

	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		N/A		N/A		N/A	
Individual/Family OOP Limit	\$3,250/\$6,500		\$3,250/\$6,500		\$3,250/\$6,500		\$3,250/\$6,500	
Co-Insurance	0%		0%		0%		0%	
Office Visits								
Primary Care	\$20		\$5		\$20		\$5	
Specialist	\$40		\$15		\$40		\$15	
Inpatient Services								
Inpatient Hospital	\$400/admit; pre-auth req		\$200/admit; pre-auth req		\$400/admit; pre-auth req		\$200/admit	
Mental Health Inpatient	\$400/admit; pre-auth req		\$200/admit; pre-auth req		\$400/admit; pre-auth req		\$200/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100; pre-auth req		Hosp-\$100; FS-\$50; pre-auth req		Hosp-\$300; FS-\$100; pre-auth req		Hosp-\$100; FS-\$50	
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$90	
Mental Health Outpatient	\$40		\$15; pre-auth req		\$40		\$15	
Emergency Care								
Emergency Room	\$250 (waived if admitted)		\$250 (waived if admitted)		\$250 (waived if admitted)		\$250 (waived if admitted)	
Urgent Care	\$50		\$50		\$50		\$50	
Single	2 x \$1,777.86		2 x \$1,506.00		2 x \$1,472.12		2 x \$1,446.93	
EE with Spouse	0 x \$3,555.72		0 x \$3,012.00		0 x \$2,944.24		0 x \$2,893.86	
EE with Child(ren)	0 x \$3,022.36		0 x \$2,560.20		0 x \$2,502.60		0 x \$2,459.78	
Family	0 x \$5,066.90		0 x \$4,292.10		0 x \$4,195.54		0 x \$4,123.75	
Monthly Cost	2 \$3,555.72		2 \$3,012.00		2 \$2,944.24		2 \$2,893.86	
Annual Cost	\$42,668.64		\$36,144.00		\$35,330.88		\$34,726.32	

	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 \$1,416.18		2 x \$1,276.62		2 x \$1,247.65		2 x \$1,212.82	
EE with Spouse	0 x \$2,832.36		0 x \$2,553.24		0 x \$2,495.30		0 x \$2,425.64	
EE with Child(ren)	0 x \$2,407.51		0 x \$2,170.25		0 x \$2,121.01		0 x \$2,061.79	
Family	0 x \$4,036.11		0 x \$3,638.37		0 x \$3,555.80		0 x \$3,456.54	
Monthly Cost	2 \$2,832.36		2 \$2,553.24		2 \$2,495.30		2 \$2,425.64	
Annual Cost	\$33,988.32		\$30,638.88		\$29,943.60		\$29,107.68	

	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 \$1,199.51		2 x \$1,189.73		2 x \$1,184.62		2 x \$1,154.91	
EE with Spouse	0 x \$2,399.02		0 x \$2,379.46		0 x \$2,369.24		0 x \$2,309.82	
EE with Child(ren)	0 x \$2,039.17		0 x \$2,022.54		0 x \$2,013.85		0 x \$1,963.35	
Family	0 x \$3,418.60		0 x \$3,390.73		0 x \$3,376.17		0 x \$3,291.49	
Monthly Cost	2 \$2,399.02		2 \$2,379.46		2 \$2,369.24		2 \$2,309.82	
Annual Cost	\$28,788.24		\$28,553.52		\$28,430.88		\$27,717.84	

	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 \$1,135.21		2 x \$1,119.46		2 x \$1,114.84		2 x \$1,053.68	
EE with Spouse	0 x \$2,270.42		0 x \$2,238.92		0 x \$2,229.68		0 x \$2,107.36	
EE with Child(ren)	0 x \$1,929.86		0 x \$1,903.08		0 x \$1,895.23		0 x \$1,791.26	
Family	0 x \$3,235.35		0 x \$3,190.46		0 x \$3,177.29		0 x \$3,002.99	
Monthly Cost	2 \$2,270.42		2 \$2,238.92		2 \$2,229.68		2 \$2,107.36	
Annual Cost	\$27,245.04		\$26,867.04		\$26,756.16		\$25,288.32	

	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 \$1,050.94		2 x \$1,012.52		2 x \$1,002.03		2 x \$993.91	
EE with Spouse	0 x \$2,101.88		0 x \$2,025.04		0 x \$2,004.06		0 x \$1,987.82	
EE with Child(ren)	0 x \$1,786.60		0 x \$1,721.28		0 x \$1,703.45		0 x \$1,689.65	
Family	0 x \$2,995.18		0 x \$2,885.68		0 x \$2,855.79		0 x \$2,832.64	
Monthly Cost	2 \$2,101.88		2 \$2,025.04		2 \$2,004.06		2 \$1,987.82	
Annual Cost	\$25,222.56		\$24,300.48		\$24,048.72		\$23,853.84	

Prepared For: **Oxford 2022 4th qtr Freedom 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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SIC: 0000

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	\$879.16
EE with Spouse	0 x	\$1,758.32
EE with Child(ren)	0 x	\$1,494.57
Family	0 x	\$2,505.61
Monthly Cost	2	\$1,758.32
Annual Cost		\$21,099.84