

|                               | Oxford Liberty<br>NY P LBTY NG 5/35/500/100 EPO 23 CNT (EPOc)<br>(UCR=N/A) |             | Oxford Liberty<br>NY P LBTY GT 10/25/250/90 EPO LA 23 CNT<br>(EPOc) (UCR=N/A) |             | Oxford Liberty<br>NY G LBTY NG 25/50/100 EPO ZD 23 CNT (EPO)<br>(UCR=N/A) |             | Oxford Liberty<br>NY G LBTY GT 30/60/1250/100 EPO 23 CNT<br>(EPOc) (UCR=N/A) |             |
|-------------------------------|--|-------------|---|-------------|---|-------------|--|-------------|
|                               | In-Network   | Out-Network | In-Network  | Out-Network | In-Network  | Out-Network | In-Network   | Out-Network |
| <b>Prescription Drugs</b>     |  |             |   |             |   |             |  |             |
| 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  |             |
| <b>Cost Share Information</b> |  |             |   |             |   |             |  |             |
| Individual/Family Deductible  | \$500/\$1,000  |             | \$250/\$500   |             | N/A   |             | \$1,250/\$2,500  |             |
| Individual/Family OOP Limit   | \$2,450/\$4,900 (incl ded)   |             | \$2,500/\$5,000 (incl ded)  |             | \$6,250/\$12,500  |             | \$6,650/\$13,300 (incl ded)  |             |
| Co-Insurance                  | 0%   |             | 10%   |             | 0%  |             | 0%   |             |
| <b>Office Visits</b>          |  |             |   |             |   |             |  |             |
| Primary Care                  | D-\$5 ded waived; ND-\$25 ded waived                                       |             | \$10 ded waived   |             | \$25  |             | \$30 ded waived  |             |
| Specialist                    | D-\$35 ded waived; ND-\$70 ded waived                                      |             | \$25 ded waived   |             | \$50  |             | \$60 ded waived  |             |
| <b>Inpatient Services</b>     |  |             |   |             |   |             |  |             |
| Inpatient Hospital            | 0% after ded   |             | 10% after ded   |             | \$500/admit   |             | \$500/day after ded;<br>\$2,000 max/admit                                    |             |
| Mental Health Inpatient       | 0% after ded   |             | 10% after ded   |             | \$500/admit   |             | \$500/day after ded;<br>\$2,000 max/admit                                    |             |
| <b>Outpatient Services</b>    |  |             |   |             |   |             |  |             |
| Outpatient Facility           | 0% after ded   |             | 10% after ded   |             | Hosp-\$500; FS-\$150  |             | Hosp-\$250 after ded; FS-\$150 after ded                                     |             |
| Lab/X-Ray                     | Lab-No charge/50% after ded (D/ND); X-ray-0% after ded                     |             | Lab-No charge/50% after ded (D/ND); X-ray-10% after ded                       |             | Lab-No charge/\$60 (D/ND); X-ray-\$50                                     |             | Lab-No charge/50% after ded (D/ND); X-ray-\$35 after ded                     |             |
| Mental Health Outpatient      | \$25 ded waived  |             | \$10 ded waived   |             | \$25  |             | \$30 ded waived  |             |
| <b>Emergency Care</b>         |  |             |   |             |   |             |  |             |
| 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 \$1,311.47   |             | 2 x \$1,256.68  |             | 2 x \$1,228.29  |             | 2 x \$1,115.98   |             |
| EE with Spouse                | 0 x \$2,622.95   |             | 0 x \$2,513.35  |             | 0 x \$2,456.59  |             | 0 x \$2,231.97   |             |
| EE with Child(ren)            | 0 x \$2,229.51   |             | 0 x \$2,136.35  |             | 0 x \$2,088.10  |             | 0 x \$1,897.17   |             |
| Family                        | 0 x \$3,737.70   |             | 0 x \$3,581.53  |             | 0 x \$3,500.63  |             | 0 x \$3,180.55   |             |
| Monthly Cost                  | 2 \$2,622.94   |             | 2 \$2,513.36  |             | 2 \$2,456.58  |             | 2 \$2,231.96   |             |
| Annual Cost                   | \$31,475.28  |             | \$30,160.32   |             | \$29,478.96   |             | \$26,783.52  |             |

