

	Oxford Freedom NY P FRDM NG 20/40/100 PPO FAIR 22 CNT (PPO) (UCR=80fh%)		Oxford Freedom NY P FRDM NG 5/15/100 PPO 22 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 20/40/100 PPO 22 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 5/15/100 EPO 22 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	\$3,250/\$6,500	\$7,750/\$15,500 (incl ded)	\$3,250/\$6,500	\$5,250/\$10,500 (incl ded)	\$3,250/\$6,500	\$7,750/\$15,500 (incl ded)	\$3,250/\$6,500	
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	Lab-Not covered; X-ray-20% after ded	Lab-No charge; X-ray-\$90	Lab-Not covered; X-ray-30% after ded	Lab-No charge; X-ray-\$90	Lab-Not covered; X-ray-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 \$1,652.61		2 x \$1,399.91		2 x \$1,368.41		2 x \$1,345.00	
EE with Spouse	0 x \$3,305.22		0 x \$2,799.82		0 x \$2,736.82		0 x \$2,690.00	
EE with Child(ren)	0 x \$2,809.44		0 x \$2,379.85		0 x \$2,326.30		0 x \$2,286.50	
Family	0 x \$4,709.94		0 x \$3,989.74		0 x \$3,899.97		0 x \$3,833.25	
Monthly Cost	2 \$3,305.22		2 \$2,799.82		2 \$2,736.82		2 \$2,690.00	
Annual Cost	\$39,662.64		\$33,597.84		\$32,841.84		\$32,280.00	

	Oxford Freedom NY P FRDM NG 20/40/100 EPO 22 CNT (EPO) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/50/100 EPO 22 CNT (EPO) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/40/1500/80 PPO 22 CNT (PPOc) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 50/50/1000/90 EPO 22 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		10/65/95/150 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		N/A		\$1,500/\$3,000	\$3,000/\$6,000	\$1,000/\$2,000	
Individual/Family OOP Limit	\$3,250/\$6,500		\$6,000/\$12,000		\$6,800/\$13,600 (incl ded)	\$8,000/\$16,000 (incl ded)	\$6,200/\$12,400 (incl ded)	
Co-Insurance	0%		0%		20%	40%	10%	
Office Visits								
Primary Care	\$20		\$25		\$25 ded waived	40% after ded	\$50 ded waived	
Specialist	\$40		\$50		\$40 ded waived	40% after ded	\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$400/admit		\$500/admit		20% after ded; pre-auth req	40% after ded; pre-auth req	\$250/day after ded; \$2,500 max/admit	
Mental Health Inpatient	\$400/admit		\$500/admit		20% after ded; pre-auth req	40% after ded; pre-auth req	\$250/day after ded; \$2,500 max/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100		Hosp-\$500; FS-\$150		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	
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-\$20; X-ray-\$50		Lab-No charge; X-ray-\$25 after ded	Lab-Not covered; X-ray-40% after ded	Lab-No charge; X-ray-\$80 after ded	
Mental Health Outpatient	\$40		\$50		\$40 ded waived	40% after ded	\$50 ded waived	
Emergency Care								
Emergency Room	\$250 (waived if admitted)		\$750 (waived if admitted)		\$500 (waived if admitted) ded waived	Paid as in-network	\$500 (waived if admitted) ded waived	
Urgent Care	\$50		\$50		\$75 ded waived	40% after ded	\$75 ded waived	
Single	2 x \$1,316.41		2 x \$1,186.68		2 x \$1,159.76		2 x \$1,127.38	
EE with Spouse	0 x \$2,632.82		0 x \$2,373.36		0 x \$2,319.52		0 x \$2,254.76	
EE with Child(ren)	0 x \$2,237.90		0 x \$2,017.36		0 x \$1,971.59		0 x \$1,916.55	
Family	0 x \$3,751.77		0 x \$3,382.04		0 x \$3,305.32		0 x \$3,213.03	
Monthly Cost	2 \$2,632.82		2 \$2,373.36		2 \$2,319.52		2 \$2,254.76	
Annual Cost	\$31,593.84		\$28,480.32		\$27,834.24		\$27,057.12	

