

	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 \$1,299.46		2 x \$1,245.93		2 x \$1,218.07		2 x \$1,122.00	
EE with Spouse	0 x \$2,598.93		0 x \$2,491.86		0 x \$2,436.14		0 x \$2,244.00	
EE with Child(ren)	0 x \$2,209.09		0 x \$2,118.08		0 x \$2,070.72		0 x \$1,907.40	
Family	0 x \$3,703.47		0 x \$3,550.89		0 x \$3,471.50		0 x \$3,197.70	
Monthly Cost	2 \$2,598.92		2 \$2,491.86		2 \$2,436.14		2 \$2,244.00	
Annual Cost	\$31,187.04		\$29,902.32		\$29,233.68		\$26,928.00	

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 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 \$1,079.39		2 x \$1,062.61		2 x \$1,059.64		2 x \$1,042.02	
EE with Spouse	0 x \$2,158.78		0 x \$2,125.22		0 x \$2,119.28		0 x \$2,084.03	
EE with Child(ren)	0 x \$1,834.96		0 x \$1,806.44		0 x \$1,801.38		0 x \$1,771.43	
Family	0 x \$3,076.27		0 x \$3,028.44		0 x \$3,019.97		0 x \$2,969.75	
Monthly Cost	2 \$2,158.78		2 \$2,125.22		2 \$2,119.28		2 \$2,084.04	
Annual Cost	\$25,905.36		\$25,502.64		\$25,431.36		\$25,008.48	

	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 \$937.14		2 x \$934.54		2 x \$915.00		2 x \$909.03	
EE with Spouse	0 x \$1,874.27		0 x \$1,869.08		0 x \$1,830.00		0 x \$1,818.05	
EE with Child(ren)	0 x \$1,593.14		0 x \$1,588.73		0 x \$1,555.50		0 x \$1,545.35	
Family	0 x \$2,670.84		0 x \$2,663.45		0 x \$2,607.75		0 x \$2,590.73	
Monthly Cost	2 \$1,874.28		2 \$1,869.08		2 \$1,830.00		2 \$1,818.06	
Annual Cost	\$22,491.36		\$22,428.96		\$21,960.00		\$21,816.72	

	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 \$886.53		2 x \$869.78		2 x \$833.59		2 x \$793.70	
EE with Spouse	0 x \$1,773.06		0 x \$1,739.56		0 x \$1,667.18		0 x \$1,587.39	
EE with Child(ren)	0 x \$1,507.10		0 x \$1,478.63		0 x \$1,417.10		0 x \$1,349.28	
Family	0 x \$2,526.61		0 x \$2,478.87		0 x \$2,375.73		0 x \$2,262.03	
Monthly Cost	2 \$1,773.06		2 \$1,739.56		2 \$1,667.18		2 \$1,587.40	
Annual Cost	\$21,276.72		\$20,874.72		\$20,006.16		\$19,048.80	

Prepared For: **Oxford 2021 4th qtr Liberty Mid Hudson**

Dutchess County, NY 12501

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

Health Plan Comparison Report (4L)

Effective Date: 10/01/2021

Prepared On: 07/19/2021

Report ID: 38365731

SIC: 0000

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	\$792.13
EE with Spouse	0 x	\$1,584.26
EE with Child(ren)	0 x	\$1,346.62
Family	0 x	\$2,257.57
Monthly Cost	2	\$1,584.26
Annual Cost		\$19,011.12

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