|                               | Oxford Liberty<br>NY G LBTY NG 1500/90 EPO HSA 23 CNT (HSA)<br>(UCR=N/A) |             | Oxford Liberty<br>NY G LBTY NG 20/40/2000/80 EPO 23 CNT<br>(EPOc) (UCR=N/A) |             | Oxford Liberty<br>NY S LBTY NG 50/100/100 EPO ZD 23 CNT (EPO)<br>(UCR=N/A) |             | Oxford Liberty<br>NY G LBTY NG 30/60/2000/70 EPO 23 CNT<br>(EPOc) (UCR=N/A) |             |
|-------------------------------|--|-------------|---|-------------|--|-------------|---|-------------|
|                               | In-Network   | Out-Network | In-Network  | Out-Network | In-Network   | Out-Network | In-Network  | Out-Network |
| <b>Prescription Drugs</b>     |  |             |   |             |  |             |   |             |
| Drug Card                     | 10/50/90 IntDed  |             | 10/50/90/200 ded T2-3   |             | 10/65/95/200 ded T2-3  |             | 10/50/90/200 ded T2-3   |             |
| <b>Cost Share Information</b> |  |             |   |             |  |             |   |             |
| Individual/Family Deductible  | \$1,500/\$3,000  |             | \$2,000/\$4,000   |             | N/A  |             | \$2,000/\$4,000   |             |
| Individual/Family OOP Limit   | \$5,750/\$11,500 (incl ded)  |             | \$8,750/\$17,500 (incl ded)   |             | \$9,100/\$18,200   |             | \$8,000/\$16,000 (incl ded)   |             |
| Co-Insurance                  | 10%  |             | 20%   |             | 0%   |             | 30%   |             |
| <b>Office Visits</b>          |  |             |   |             |  |             |   |             |
| Primary Care                  | 10% after ded  |             | D-\$20 ded waived; ND-\$40 ded waived                                       |             | \$50   |             | \$30 ded waived   |             |
| Specialist                    | 10% after ded  |             | D-\$40 ded waived; ND-\$80 ded waived                                       |             | \$100  |             | \$60 ded waived   |             |
| <b>Inpatient Services</b>     |  |             |   |             |  |             |   |             |
| Inpatient Hospital            | 10% after ded  |             | 20% after ded   |             | \$2,800/admit  |             | 30% after ded   |             |
| Mental Health Inpatient       | 10% after ded  |             | 20% after ded   |             | \$2,800/admit  |             | 30% after ded   |             |
| <b>Outpatient Services</b>    |  |             |   |             |  |             |   |             |
| Outpatient Facility           | 10% after ded  |             | 20% after ded   |             | Hosp-\$700; FS-\$500   |             | 30% after ded   |             |
| Lab/X-Ray                     | 10% after ded  |             | Lab-No charge/50% after ded (D/ND); X-ray-20% after ded                     |             | Lab-No charge/\$60 (D/ND); X-ray-\$150                                     |             | Lab-No charge/50% after ded (D/ND); X-ray-30% after ded                     |             |
| Mental Health Outpatient      | 10% after ded  |             | \$40 ded waived   |             | \$50   |             | \$30 ded waived   |             |
| <b>Emergency Care</b>         |  |             |   |             |  |             |   |             |
| Emergency Room                | 50% after ded  |             | \$500 ded waived  |             | \$1,400 (waived if admitted)   |             | \$500 (waived if admitted) ded waived                                       |             |
| Urgent Care                   | 10% after ded  |             | \$75 ded waived   |             | \$100  |             | \$75 ded waived   |             |
| Single                        | 2 x \$1,096.65   |             | 2 x \$1,092.60  |             | 2 x \$1,089.38   |             | 2 x \$1,088.60  |             |
| EE with Spouse                | 0 x \$2,193.29   |             | 0 x \$2,185.20  |             | 0 x \$2,178.76   |             | 0 x \$2,177.20  |             |
| EE with Child(ren)            | 0 x \$1,864.30   |             | 0 x \$1,857.42  |             | 0 x \$1,851.95   |             | 0 x \$1,850.62  |             |
| Family                        | 0 x \$3,125.45   |             | 0 x \$3,113.92  |             | 0 x \$3,104.73   |             | 0 x \$3,102.51  |             |
| Monthly Cost                  | 2 \$2,193.30   |             | 2 \$2,185.20  |             | 2 \$2,178.76   |             | 2 \$2,177.20  |             |
| Annual Cost                   | \$26,319.60  |             | \$26,222.40   |             | \$26,145.12  |             | \$26,126.40   |             |

