Prepared For: **Oxford 2024 1st qtr Freedom Mid Hudson** — **Health Plan Comparison Report (4L)**

Orange County, NY 10910 — Effective Date: 01/01/2024 — Prepared On: 10/17/2023

Prepared By: Clifford Grekin Inc. - (631)963-6020 — Report ID: 38973749 — SIC: 0000

	Oxford Freedom NY P FRDM NG 20/40/100 PPO FAIR 24 CNT (PPO) (UCR=80fh%)		Oxford Freedom NY P FRDM NG 5/15/100 PPO 24 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 20/40/100 PPO 24 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 5/15/100 EPO 24 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	$3,250/$6,500	$25,000/$50,000 (incl ded)	$3,750/$7,500	$5,500/$11,000 (incl ded)	$3,250/$6,500	$8,000/$16,000 (incl ded)	$3,750/$7,500	
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	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 $1,712.37		2 x $1,460.67		2 x $1,429.96		2 x $1,408.39	
EE with Spouse	0 x $3,424.74		0 x $2,921.34		0 x $2,859.92		0 x $2,816.78	
EE with Child(ren)	0 x $2,911.03		0 x $2,483.14		0 x $2,430.93		0 x $2,394.26	
Family	0 x $4,880.25		0 x $4,162.91		0 x $4,075.39		0 x $4,013.91	
Monthly Cost	2 $3,424.74		2 $2,921.34		2 $2,859.92		2 $2,816.78	
Annual Cost	$41,096.88		$35,056.08		$34,319.04		$33,801.36	

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

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	Oxford Freedom NY P FRDM NG 20/40/100 EPO 24 CNT (EPO) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/50/100 EPO ZD 24 CNT (EPO) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/40/1500/80 PPO 24 CNT (PPOc) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 50/50/1000/90 EPO 24 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	$3,250/$6,500		$7,000/$14,000		$7,250/$14,500 (incl ded)	$10,500/$21,000 (incl ded)	$6,700/$13,400 (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	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 $1,380.84		2 x $1,256.22		2 x $1,217.46		2 x $1,182.22	
EE with Spouse	0 x $2,761.68		0 x $2,512.44		0 x $2,434.92		0 x $2,364.44	
EE with Child(ren)	0 x $2,347.43		0 x $2,135.57		0 x $2,069.68		0 x $2,009.77	
Family	0 x $3,935.39		0 x $3,580.23		0 x $3,469.76		0 x $3,369.33	
Monthly Cost	2 $2,761.68		2 $2,512.44		2 $2,434.92		2 $2,364.44	
Annual Cost	$33,140.16		$30,149.28		$29,219.04		$28,373.28	

 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 24 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/40/1750/80 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 1600/90 PPO HSA 24 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 30/60/2250/70 EPO 24 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	10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80 IntDed		10/40/80/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	$1,750/$3,500		$1,750/$3,500		$1,600/$3,200 (cal yr)	$4,000/$8,000 (cal yr)	$2,250/$4,500	
Individual/Family OOP Limit	$8,000/$16,000 (incl ded)		$6,500/$13,000 (incl ded)		$5,750/$11,500 (incl ded)	$10,500/$21,000 (incl ded)	$8,250/$16,500 (incl ded)	
Co-Insurance	10%		20%		10%	40%	30%	
Office Visits								
Primary Care	$15 ded waived		$25 ded waived		10% after ded	40% after ded	$30 ded waived	
Specialist	$35 ded waived		$40 ded waived		10% after ded	40% after ded	$60 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		10% after ded	40% after ded	30% after ded	
Mental Health Inpatient	10% after ded		20% after ded		10% after ded	40% after ded	30% 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	30% 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	Lab-No charge/50% after ded (D/ND); X-ray-30% after ded	
Mental Health Outpatient	$15 ded waived		$25 ded waived		10% after ded	40% after ded	$30 ded waived	
Emergency Care								
Emergency Room	$500 (waived if admitted) ded waived		$500 (waived if admitted) ded waived		50% after ded	Paid as in-network	$500 (waived if admitted) ded waived	
Urgent Care	$75 ded waived		$75 ded waived		10% after ded	40% after ded	$75 ded waived	
Single	2 x $1,178.29		2 x $1,169.38		2 x $1,128.47		2 x $1,119.48	
EE with Spouse	0 x $2,356.58		0 x $2,338.76		0 x $2,256.94		0 x $2,238.96	
EE with Child(ren)	0 x $2,003.09		0 x $1,987.95		0 x $1,918.40		0 x $1,903.12	
Family	0 x $3,358.13		0 x $3,332.73		0 x $3,216.14		0 x $3,190.52	
Monthly Cost	2 $2,356.58		2 $2,338.76		2 $2,256.94		2 $2,238.96	
Annual Cost	$28,278.96		$28,065.12		$27,083.28		$26,867.52	

