		2 x \$1,131.47		2 x \$1,117.44	
EE with Spouse	0 x \$2,674.08		0 x \$2,319.01		0 x \$2,262.94		0 x \$2,234.88	
EE with Child(ren)	0 x \$2,272.97		0 x \$1,971.16		0 x \$1,923.50		0 x \$1,899.65	
Family	0 x \$3,810.56		0 x \$3,304.59		0 x \$3,224.69		0 x \$3,184.71	
Monthly Cost	2 \$2,674.08		2 \$2,319.02		2 \$2,262.94		2 \$2,234.88	
Annual Cost	\$32,088.96		\$27,828.24		\$27,155.28		\$26,818.56	

	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
<b>Prescription Drugs</b>								
Drug Card	10/40/80/150 ded T2-3		10/40/80 IntDed		10/40/80 IntDed		10/40/80/150 ded T2-3	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$1,107.70		2 x \$1,101.19		2 x \$1,055.59		2 x \$1,031.34	
EE with Spouse	0 x \$2,215.41		0 x \$2,202.38		0 x \$2,111.18		0 x \$2,062.69	
EE with Child(ren)	0 x \$1,883.10		0 x \$1,872.03		0 x \$1,794.50		0 x \$1,753.28	
Family	0 x \$3,156.96		0 x \$3,138.40		0 x \$3,008.43		0 x \$2,939.33	
Monthly Cost	2 \$2,215.40		2 \$2,202.38		2 \$2,111.18		2 \$2,062.68	
Annual Cost	\$26,584.80		\$26,428.56		\$25,334.16		\$24,752.16	

	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
<b>Prescription Drugs</b>								
Drug Card	10/40/80 IntDed		10/40/80/200 ded T2-3		10/40/80 IntDed		10/40/80/200 ded T2-3	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$970.42		2 x \$964.39		2 x \$930.18		2 x \$920.72	
EE with Spouse	0 x \$1,940.83		0 x \$1,928.79		0 x \$1,860.36		0 x \$1,841.44	
EE with Child(ren)	0 x \$1,649.71		0 x \$1,639.47		0 x \$1,581.30		0 x \$1,565.22	
Family	0 x \$2,765.69		0 x \$2,748.53		0 x \$2,651.00		0 x \$2,624.05	
Monthly Cost	2 \$1,940.84		2 \$1,928.78		2 \$1,860.36		2 \$1,841.44	
Annual Cost	\$23,290.08		\$23,145.36		\$22,324.32		\$22,097.28	

Prepared For: **Oxford 2021 4th qtr Freedom NY City**

New York County, NY 10001

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

**Health Plan Comparison Report (4L)**

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Prepared On: 07/19/2021

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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
<b>Prescription Drugs</b>				
Drug Card	10/40/80 IntDed		10/40/80 IntDed	
<b>Cost Share Information</b>				
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%	
<b>Office Visits</b>				
Primary Care	30% after ded		50% after ded	
Specialist	30% after ded		50% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	30% after ded		50% after ded	
Mental Health Inpatient	30% after ded		50% after ded	
<b>Outpatient Services</b>				
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	
<b>Emergency Care</b>				
Emergency Room	50% after ded		50% after ded	
Urgent Care	30% after ded		50% after ded	
Single	2 x \$907.81		2 x \$784.40	
EE with Spouse	0 x \$1,815.62		0 x \$1,568.81	
EE with Child(ren)	0 x \$1,543.28		0 x \$1,333.48	
Family	0 x \$2,587.27		0 x \$2,235.55	
Monthly Cost	2 \$1,815.62		2 \$1,568.80	
Annual Cost	\$21,787.44		\$18,825.60	