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|                               | Oxford Liberty<br>NY S LBTY NG 40/80/3250/60 EPO 23 CNT (EPOc)<br>(UCR=N/A) |             | Oxford Liberty<br>NY S LBTY NG 30/60/3000/80 EPO HSA 23 CNT<br>(HSA) (UCR=N/A) |             | Oxford Liberty<br>NY S LBTY NG 25/45/5000/50 EPO 23 CNT (EPOc)<br>(UCR=N/A) |             | Oxford Liberty<br>NY S LBTY NG 40/80/5000/60 EPO 23 CNT (EPOc)<br>(UCR=N/A) |             |
|-------------------------------|---|-------------|--|-------------|---|-------------|---|-------------|
|                               | In-Network  | Out-Network | In-Network   | Out-Network | In-Network  | Out-Network | In-Network  | Out-Network |
| <b>Prescription Drugs</b>     |   |             |  |             |   |             |   |             |
| Drug Card                     | 10/50/90/200 ded T2-3   |             | 10/50/90 IntDed  |             | 10/50/90/200 ded T2-3   |             | 10/50/90/200 ded T2-3   |             |
| <b>Cost Share Information</b> |   |             |  |             |   |             |   |             |
| Individual/Family Deductible  | \$3,250/\$6,500   |             | \$3,000/\$6,000  |             | \$5,000/\$10,000  |             | \$5,000/\$10,000  |             |
| Individual/Family OOP Limit   | \$9,100/\$18,200 (incl ded)   |             | \$7,150/\$14,300 (incl ded)  |             | \$9,100/\$18,200 (incl ded)   |             | \$9,100/\$18,200 (incl ded)   |             |
| Co-Insurance                  | 40%   |             | 20%  |             | 50%   |             | 40%   |             |
| <b>Office Visits</b>          |   |             |  |             |   |             |   |             |
| Primary Care                  | \$40 ded waived   |             | \$30 after ded   |             | D-\$25 ded waived; ND-\$45 ded waived                                       |             | \$40 ded waived   |             |
| Specialist                    | \$80 ded waived   |             | \$60 after ded   |             | D-\$45 ded waived; ND-\$75 ded waived                                       |             | \$80 ded waived   |             |
| <b>Inpatient Services</b>     |   |             |  |             |   |             |   |             |
| Inpatient Hospital            | 40% after ded   |             | 20% after ded  |             | 50% after ded   |             | 40% after ded   |             |
| Mental Health Inpatient       | 40% after ded   |             | 20% after ded  |             | 50% after ded   |             | 40% after ded   |             |
| <b>Outpatient Services</b>    |   |             |  |             |   |             |   |             |
| Outpatient Facility           | 40% after ded   |             | Hosp-\$250 after ded; FS-\$150 after ded                                       |             | 50% after ded   |             | Hosp-\$250 + 40% after ded; FS-40% after ded                                |             |
| Lab/X-Ray                     | Lab-No charge/50% after ded (D/ND); X-ray-40% after ded                     |             | Lab-20% after ded; X-ray-\$90 after ded  |             | Lab-No charge/50% after ded (D/ND); X-ray-50% after ded                     |             | Lab-No charge/50% after ded (D/ND); X-ray-40% after ded                     |             |
| Mental Health Outpatient      | \$40 ded waived   |             | \$30 after ded   |             | \$45 ded waived   |             | \$40 ded waived   |             |
| <b>Emergency Care</b>         |   |             |  |             |   |             |   |             |
| Emergency Room                | 50% after ded   |             | \$500 (waived if admitted) after ded   |             | 50% after ded   |             | 50% after ded   |             |
| Urgent Care                   | \$75 ded waived   |             | \$75 after ded   |             | \$75 ded waived   |             | \$75 ded waived   |             |
| Single                        | 2 x \$961.16  |             | 2 x \$949.83   |             | 2 x \$946.84  |             | 2 x \$945.66  |             |
| EE with Spouse                | 0 x \$1,922.33  |             | 0 x \$1,899.66   |             | 0 x \$1,893.67  |             | 0 x \$1,891.31  |             |
| EE with Child(ren)            | 0 x \$1,633.98  |             | 0 x \$1,614.71   |             | 0 x \$1,609.62  |             | 0 x \$1,607.61  |             |
| Family                        | 0 x \$2,739.31  |             | 0 x \$2,707.02   |             | 0 x \$2,698.48  |             | 0 x \$2,695.12  |             |
| Monthly Cost                  | 2 \$1,922.32  |             | 2 \$1,899.66   |             | 2 \$1,893.68  |             | 2 \$1,891.32  |             |
| Annual Cost                   | \$23,067.84   |             | \$22,795.92  |             | \$22,724.16   |             | \$22,695.84   |             |