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	Oxford Freedom NY S FRDM NG 50/100/100 EPO ZD 24 CNT (EPO) (UCR=N/A)		Oxford Freedom NY G FRDM NG 2000/100 EPO HSA PR 24 CNT (HSA) (UCR=N/A)		Oxford Freedom NY G FRDM NG 1600/90 EPO HSA 24 CNT (HSA) (UCR=N/A)		Oxford Freedom NY S FRDM NG 40/80/3250/60 PPO 24 CNT (PPOc) (UCR=140mc%)	
	In-Network	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**
Prescription Drugs								
Drug Card	15/65/95/200 ded T2-3		10/40/80 IntDed		10/40/80 IntDed		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		$2,000/$4,000		$1,600/$3,200		$3,250/$6,500	$6,000/$12,000
Individual/Family OOP Limit	$9,450/$18,900		$7,050/$14,100 (incl ded)		$5,750/$11,500 (incl ded)		$9,450/$18,900 (incl ded)	$15,500/$31,000 (incl ded)
Co-Insurance	0%		0%		10%		40%	50%
Office Visits								
Primary Care	$50		0% after ded		10% after ded		$40 ded waived	50% after ded
Specialist	$100		0% after ded		10% after ded		$80 ded waived	50% after ded
Inpatient Services								
Inpatient Hospital	$2,800/admit		0% after ded		10% after ded		40% after ded	50% after ded
Mental Health Inpatient	$2,800/admit		0% after ded		10% after ded		40% after ded	50% after ded
Outpatient Services								
Outpatient Facility	Hosp-$500; FS-$250		0% after ded		10% after ded		40% after ded	50% after ded
Lab/X-Ray	Lab-No charge/$60 (D/ND); X-ray-$200		0% after ded		10% 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	$50		0% after ded		10% after ded		$40 ded waived	50% after ded
Emergency Care								
Emergency Room	$1,500 (waived if admitted)		50% after ded		50% after ded		50% after ded	Paid as in-network
Urgent Care	$100		0% after ded		10% after ded		$75 ded waived	50% after ded
Single	2 x $1,108.86		2 x $1,088.22		2 x $1,086.57		2 x $1,019.61	
EE with Spouse	0 x $2,217.72		0 x $2,176.44		0 x $2,173.14		0 x $2,039.22	
EE with Child(ren)	0 x $1,885.06		0 x $1,849.97		0 x $1,847.17		0 x $1,733.34	
Family	0 x $3,160.25		0 x $3,101.43		0 x $3,096.72		0 x $2,905.89	
Monthly Cost	2 $2,217.72		2 $2,176.44		2 $2,173.14		2 $2,039.22	
Annual Cost	$26,612.64		$26,117.28		$26,077.68		$24,470.64	

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

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	Oxford Freedom NY S FRDM NG 30/60/2250/70 PPO HSA 24 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY S FRDM NG 40/80/3250/60 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY S FRDM NG 30/60/3000/80 EPO HSA 24 CNT (HSA) (UCR=N/A)		Oxford Freedom NY S FRDM NG 2500/60 EPO HSA 24 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	$8,000/$16,000 (incl ded)	$15,500/$31,000 (incl ded)	$9,450/$18,900 (incl ded)		$7,150/$14,300 (incl ded)		$8,000/$16,000 (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 $990.00		2 x $981.88		2 x $953.98		2 x $923.79	
EE with Spouse	0 x $1,980.00		0 x $1,963.76		0 x $1,907.96		0 x $1,847.58	
EE with Child(ren)	0 x $1,683.00		0 x $1,669.20		0 x $1,621.77		0 x $1,570.44	
Family	0 x $2,821.50		0 x $2,798.36		0 x $2,718.84		0 x $2,632.80	
Monthly Cost	2 $1,980.00		2 $1,963.76		2 $1,907.96		2 $1,847.58	
Annual Cost	$23,760.00		$23,565.12		$22,895.52		$22,170.96	

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

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	Oxford Freedom NY B FRDM NG 5000/50 EPO HSA 24 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	$8,000/$16,000 (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	$860.74
EE with Spouse	0 x	$1,721.48
EE with Child(ren)	0 x	$1,463.26
Family	0 x	$2,453.11
Monthly Cost	2	$1,721.48
Annual Cost		$20,657.76

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