Prepared For: **Oxford 2022 1st qtr Freedom Mid Hudson** — **Health Plan Comparison Report (4L)**

Orange County, NY 10910 — Effective Date: 01/01/2022 — Prepared On: 10/26/2021

Prepared By: Clifford Grekin Inc. - (631)963-6020 — Report ID: 38462947 — SIC: 0000

	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 $1,757.87		2 x $1,489.08		2 x $1,455.57		2 x $1,430.67	
EE with Spouse	0 x $3,515.74		0 x $2,978.16		0 x $2,911.14		0 x $2,861.34	
EE with Child(ren)	0 x $2,988.38		0 x $2,531.44		0 x $2,474.47		0 x $2,432.14	
Family	0 x $5,009.93		0 x $4,243.88		0 x $4,148.37		0 x $4,077.41	
Monthly Cost	2 $3,515.74		2 $2,978.16		2 $2,911.14		2 $2,861.34	
Annual Cost	$42,188.88		$35,737.92		$34,933.68		$34,336.08	

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	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 $1,400.26		2 x $1,262.27		2 x $1,233.63		2 x $1,199.19	
EE with Spouse	0 x $2,800.52		0 x $2,524.54		0 x $2,467.26		0 x $2,398.38	
EE with Child(ren)	0 x $2,380.44		0 x $2,145.86		0 x $2,097.17		0 x $2,038.62	
Family	0 x $3,990.74		0 x $3,597.47		0 x $3,515.85		0 x $3,417.69	
Monthly Cost	2 $2,800.52		2 $2,524.54		2 $2,467.26		2 $2,398.38	
Annual Cost	$33,606.24		$30,294.48		$29,607.12		$28,780.56	

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

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	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 $1,186.02		2 x $1,176.36		2 x $1,171.31		2 x $1,141.93	
EE with Spouse	0 x $2,372.04		0 x $2,352.72		0 x $2,342.62		0 x $2,283.86	
EE with Child(ren)	0 x $2,016.23		0 x $1,999.81		0 x $1,991.23		0 x $1,941.28	
Family	0 x $3,380.16		0 x $3,352.63		0 x $3,338.23		0 x $3,254.50	
Monthly Cost	2 $2,372.04		2 $2,352.72		2 $2,342.62		2 $2,283.86	
Annual Cost	$28,464.48		$28,232.64		$28,111.44		$27,406.32	

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

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	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 $1,122.45		2 x $1,106.88		2 x $1,102.31		2 x $1,041.84	
EE with Spouse	0 x $2,244.90		0 x $2,213.76		0 x $2,204.62		0 x $2,083.68	
EE with Child(ren)	0 x $1,908.17		0 x $1,881.70		0 x $1,873.93		0 x $1,771.13	
Family	0 x $3,198.98		0 x $3,154.61		0 x $3,141.58		0 x $2,969.24	
Monthly Cost	2 $2,244.90		2 $2,213.76		2 $2,204.62		2 $2,083.68	
Annual Cost	$26,938.80		$26,565.12		$26,455.44		$25,004.16	

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

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	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 $1,039.13		2 x $1,001.14		2 x $990.77		2 x $982.74	
EE with Spouse	0 x $2,078.26		0 x $2,002.28		0 x $1,981.54		0 x $1,965.48	
EE with Child(ren)	0 x $1,766.52		0 x $1,701.94		0 x $1,684.31		0 x $1,670.66	
Family	0 x $2,961.52		0 x $2,853.25		0 x $2,823.69		0 x $2,800.81	
Monthly Cost	2 $2,078.26		2 $2,002.28		2 $1,981.54		2 $1,965.48	
Annual Cost	$24,939.12		$24,027.36		$23,778.48		$23,585.76	

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

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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	$869.28
EE with Spouse	0 x	$1,738.56
EE with Child(ren)	0 x	$1,477.78
Family	0 x	$2,477.45
Monthly Cost	2	$1,738.56
Annual Cost		$20,862.72

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