

| | Oxford Liberty NY P LBTY NG 5/35/500/100 EPO 22 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY P LBTY GT 15/30/250/90 EPO LA 22 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY G LBTY NG 25/50/100 EPO ZD 22 CNT (EPO) (UCR=N/A) | | Oxford Liberty NY G LBTY GT 30/60/1250/100 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 | 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 | \$3,050/\$6,100 (incl ded) | | \$3,250/\$6,500 (incl ded) | | \$6,000/\$12,000 | | \$6,400/\$12,800 (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 | | \$30 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 | | \$30 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 | | \$30 ded waived | | \$50 | | \$75 ded waived | |
| Single | 2 x \$1,245.90 | | 2 x \$1,170.89 | | 2 x \$1,150.58 | | 2 x \$1,052.89 | |
| EE with Spouse | 0 x \$2,491.80 | | 0 x \$2,341.78 | | 0 x \$2,301.16 | | 0 x \$2,105.78 | |
| EE with Child(ren) | 0 x \$2,118.03 | | 0 x \$1,990.51 | | 0 x \$1,955.99 | | 0 x \$1,789.91 | |
| Family | 0 x \$3,550.82 | | 0 x \$3,337.04 | | 0 x \$3,279.15 | | 0 x \$3,000.74 | |
| Monthly Cost | 2 \$2,491.80 | | 2 \$2,341.78 | | 2 \$2,301.16 | | 2 \$2,105.78 | |
| Annual Cost | \$29,901.60 | | \$28,101.36 | | \$27,613.92 | | \$25,269.36 | |

| | Oxford Liberty NY G LBTY NG 1500/90 EPO HSAM 22 CNT (HSA) (UCR=N/A) | | Oxford Liberty NY G LBTY NG 20/40/2000/80 EPO 22 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY G LBTY NG 30/60/2000/70 EPO 22 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY S LBTY NG 50/100/100 EPO ZD 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 | 10/50/90 IntDed | | 10/50/90/200 ded T2-3 | | 10/50/90/200 ded T2-3 | | 10/65/95/150 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$1,500/\$3,000 | | \$2,000/\$4,000 | | \$2,000/\$4,000 | | N/A | |
| Individual/Family OOP Limit | \$5,500/\$11,000 (incl ded) | | \$8,500/\$17,000 (incl ded) | | \$8,400/\$16,800 (incl ded) | | \$8,700/\$17,400 | |
| Co-Insurance | 10% | | 20% | | 30% | | 0% | |
| Office Visits | | | | | | | | |
| Primary Care | 10% after ded | | D-\$20 ded waived; ND-\$40 ded waived | | \$30 ded waived | | \$50 | |
| Specialist | 10% after ded | | D-\$40 ded waived; ND-\$80 ded waived | | \$60 ded waived | | \$100 | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 10% after ded | | 20% after ded | | 30% after ded | | \$1,000/admit | |
| Mental Health Inpatient | 10% after ded | | 20% after ded | | 30% after ded | | \$1,000/admit | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | 10% after ded | | 20% after ded | | 30% after ded | | Hosp-\$700; FS-\$500 | |
| Lab/X-Ray | 10% after ded | | 20% after ded | | Lab-No charge; X-ray-30% after ded | | Lab-\$40; X-ray-\$150 | |
| Mental Health Outpatient | 10% after ded | | \$40 ded waived | | \$60 ded waived | | \$100 | |
| Emergency Care | | | | | | | | |
| Emergency Room | 50% after ded | | \$500 ded waived | | \$500 (waived if admitted) ded waived | | \$1,400 (waived if admitted) | |
| Urgent Care | 10% after ded | | \$75 ded waived | | \$75 ded waived | | \$100 | |
| Single | 2 x \$1,026.90 | | 2 x \$1,024.94 | | 2 x \$1,014.36 | | 2 x \$1,007.39 | |
| EE with Spouse | 0 x \$2,053.80 | | 0 x \$2,049.88 | | 0 x \$2,028.72 | | 0 x \$2,014.78 | |
| EE with Child(ren) | 0 x \$1,745.73 | | 0 x \$1,742.40 | | 0 x \$1,724.41 | | 0 x \$1,712.56 | |
| Family | 0 x \$2,926.67 | | 0 x \$2,921.08 | | 0 x \$2,890.93 | | 0 x \$2,871.06 | |
| Monthly Cost | 2 \$2,053.80 | | 2 \$2,049.88 | | 2 \$2,028.72 | | 2 \$2,014.78 | |
| Annual Cost | \$24,645.60 | | \$24,598.56 | | \$24,344.64 | | \$24,177.36 | |