|                               | Oxford Liberty<br>NY S LBTY NG 30/75/4000/50 EPO 23 CNT (EPOc)<br>(UCR=N/A) |             | Oxford Liberty<br>NY S LBTY GT 30/60/4500/50 EPO 23 CNT (EPOc)<br>(UCR=N/A) |             | Oxford Liberty<br>NY S LBTY NG 4000/80 EPO HSA 23 CNT (HSA)<br>(UCR=N/A) |             | Oxford Liberty<br>NY B LBTY NG 30/60/6750/80 PPO HSA 23 CNT<br>(HSA) (UCR=140mc%) |   |
|-------------------------------|---|-------------|---|-------------|--|-------------|---|---|
|                               | In-Network  | Out-Network | In-Network  | Out-Network | In-Network   | Out-Network | In-Network  | Out-Network                             |
| <b>Prescription Drugs</b>     |   |             |   |             |  |             |   |   |
| Drug Card                     | 10/50/50%to\$800/200<br>ded T2-3  |             | 10/50/90/200 ded T2-3   |             | 10/50/90 IntDed  |             | 10/50/90 IntDed   |   |
| <b>Cost Share Information</b> |   |             |   |             |  |             |   |   |
| Individual/Family Deductible  | \$4,000/\$8,000   |             | \$4,500/\$9,000   |             | \$4,000/\$8,000  |             | \$6,750/\$13,500  | \$12,500/\$25,000                       |
| Individual/Family OOP Limit   | \$9,100/\$18,200 (incl ded)   |             | \$9,100/\$18,200 (incl ded)   |             | \$7,350/\$14,700 (incl ded)  |             | \$7,350/\$14,700 (incl ded)   | \$31,250/\$62,500 (incl ded)            |
| Co-Insurance                  | 50%   |             | 50%   |             | 20%  |             | 20%   | 20%                                     |
| <b>Office Visits</b>          |   |             |   |             |  |             |   |   |
| Primary Care                  | \$30 ded waived   |             | \$30 ded waived   |             | 20% after ded  |             | \$30 after ded  | 20% after ded                           |
| Specialist                    | \$75 ded waived   |             | \$60 ded waived   |             | 20% after ded  |             | \$60 after ded  | 20% after ded                           |
| <b>Inpatient Services</b>     |   |             |   |             |  |             |   |   |
| Inpatient Hospital            | 50% after ded   |             | 50% after ded   |             | 20% after ded  |             | 20% after ded   | 20% after ded                           |
| Mental Health Inpatient       | 50% after ded   |             | 50% after ded   |             | 20% after ded  |             | 20% after ded   | 20% after ded                           |
| <b>Outpatient Services</b>    |   |             |   |             |  |             |   |   |
| Outpatient Facility           | 50% after ded   |             | 50% after ded   |             | 20% after ded  |             | 20% after ded   | 20% after ded                           |
| Lab/X-Ray                     | Lab-No charge/50% after<br>ded (D/ND); X-ray-50%<br>after ded               |             | Lab-No charge/50% after<br>ded (D/ND); X-ray-50%<br>after ded               |             | 20% after ded  |             | 20% after ded   | Lab-Not covered;<br>X-ray-20% after ded |
| Mental Health Outpatient      | \$30 ded waived   |             | \$30 ded waived   |             | 20% after ded  |             | \$30 after ded  | 20% after ded                           |
| <b>Emergency Care</b>         |   |             |   |             |  |             |   |   |
| Emergency Room                | \$600 (waived if admitted)<br>after ded                                     |             | 50% after ded   |             | 50% after ded  |             | 50% after ded   | Paid as in-network                      |
| Urgent Care                   | \$80 ded waived   |             | \$80 ded waived   |             | 20% after ded  |             | 20% after ded   | 20% after ded                           |
| Single                        | 2 x \$941.75  |             | 2 x \$925.00  |             | 2 x \$911.90   |             | 2 x \$897.28  |   |
| EE with Spouse                | 0 x \$1,883.51  |             | 0 x \$1,850.01  |             | 0 x \$1,823.80   |             | 0 x \$1,794.56  |   |
| EE with Child(ren)            | 0 x \$1,600.98  |             | 0 x \$1,572.51  |             | 0 x \$1,550.23   |             | 0 x \$1,525.38  |   |
| Family                        | 0 x \$2,684.00  |             | 0 x \$2,636.26  |             | 0 x \$2,598.92   |             | 0 x \$2,557.25  |   |
| Monthly Cost                  | 2 \$1,883.50  |             | 2 \$1,850.00  |             | 2 \$1,823.80   |             | 2 \$1,794.56  |   |
| Annual Cost                   | \$22,602.00   |             | \$22,200.00   |             | \$21,885.60  |             | \$21,534.72   |   |

