

| | Oxford Freedom NY P FRDM NG 20/40/100 PPO FAIR 23 CNT (PPO) (UCR=80fh%) | | Oxford Freedom NY P FRDM NG 5/15/100 PPO 23 CNT (PPO) (UCR=140mc%) | | Oxford Freedom NY P FRDM NG 20/40/100 PPO 23 CNT (PPO) (UCR=140mc%) | | Oxford Freedom NY P FRDM NG 5/15/100 EPO 23 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 | \$10,000/\$20,000 | N/A | \$2,000/\$4,000 | N/A | \$3,000/\$6,000 | N/A | |
| Individual/Family OOP Limit | \$3,000/\$6,000 | \$25,000/\$50,000 (incl ded) | \$3,500/\$7,000 | \$5,250/\$10,500 (incl ded) | \$3,000/\$6,000 | \$7,750/\$15,500 (incl ded) | \$3,500/\$7,000 | |
| 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 | 20% after ded | \$200/admit | 30% after ded | \$400/admit | 30% after ded | \$200/admit | |
| Mental Health Inpatient | \$400/admit | 20% after ded | \$200/admit | 30% after ded | \$400/admit | 30% after ded | \$200/admit | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | Hosp-\$300; FS-\$100 | 20% after ded; pre-auth req | Hosp-\$100; FS-\$50 | 30% after ded; pre-auth req | Hosp-\$300; FS-\$100 | 30% after ded; pre-auth req | Hosp-\$100; FS-\$50 | |
| Lab/X-Ray | Lab-No charge/\$60 (D/ND); X-ray-\$90 | Lab-Not covered; X-ray-20% after ded | Lab-No charge/\$60 (D/ND); X-ray-\$90 | Lab-Not covered; X-ray-30% after ded | Lab-No charge/\$60 (D/ND); X-ray-\$90 | Lab-Not covered; X-ray-30% after ded | Lab-No charge/\$60 (D/ND); X-ray-\$90 | |
| Mental Health Outpatient | \$20 | 20% after ded | 5 | 30% after ded | \$20 | 30% after ded | \$5 | |
| 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 \$1,739.95 | | 2 x \$1,480.20 | | 2 x \$1,451.74 | | 2 x \$1,425.59 | |
| EE with Spouse | 0 x \$3,479.90 | | 0 x \$2,960.39 | | 0 x \$2,903.48 | | 0 x \$2,851.18 | |
| EE with Child(ren) | 0 x \$2,957.92 | | 0 x \$2,516.34 | | 0 x \$2,467.96 | | 0 x \$2,423.50 | |
| Family | 0 x \$4,958.85 | | 0 x \$4,218.56 | | 0 x \$4,137.46 | | 0 x \$4,062.93 | |
| Monthly Cost | 2 \$3,479.90 | | 2 \$2,960.40 | | 2 \$2,903.48 | | 2 \$2,851.18 | |
| Annual Cost | \$41,758.80 | | \$35,524.80 | | \$34,841.76 | | \$34,214.16 | |