| | Oxford Liberty NY S LBTY NG 40/70/3000/65 EPO 22 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY S LBTY NG 25/50/2500/80 EPO HSA 22 CNT (HSA) (UCR=N/A) | | Oxford Liberty NY S LBTY NG 40/70/4500/60 EPO 22 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY S LBTY NG 30/75/3500/60 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 | 10/50/90/200 ded T2-3 | | 10/50/90 IntDed | | 10/50/90/200 ded T2-3 | | 10/50/50%to\$800/200 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$3,000/\$6,000 | | \$2,500/\$5,000 | | \$4,500/\$9,000 | | \$3,500/\$7,000 | |
| Individual/Family OOP Limit | \$8,700/\$17,400 (incl ded) | | \$6,900/\$13,800 (incl ded) | | \$8,700/\$17,400 (incl ded) | | \$8,700/\$17,400 (incl ded) | |
| Co-Insurance | 35% | | 20% | | 40% | | 40% | |
| Office Visits | | | | | | | | |
| Primary Care | \$40 ded waived | | \$25 after ded | | \$40 ded waived | | \$30 ded waived | |
| Specialist | \$70 ded waived | | \$50 after ded | | \$70 ded waived | | \$75 ded waived | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 35% after ded | | 20% after ded | | 40% after ded | | 40% after ded | |
| Mental Health Inpatient | 35% after ded | | 20% after ded | | 40% after ded | | 40% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | 35% after ded | | Hosp-\$250 after ded; FS- \$150 after ded | | 40% after ded | | 40% after ded | |
| Lab/X-Ray | Lab-\$25 ded waived; X-ray-35% after ded | | Lab-20% after ded; X-ray- \$90 after ded | | Lab-\$25 ded waived; X-ray-40% after ded | | Lab-\$20 ded waived; X-ray-40% after ded | |
| Mental Health Outpatient | \$70 ded waived | | \$50 after ded | | \$70 ded waived | | \$75 ded waived | |
| Emergency Care | | | | | | | | |
| Emergency Room | 50% after ded | | \$500 (waived if admitted) after ded | | 50% after ded | | \$600 (waived if admitted) after ded | |
| Urgent Care | \$75 ded waived | | \$75 after ded | | \$75 ded waived | | \$80 ded waived | |
| Single | 2 x \$903.20 | | 2 x \$902.42 | | 2 x \$885.90 | | 2 x \$884.45 | |
| EE with Spouse | 0 x \$1,806.40 | | 0 x \$1,804.84 | | 0 x \$1,771.80 | | 0 x \$1,768.90 | |
| EE with Child(ren) | 0 x \$1,535.44 | | 0 x \$1,534.11 | | 0 x \$1,506.03 | | 0 x \$1,503.57 | |
| Family | 0 x \$2,574.12 | | 0 x \$2,571.90 | | 0 x \$2,524.82 | | 0 x \$2,520.68 | |
| Monthly Cost | 2 \$1,806.40 | | 2 \$1,804.84 | | 2 \$1,771.80 | | 2 \$1,768.90 | |
| Annual Cost | \$21,676.80 | | \$21,658.08 | | \$21,261.60 | | \$21,226.80 | |