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Prepared For: **Oxford 2023 3rd qtr Liberty Mid Hudson**

Orange County, NY 10910

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

**Health Plan Comparison Report (4L)**

Effective Date: 07/01/2023

Prepared On: 04/04/2023

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SIC: 0000

|                               | Oxford Liberty<br>NY B LBTY NG 7000/100 EPO HSA 23 CNT (HSA)<br>(UCR=N/A) |             | Oxford Liberty<br>NY B LBTY NG 25/75/5750/70 EPO HSA 23 CNT<br>(HSA) (UCR=N/A) |             |
|-------------------------------|---|-------------|--|-------------|
|                               | In-Network  | Out-Network | In-Network   | Out-Network |
| <b>Prescription Drugs</b>     |   |             |  |             |
| Drug Card                     | 0%/0%/0% IntDed   |             | 30%/30%/30% IntDed   |             |
| <b>Cost Share Information</b> |   |             |  |             |
| Individual/Family Deductible  | \$7,000/\$14,000  |             | \$5,750/\$11,500   |             |
| Individual/Family OOP Limit   | \$7,000/\$14,000 (incl ded)   |             | \$7,350/\$14,700 (incl ded)  |             |
| Co-Insurance                  | 0%  |             | 30%  |             |
| <b>Office Visits</b>          |   |             |  |             |
| Primary Care                  | 0% after ded  |             | \$25 after ded   |             |
| Specialist                    | 0% after ded  |             | \$75 after ded   |             |
| <b>Inpatient Services</b>     |   |             |  |             |
| Inpatient Hospital            | 0% after ded  |             | 30% after ded  |             |
| Mental Health Inpatient       | 0% after ded  |             | 30% after ded  |             |
| <b>Outpatient Services</b>    |   |             |  |             |
| Outpatient Facility           | 0% after ded  |             | 30% after ded  |             |
| Lab/X-Ray                     | 0% after ded  |             | 30% after ded  |             |
| Mental Health Outpatient      | 0% after ded  |             | \$25 after ded   |             |
| <b>Emergency Care</b>         |   |             |  |             |
| Emergency Room                | 0% after ded  |             | 50% after ded  |             |
| Urgent Care                   | 0% after ded  |             | 30% after ded  |             |
| Single                        | 2 x \$876.09  |             | 2 x \$868.89   |             |
| EE with Spouse                | 0 x \$1,752.19  |             | 0 x \$1,737.78   |             |
| EE with Child(ren)            | 0 x \$1,489.36  |             | 0 x \$1,477.11   |             |
| Family                        | 0 x \$2,496.87  |             | 0 x \$2,476.34   |             |
| Monthly Cost                  | 2 \$1,752.18  |             | 2 \$1,737.78   |             |
| Annual Cost                   | \$21,026.16   |             | \$20,853.36  |             |

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