| | Oxford Freedom NY P FRDM NG 20/40/100 EPO 23 CNT (EPO) (UCR=N/A) | | Oxford Freedom NY G FRDM NG 25/50/100 EPO ZD 23 CNT (EPO) (UCR=N/A) | | Oxford Freedom NY G FRDM NG 25/40/1500/80 PPO 23 CNT (PPOc) (UCR=140mc%) | | Oxford Freedom NY G FRDM NG 50/50/1000/90 EPO 23 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 | \$4,000/\$8,000 | \$1,000/\$2,000 | |
| Individual/Family OOP Limit | \$3,000/\$6,000 | | \$6,250/\$12,500 | | \$7,050/\$14,100 (incl ded) | \$10,000/\$20,000 (incl ded) | \$6,450/\$12,900 (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 | 40% after ded | \$250/day after ded; \$2,500 max/admit | |
| Mental Health Inpatient | \$400/admit | | \$500/admit | | 20% after ded | 40% after ded | \$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 | 40% after ded; pre-auth req | Hosp-\$250 after ded; FS-\$150 after ded | |
| Lab/X-Ray | Lab-No charge/\$60 (D/ND); X-ray-\$90 | | Lab-No charge/\$60 (D/ND); X-ray-\$50 | | Lab-No charge/50% after ded (D/ND); X-ray-\$25 after ded | Lab-Not covered; X-ray-40% after ded | Lab-No charge/50% after ded (D/ND); X-ray-\$80 after ded | |
| Mental Health Outpatient | \$20 | | \$25 | | \$25 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 \$1,400.57 | | 2 x \$1,266.56 | | 2 x \$1,228.47 | | 2 x \$1,192.83 | |
| EE with Spouse | 0 x \$2,801.14 | | 0 x \$2,533.12 | | 0 x \$2,456.95 | | 0 x \$2,385.66 | |
| EE with Child(ren) | 0 x \$2,380.97 | | 0 x \$2,153.15 | | 0 x \$2,088.41 | | 0 x \$2,027.81 | |
| Family | 0 x \$3,991.63 | | 0 x \$3,609.69 | | 0 x \$3,501.15 | | 0 x \$3,399.57 | |
| Monthly Cost | 2 \$2,801.14 | | 2 \$2,533.12 | | 2 \$2,456.94 | | 2 \$2,385.66 | |
| Annual Cost | \$33,613.68 | | \$30,397.44 | | \$29,483.28 | | \$28,627.92 | |

| | Oxford Freedom NY G FRDM NG 15/35/1750/90 EPO 23 CNT (EPOc) (UCR=N/A) | | Oxford Freedom NY G FRDM NG 25/40/1750/80 EPO 23 CNT (EPOc) (UCR=N/A) | | Oxford Freedom NY G FRDM NG 1500/90 PPO HSA 23 CNT (HSA) (UCR=140mc%) | | Oxford Freedom NY G FRDM NG 1750/100 EPO HSA 23 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 | \$4,000/\$8,000 | \$1,750/\$3,500 | |
| Individual/Family OOP Limit | \$7,750/\$15,500 (incl ded) | | \$6,250/\$12,500 (incl ded) | | \$5,750/\$11,500 (incl ded) | \$10,000/\$20,000 (incl ded) | \$7,050/\$14,100 (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 | 40% after ded | 0% after ded | |
| Mental Health Inpatient | 10% after ded | | 20% after ded | | 10% after ded | 40% after ded | 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 | 40% after ded | 0% after ded | |
| Lab/X-Ray | Lab-No charge/50% after ded (D/ND); X-ray-\$80 after ded | | Lab-No charge/50% after ded (D/ND); X-ray-\$80 after ded | | 10% after ded | Lab-Not covered; X-ray-40% after ded | 0% after ded | |
| Mental Health Outpatient | \$15 ded waived | | \$25 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 \$1,187.97 | | 2 x \$1,177.78 | | 2 x \$1,177.71 | | 2 x \$1,152.14 | |
| EE with Spouse | 0 x \$2,375.94 | | 0 x \$2,355.56 | | 0 x \$2,355.43 | | 0 x \$2,304.29 | |
| EE with Child(ren) | 0 x \$2,019.55 | | 0 x \$2,002.22 | | 0 x \$2,002.11 | | 0 x \$1,958.64 | |
| Family | 0 x \$3,385.71 | | 0 x \$3,356.66 | | 0 x \$3,356.49 | | 0 x \$3,283.61 | |
| Monthly Cost | 2 \$2,375.94 | | 2 \$2,355.56 | | 2 \$2,355.42 | | 2 \$2,304.28 | |
| Annual Cost | \$28,511.28 | | \$28,266.72 | | \$28,265.04 | | \$27,651.36 | |

