Prepared For: **Oxford 2024 2nd qtr Freedom Nassau Suffolk**

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2024 Prepared On: 01/26/2024

Report ID: 39049909 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 $1,903.44		2 x $1,623.66		2 x $1,589.52		2 x $1,565.53	
EE with Spouse	0 x $3,806.88		0 x $3,247.32		0 x $3,179.04		0 x $3,131.06	
EE with Child(ren)	0 x $3,235.85		0 x $2,760.22		0 x $2,702.18		0 x $2,661.40	
Family	0 x $5,424.80		0 x $4,627.43		0 x $4,530.13		0 x $4,461.76	
Monthly Cost	2 $3,806.88		2 $3,247.32		2 $3,179.04		2 $3,131.06	
Annual Cost	$45,682.56		$38,967.84		$38,148.48		$37,572.72	

 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 $1,534.91		2 x $1,396.39		2 x $1,353.31		2 x $1,314.14	
EE with Spouse	0 x $3,069.82		0 x $2,792.78		0 x $2,706.62		0 x $2,628.28	
EE with Child(ren)	0 x $2,609.35		0 x $2,373.86		0 x $2,300.63		0 x $2,234.04	
Family	0 x $4,374.49		0 x $3,979.71		0 x $3,856.93		0 x $3,745.30	
Monthly Cost	2 $3,069.82		2 $2,792.78		2 $2,706.62		2 $2,628.28	
Annual Cost	$36,837.84		$33,513.36		$32,479.44		$31,539.36	

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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 $1,309.77		2 x $1,299.86		2 x $1,254.38		2 x $1,244.40	
EE with Spouse	0 x $2,619.54		0 x $2,599.72		0 x $2,508.76		0 x $2,488.80	
EE with Child(ren)	0 x $2,226.61		0 x $2,209.76		0 x $2,132.45		0 x $2,115.48	
Family	0 x $3,732.84		0 x $3,704.60		0 x $3,574.98		0 x $3,546.54	
Monthly Cost	2 $2,619.54		2 $2,599.72		2 $2,508.76		2 $2,488.80	
Annual Cost	$31,434.48		$31,196.64		$30,105.12		$29,865.60	

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

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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 $1,232.59		2 x $1,209.65		2 x $1,207.81		2 x $1,133.37	
EE with Spouse	0 x $2,465.18		0 x $2,419.30		0 x $2,415.62		0 x $2,266.74	
EE with Child(ren)	0 x $2,095.40		0 x $2,056.41		0 x $2,053.28		0 x $1,926.73	
Family	0 x $3,512.88		0 x $3,447.50		0 x $3,442.26		0 x $3,230.10	
Monthly Cost	2 $2,465.18		2 $2,419.30		2 $2,415.62		2 $2,266.74	
Annual Cost	$29,582.16		$29,031.60		$28,987.44		$27,200.88	

 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 $1,100.46		2 x $1,091.43		2 x $1,060.43		2 x $1,026.87	
EE with Spouse	0 x $2,200.92		0 x $2,182.86		0 x $2,120.86		0 x $2,053.74	
EE with Child(ren)	0 x $1,870.78		0 x $1,855.43		0 x $1,802.73		0 x $1,745.68	
Family	0 x $3,136.31		0 x $3,110.58		0 x $3,022.23		0 x $2,926.58	
Monthly Cost	2 $2,200.92		2 $2,182.86		2 $2,120.86		2 $2,053.74	
Annual Cost	$26,411.04		$26,194.32		$25,450.32		$24,644.88	

 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	$956.79
EE with Spouse	0 x	$1,913.58
EE with Child(ren)	0 x	$1,626.54
Family	0 x	$2,726.85
Monthly Cost	2	$1,913.58
Annual Cost		$22,962.96

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