	Oxford Freedom NY G FRDM NG 15/35/1750/90 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/40/1750/80 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 1500/90 PPO HSA 22 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 1750/100 EPO HSAM 22 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	10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80 IntDed		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,750/\$3,500		\$1,750/\$3,500		\$1,500/\$3,000	\$3,000/\$6,000	\$1,750/\$3,500	
Individual/Family OOP Limit	\$7,500/\$15,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$5,500/\$11,000 (incl ded)	\$8,000/\$16,000 (incl ded)	\$6,800/\$13,600 (incl ded)	
Co-Insurance	10%		20%		10%	40%	0%	
Office Visits								
Primary Care	\$15 ded waived		\$25 ded waived		10% after ded	40% after ded	0% after ded	
Specialist	\$35 ded waived		\$40 ded waived		10% after ded	40% after ded	0% after ded	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		10% after ded; pre-auth req	40% after ded; pre-auth req	0% after ded	
Mental Health Inpatient	10% after ded		20% after ded		10% after ded; pre-auth req	40% after ded; pre-auth req	0% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$300 after ded; FS-\$150 after ded		Hosp-\$250 after ded; FS-\$150 after ded		10% after ded; pre-auth req	40% after ded; pre-auth req	0% after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$80 after ded		10% after ded	Lab-Not covered; X-ray-40% after ded	0% after ded	
Mental Health Outpatient	\$35 ded waived		\$40 ded waived		10% after ded	40% after ded	0% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		50% after ded	Paid as in-network	50% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		10% after ded	40% after ded	0% after ded	
Single	2 x \$1,115.00		2 x \$1,105.92		2 x \$1,101.17		2 x \$1,073.55	
EE with Spouse	0 x \$2,230.00		0 x \$2,211.84		0 x \$2,202.34		0 x \$2,147.10	
EE with Child(ren)	0 x \$1,895.50		0 x \$1,880.06		0 x \$1,871.99		0 x \$1,825.04	
Family	0 x \$3,177.75		0 x \$3,151.87		0 x \$3,138.33		0 x \$3,059.62	
Monthly Cost	2 \$2,230.00		2 \$2,211.84		2 \$2,202.34		2 \$2,147.10	
Annual Cost	\$26,760.00		\$26,542.08		\$26,428.08		\$25,765.20	

	Oxford Freedom NY G FRDM NG 1500/90 EPO HSA 22 CNT (HSA) (UCR=N/A)		Oxford Freedom NY G FRDM NG 30/60/2250/70 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY S FRDM NG 50/100/100 EPO 22 CNT (EPO) (UCR=N/A)		Oxford Freedom NY S FRDM NG 30/60/2000/80 PPO HSA 22 CNT (HSA) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/40/80 IntDed		10/40/80/150 ded T2-3		10/65/95/150 ded T2-3		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000		\$2,250/\$4,500		N/A		\$2,000/\$4,000	\$4,000/\$8,000
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$8,700/\$17,400 (incl ded)		\$8,700/\$17,400		\$6,900/\$13,800 (incl ded)	\$10,500/\$21,000 (incl ded)
Co-Insurance	10%		30%		0%		20%	50%
Office Visits								
Primary Care	10% after ded		\$30 ded waived		\$50		\$30 after ded	50% after ded
Specialist	10% after ded		\$60 ded waived		\$100		\$60 after ded	50% after ded
Inpatient Services								
Inpatient Hospital	10% after ded		30% after ded		\$1,000/admit		20% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Inpatient	10% after ded		30% after ded		\$1,000/admit		20% after ded; pre-auth req	50% after ded; pre-auth req
Outpatient Services								
Outpatient Facility	10% after ded		30% after ded		Hosp-\$700; FS-\$500		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	50% after ded; pre-auth req
Lab/X-Ray	10% after ded		Lab-No charge; X-ray-30% after ded		Lab-\$40; X-ray-\$150		20% after ded	Lab-Not covered; X-ray-50% after ded
Mental Health Outpatient	10% after ded		\$60 ded waived		\$100		\$60 after ded; pre-auth req	50% after ded; pre-auth req
Emergency Care								
Emergency Room	50% after ded		\$500 (waived if admitted) ded waived		\$1,400 (waived if admitted)		50% after ded	Paid as in-network
Urgent Care	10% after ded		\$75 ded waived		\$100		\$75 after ded	50% after ded
Single	2 x \$1,055.23		2 x \$1,040.59		2 x \$1,036.30		2 x \$979.45	
EE with Spouse	0 x \$2,110.46		0 x \$2,081.18		0 x \$2,072.60		0 x \$1,958.90	
EE with Child(ren)	0 x \$1,793.89		0 x \$1,769.00		0 x \$1,761.71		0 x \$1,665.07	
Family	0 x \$3,007.41		0 x \$2,965.68		0 x \$2,953.46		0 x \$2,791.43	
Monthly Cost	2 \$2,110.46		2 \$2,081.18		2 \$2,072.60		2 \$1,958.90	
Annual Cost	\$25,325.52		\$24,974.16		\$24,871.20		\$23,506.80	