| | Oxford Freedom NY G FRDM NG 1500/90 EPO HSA 23 CNT (HSA) (UCR=N/A) | | Oxford Freedom NY S FRDM NG 50/100/100 EPO ZD 23 CNT (EPO) (UCR=N/A) | | Oxford Freedom NY G FRDM NG 30/60/2250/70 EPO 23 CNT (EPOc) (UCR=N/A) | | Oxford Freedom NY S FRDM NG 40/80/3250/60 PPO 23 CNT (PPOc) (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 | | 10/65/95/200 ded T2-3 | | 10/40/80/150 ded T2-3 | | 10/50/90/200 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$1,500/\$3,000 | | N/A | | \$2,250/\$4,500 | | \$3,250/\$6,500 | \$6,000/\$12,000 |
| Individual/Family OOP Limit | \$5,750/\$11,500 (incl ded) | | \$9,100/\$18,200 | | \$8,000/\$16,000 (incl ded) | | \$9,100/\$18,200 (incl ded) | \$15,000/\$30,000 (incl ded) |
| Co-Insurance | 10% | | 0% | | 30% | | 40% | 50% |
| Office Visits | | | | | | | | |
| Primary Care | 10% after ded | | \$50 | | \$30 ded waived | | \$40 ded waived | 50% after ded |
| Specialist | 10% after ded | | \$100 | | \$60 ded waived | | \$80 ded waived | 50% after ded |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 10% after ded | | \$2,800/admit | | 30% after ded | | 40% after ded | 50% after ded |
| Mental Health Inpatient | 10% after ded | | \$2,800/admit | | 30% after ded | | 40% after ded | 50% after ded |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | 10% after ded | | Hosp-\$700; FS-\$500 | | 30% after ded | | 40% after ded | 50% after ded |
| Lab/X-Ray | 10% after ded | | Lab-No charge/\$60 (D/ND); X-ray-\$150 | | Lab-No charge/50% after ded (D/ND); X-ray-30% after ded | | Lab-No charge/50% after ded (D/ND); X-ray-40% after ded | Lab-Not covered; X-ray-50% after ded |
| Mental Health Outpatient | 10% after ded | | \$50 | | \$30 ded waived | | \$40 ded waived | 50% after ded |
| Emergency Care | | | | | | | | |
| Emergency Room | 50% after ded | | \$1,400 (waived if admitted) | | \$500 (waived if admitted) ded waived | | 50% after ded | Paid as in-network |
| Urgent Care | 10% after ded | | \$100 | | \$75 ded waived | | \$75 ded waived | 50% after ded |
| Single | 2 x \$1,133.65 | | 2 x \$1,125.03 | | 2 x \$1,124.51 | | 2 x \$1,032.22 | |
| EE with Spouse | 0 x \$2,267.30 | | 0 x \$2,250.06 | | 0 x \$2,249.03 | | 0 x \$2,064.44 | |
| EE with Child(ren) | 0 x \$1,927.21 | | 0 x \$1,912.55 | | 0 x \$1,911.67 | | 0 x \$1,754.78 | |
| Family | 0 x \$3,230.91 | | 0 x \$3,206.33 | | 0 x \$3,204.86 | | 0 x \$2,941.84 | |
| Monthly Cost | 2 \$2,267.30 | | 2 \$2,250.06 | | 2 \$2,249.02 | | 2 \$2,064.44 | |
| Annual Cost | \$27,207.60 | | \$27,000.72 | | \$26,988.24 | | \$24,773.28 | |