| | Oxford Liberty NY S LBTY NG 25/45/5000/50 EPO 22 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY S LBTY GT 25/50/4500/50 EPO 22 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY S LBTY NG 4000/80 EPO HSAM 22 CNT (HSA) (UCR=N/A) | | Oxford Liberty NY B LBTY NG 30/60/6750/80 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 | 10/50/90/200 ded T2-3 | | 10/50/90/200 ded T2-3 | | 10/50/90 IntDed | | 10/50/90 IntDed | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$5,000/\$10,000 | | \$4,500/\$9,000 | | \$4,000/\$8,000 | | \$6,750/\$13,500 | \$10,000/\$20,000 |
| Individual/Family OOP Limit | \$8,700/\$17,400 (incl ded) | | \$8,700/\$17,400 (incl ded) | | \$7,050/\$14,100 (incl ded) | | \$7,050/\$14,100 (incl ded) | \$25,000/\$50,000 (incl ded) |
| Co-Insurance | 50% | | 50% | | 20% | | 20% | 20% |
| Office Visits | | | | | | | | |
| Primary Care | D-\$25 ded waived; ND-\$45 ded waived | | \$25 ded waived | | 20% after ded | | \$30 after ded | 20% after ded |
| Specialist | D-\$45 ded waived; ND-\$75 ded waived | | \$50 ded waived | | 20% after ded | | \$60 after ded | 20% after ded |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 50% after ded | | 50% after ded | | 20% after ded | | 20% after ded; pre-auth req | 20% after ded; pre-auth req |
| Mental Health Inpatient | 50% after ded | | 50% after ded | | 20% after ded | | 20% after ded; pre-auth req | 20% after ded; pre-auth req |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | 50% after ded | | 50% after ded | | 20% after ded | | 20% after ded; pre-auth req | 20% after ded; pre-auth req |
| Lab/X-Ray | 50% after ded | | Lab-\$15 ded waived; X-ray-50% after ded | | 20% after ded | | 20% after ded | Lab-Not covered; X-ray-20% after ded |
| Mental Health Outpatient | \$45 ded waived | | \$50 ded waived | | 20% after ded | | \$60 after ded | 20% after ded |
| Emergency Care | | | | | | | | |
| Emergency Room | 50% after ded | | 50% after ded | | 50% after ded | | 50% after ded | Paid as in-network |
| Urgent Care | \$75 ded waived | | \$80 ded waived | | 20% after ded | | 20% after ded | 20% after ded |
| Single | 2 x \$875.99 | | 2 x \$867.72 | | 2 x \$848.50 | | 2 x \$828.95 | |
| EE with Spouse | 0 x \$1,751.98 | | 0 x \$1,735.44 | | 0 x \$1,697.00 | | 0 x \$1,657.90 | |
| EE with Child(ren) | 0 x \$1,489.18 | | 0 x \$1,475.12 | | 0 x \$1,442.45 | | 0 x \$1,409.22 | |
| Family | 0 x \$2,496.57 | | 0 x \$2,473.00 | | 0 x \$2,418.23 | | 0 x \$2,362.51 | |
| Monthly Cost | 2 \$1,751.98 | | 2 \$1,735.44 | | 2 \$1,697.00 | | 2 \$1,657.90 | |
| Annual Cost | \$21,023.76 | | \$20,825.28 | | \$20,364.00 | | \$19,894.80 | |

Prepared For: **Oxford 2022 2nd qtr Liberty New York 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: 01/18/2022

Report ID: 38570418

SIC: 0000

| | Oxford Liberty NY B LBTY NG 25/75/5750/70 EPO HSA 22 CNT (HSA) (UCR=N/A) | | Oxford Liberty NY B LBTY NG 7000/100 EPO HSA 22 CNT (HSA) (UCR=N/A) | |
|-------------------------------|--|-------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | |
| Drug Card | 30%/30%/30% IntDed | | 0%/0%/0% IntDed | |
| Cost Share Information | | | | |
| Individual/Family Deductible | \$5,750/\$11,500 | | \$7,000/\$14,000 | |
| Individual/Family OOP Limit | \$7,050/\$14,100 (incl ded) | | \$7,050/\$14,100 (incl ded) | |
| Co-Insurance | 30% | | 0% | |
| Office Visits | | | | |
| Primary Care | \$25 after ded | | 0% after ded | |
| Specialist | \$75 after ded | | 0% after ded | |
| Inpatient Services | | | | |
| Inpatient Hospital | 30% after ded | | 0% after ded | |
| Mental Health Inpatient | 30% after ded | | 0% after ded | |
| Outpatient Services | | | | |
| Outpatient Facility | 30% after ded | | 0% after ded | |
| Lab/X-Ray | 30% after ded | | 0% after ded | |
| Mental Health Outpatient | \$75 after ded | | 0% after ded | |
| Emergency Care | | | | |
| Emergency Room | 50% after ded | | 0% after ded | |
| Urgent Care | 30% after ded | | 0% after ded | |
| Single | 2 x \$795.09 | | 2 x \$794.50 | |
| EE with Spouse | 0 x \$1,590.18 | | 0 x \$1,589.00 | |
| EE with Child(ren) | 0 x \$1,351.65 | | 0 x \$1,350.65 | |
| Family | 0 x \$2,266.01 | | 0 x \$2,264.33 | |
| Monthly Cost | 2 \$1,590.18 | | 2 \$1,589.00 | |
| Annual Cost | \$19,082.16 | | \$19,068.00 | |

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