	Oxford Freedom NY S FRDM NG 40/70/3000/65 PPO 22 CNT (PPOc) (UCR=140mc%)		Oxford Freedom NY S FRDM NG 25/50/2250/80 EPO HSA 22 CNT (HSA) (UCR=N/A)		Oxford Freedom NY S FRDM NG 40/70/3000/65 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY S FRDM NG 2000/70 EPO HSA 22 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	10/40/80/200 ded T2-3		10/40/80 IntDed		10/40/80/200 ded T2-3		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000	\$4,000/\$8,000	\$2,250/\$4,500		\$3,000/\$6,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$8,700/\$17,400 (incl ded)	\$10,500/\$21,000 (incl ded)	\$6,900/\$13,800 (incl ded)		\$8,700/\$17,400 (incl ded)		\$7,050/\$14,100 (incl ded)	
Co-Insurance	35%	50%	20%		35%		30%	
Office Visits								
Primary Care	\$40 ded waived	50% after ded	\$25 after ded		\$40 ded waived		30% after ded	
Specialist	\$70 ded waived	50% after ded	\$50 after ded		\$70 ded waived		30% after ded	
Inpatient Services								
Inpatient Hospital	35% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		35% after ded		30% after ded	
Mental Health Inpatient	35% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		35% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	35% after ded; pre-auth req	50% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 after ded		35% after ded		30% after ded	
Lab/X-Ray	Lab-\$25 ded waived; X-ray-35% after ded	Lab-Not covered; X-ray-50% after ded	Lab-20% after ded; X-ray-\$90 after ded		Lab-\$25 ded waived; X-ray-35% after ded		30% after ded	
Mental Health Outpatient	\$70 ded waived; pre-auth req	50% after ded; pre-auth req	\$50 after ded		\$70 ded waived		30% after ded	
Emergency Care								
Emergency Room	50% after ded	Paid as in-network	\$500 (waived if admitted) after ded		50% after ded		50% after ded	
Urgent Care	\$75 ded waived	50% after ded	\$75 after ded		\$75 ded waived		30% after ded	
Single	2 x \$976.90		2 x \$941.19		2 x \$931.44		2 x \$923.89	
EE with Spouse	0 x \$1,953.80		0 x \$1,882.38		0 x \$1,862.88		0 x \$1,847.78	
EE with Child(ren)	0 x \$1,660.73		0 x \$1,600.02		0 x \$1,583.45		0 x \$1,570.61	
Family	0 x \$2,784.17		0 x \$2,682.39		0 x \$2,654.60		0 x \$2,633.09	
Monthly Cost	2 \$1,953.80		2 \$1,882.38		2 \$1,862.88		2 \$1,847.78	
Annual Cost	\$23,445.60		\$22,588.56		\$22,354.56		\$22,173.36	

Prepared For: **Oxford 2022 1st 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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Oxford Freedom NY B FRDM NG 5800/50 EPO HSA 22 CNT (HSA) (UCR=N/A)		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/40/80 IntDed	
Cost Share Information		
Individual/Family Deductible	\$5,800/\$11,600	
Individual/Family OOP Limit	\$7,050/\$14,100 (incl ded)	
Co-Insurance	50%	
Office Visits		
Primary Care	50% after ded	
Specialist	50% after ded	
Inpatient Services		
Inpatient Hospital	50% after ded	
Mental Health Inpatient	50% after ded	
Outpatient Services		
Outpatient Facility	50% after ded	
Lab/X-Ray	50% after ded	
Mental Health Outpatient	50% after ded	
Emergency Care		
Emergency Room	50% after ded	
Urgent Care	50% after ded	
Single	2 x	\$817.22
EE with Spouse	0 x	\$1,634.44
EE with Child(ren)	0 x	\$1,389.27
Family	0 x	\$2,329.08
Monthly Cost	2	\$1,634.44
Annual Cost		\$19,613.28