| | Oxford Freedom NY S FRDM NG 30/60/2250/70 PPO HSA 23 CNT (HSA) (UCR=140mc%) | | Oxford Freedom NY S FRDM NG 40/80/3250/60 EPO 23 CNT (EPOc) (UCR=N/A) | | Oxford Freedom NY S FRDM NG 30/60/3000/80 EPO HSA 23 CNT (HSA) (UCR=N/A) | | Oxford Freedom NY S FRDM NG 2500/60 EPO HSA 23 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 IntDed | | 10/50/90/200 ded T2-3 | | 10/40/80 IntDed | | 10/40/80 IntDed | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$2,250/\$4,500 | \$6,000/\$12,000 | \$3,250/\$6,500 | | \$3,000/\$6,000 | | \$2,500/\$5,000 | |
| Individual/Family OOP Limit | \$7,350/\$14,700 (incl ded) | \$15,000/\$30,000 (incl ded) | \$9,100/\$18,200 (incl ded) | | \$7,150/\$14,300 (incl ded) | | \$7,350/\$14,700 (incl ded) | |
| Co-Insurance | 30% | 50% | 40% | | 20% | | 40% | |
| Office Visits | | | | | | | | |
| Primary Care | \$30 after ded | 50% after ded | \$40 ded waived | | \$30 after ded | | 40% after ded | |
| Specialist | \$60 after ded | 50% after ded | \$80 ded waived | | \$60 after ded | | 40% after ded | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 30% after ded | 50% after ded | 40% after ded | | 20% after ded | | 40% after ded | |
| Mental Health Inpatient | 30% after ded | 50% after ded | 40% after ded | | 20% after ded | | 40% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | Hosp-\$250 after ded; FS-\$150 after ded | 50% after ded; pre-auth req | 40% after ded | | Hosp-\$250 after ded; FS-\$150 after ded | | 40% after ded | |
| Lab/X-Ray | 30% after ded | Lab-Not covered; X-ray-50% after ded | Lab-No charge/50% after ded (D/ND); X-ray-40% after ded | | Lab-20% after ded; X-ray-\$90 after ded | | 40% after ded | |
| Mental Health Outpatient | \$30 after ded | 50% after ded | \$40 ded waived | | \$30 after ded | | 40% after ded | |
| Emergency Care | | | | | | | | |
| Emergency Room | 50% after ded | Paid as in-network | 50% after ded | | \$500 (waived if admitted) after ded | | 50% after ded | |
| Urgent Care | \$75 after ded | 50% after ded | \$75 ded waived | | \$75 after ded | | 40% after ded | |
| Single | 2 x \$1,031.45 | | 2 x \$993.11 | | 2 x \$982.21 | | 2 x \$963.63 | |
| EE with Spouse | 0 x \$2,062.90 | | 0 x \$1,986.23 | | 0 x \$1,964.41 | | 0 x \$1,927.26 | |
| EE with Child(ren) | 0 x \$1,753.47 | | 0 x \$1,688.29 | | 0 x \$1,669.75 | | 0 x \$1,638.17 | |
| Family | 0 x \$2,939.63 | | 0 x \$2,830.37 | | 0 x \$2,799.28 | | 0 x \$2,746.35 | |
| Monthly Cost | 2 \$2,062.90 | | 2 \$1,986.22 | | 2 \$1,964.42 | | 2 \$1,927.26 | |
| Annual Cost | \$24,754.80 | | \$23,834.64 | | \$23,573.04 | | \$23,127.12 | |

Prepared For: **Oxford 2023 2nd qtr Freedom Mid Hudson**

Orange County, NY 10910

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2023

Prepared On: 01/12/2023

Report ID: 38837173

SIC: 0000

| Oxford Freedom NY B FRDM NG 5000/50 EPO HSA 23 CNT (HSA) (UCR=N/A) | | |
|---|-----------------------------|--------------------|
| | In-Network | Out-Network |
| Prescription Drugs | | |
| Drug Card | 10/40/80 IntDed | |
| Cost Share Information | | |
| Individual/Family Deductible | \$5,000/\$10,000 | |
| 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 | \$909.60 |
| EE with Spouse | 0 x | \$1,819.21 |
| EE with Child(ren) | 0 x | \$1,546.33 |
| Family | 0 x | \$2,592.38 |
| Monthly Cost | 2 | \$1,819.20 |
| Annual Cost | | \$21,830.40 |

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