

	Oxford Liberty NY P LBTY NG 5/35/500/100 EPO PD 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY P LBTY GT 10/25/250/90 EPO LA 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 25/50/100 EPO ZD 24 CNT (EPO) (UCR=N/A)		Oxford Liberty NY G LBTY NG 20/40/1500/80 EPO PD 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	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$500/\$1,000		\$250/\$500		N/A		\$1,500/\$3,000	
Individual/Family OOP Limit	\$2,450/\$4,900 (incl ded)		\$2,750/\$5,500 (incl ded)		\$7,000/\$14,000		\$8,750/\$17,500 (incl ded)	
Co-Insurance	0%		10%		0%		20%	
Office Visits								
Primary Care	D-\$5 ded waived; ND-\$25 ded waived		\$10 ded waived		\$25		D-\$20 ded waived; ND-\$40 ded waived	
Specialist	D-\$35 ded waived; ND-\$70 ded waived		\$25 ded waived		\$50		D-\$40 ded waived; ND-\$80 ded waived	
Inpatient Services								
Inpatient Hospital	0% after ded		10% after ded		\$500/admit		20% after ded	
Mental Health Inpatient	0% after ded		10% after ded		\$500/admit		20% after ded	
Outpatient Services								
Outpatient Facility	0% after ded		10% after ded		Hosp-\$500; FS-\$150		20% after ded	
Lab/X-Ray	Lab-50% after ded; 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-50% after ded; X-ray-20% after ded	
Mental Health Outpatient	\$5 ded waived		\$10 ded waived		\$25		\$20 ded waived	
Emergency Care								
Emergency Room	\$250 ded waived		50% after ded		\$750 (waived if admitted)		\$500 ded waived	
Urgent Care	\$75 ded waived		\$30 ded waived		\$50		\$75 ded waived	
Single	2 x \$1,408.88		2 x \$1,337.01		2 x \$1,316.79		2 x \$1,197.25	
EE with Spouse	0 x \$2,817.76		0 x \$2,674.02		0 x \$2,633.58		0 x \$2,394.50	
EE with Child(ren)	0 x \$2,395.10		0 x \$2,272.92		0 x \$2,238.54		0 x \$2,035.33	
Family	0 x \$4,015.31		0 x \$3,810.48		0 x \$3,752.85		0 x \$3,412.16	
Monthly Cost	2 \$2,817.76		2 \$2,674.02		2 \$2,633.58		2 \$2,394.50	
Annual Cost	\$33,813.12		\$32,088.24		\$31,602.96		\$28,734.00	

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	Oxford Liberty NY G LBTY GT 30/60/1250/100 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/1800/70 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 50/100/100 EPO ZD 24 CNT (EPO) (UCR=N/A)		Oxford Liberty NY G LBTY NG 1600/90 EPO HSA PR 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	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		15/65/95/200 ded T2-3		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,250/\$2,500		\$1,800/\$3,600		N/A		\$1,600/\$3,200	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$9,450/\$18,900		\$5,750/\$11,500 (incl ded)	
Co-Insurance	0%		30%		0%		10%	
Office Visits								
Primary Care	\$30 ded waived		\$30 ded waived		\$50		10% after ded	
Specialist	\$60 ded waived		\$60 ded waived		\$100		10% after ded	
Inpatient Services								
Inpatient Hospital	\$500/day after ded; \$2,000 max/admit		30% after ded		\$2,800/admit		10% after ded	
Mental Health Inpatient	\$500/day after ded; \$2,000 max/admit		30% after ded		\$2,800/admit		10% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded; FS- \$150 after ded		30% after ded		Hosp-\$500; FS-\$250		10% after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-\$35 after ded		Lab-No charge/50% after ded (D/ND); X-ray-30% after ded		Lab-No charge/\$60 (D/ND); X-ray-\$200		10% after ded	
Mental Health Outpatient	\$30 ded waived		\$30 ded waived		\$50		10% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$1,500 (waived if admitted)		50% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$100		10% after ded	
Single	2 x \$1,193.24		2 x \$1,177.06		2 x \$1,166.13		2 x \$1,141.55	
EE with Spouse	0 x \$2,386.48		0 x \$2,354.12		0 x \$2,332.26		0 x \$2,283.10	
EE with Child(ren)	0 x \$2,028.51		0 x \$2,001.00		0 x \$1,982.42		0 x \$1,940.64	
Family	0 x \$3,400.73		0 x \$3,354.62		0 x \$3,323.47		0 x \$3,253.42	
Monthly Cost	2 \$2,386.48		2 \$2,354.12		2 \$2,332.26		2 \$2,283.10	
Annual Cost	\$28,637.76		\$28,249.44		\$27,987.12		\$27,397.20	

	Oxford Liberty NY S LBTY NG 40/80/3250/60 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 25/45/5000/50 EPO PD 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/75/4000/50 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/60/3000/80 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	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/50%to\$800/200 ded T2-3		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,250/\$6,500		\$5,000/\$10,000		\$4,000/\$8,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$9,450/\$18,900 (incl ded)		\$9,450/\$18,900 (incl ded)		\$9,450/\$18,900 (incl ded)		\$7,150/\$14,300 (incl ded)	
Co-Insurance	40%		50%		50%		20%	
Office Visits								
Primary Care	\$40 ded waived		D-\$25 ded waived; ND-\$45 ded waived		\$30 ded waived		\$30 after ded	
Specialist	\$80 ded waived		D-\$45 ded waived; ND-\$75 ded waived		\$75 ded waived		\$60 after ded	
Inpatient Services								
Inpatient Hospital	40% after ded		50% after ded		50% after ded		20% after ded	
Mental Health Inpatient	40% after ded		50% after ded		50% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	40% after ded		50% after ded		50% after ded		Hosp-\$250 after ded; FS-\$150 after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-40% after ded		Lab-50% after ded; X-ray-50% after ded		Lab-No charge/50% after ded (D/ND); X-ray-50% after ded		Lab-20% after ded; X-ray-\$90 after ded	
Mental Health Outpatient	\$40 ded waived		\$25 ded waived		\$30 ded waived		\$30 after ded	
Emergency Care								
Emergency Room	50% after ded		50% after ded		\$600 (waived if admitted) after ded		\$500 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$80 ded waived		\$75 after ded	
Single	2 x \$1,032.05		2 x \$1,026.78		2 x \$1,017.56		2 x \$1,001.94	
EE with Spouse	0 x \$2,064.10		0 x \$2,053.56		0 x \$2,035.12		0 x \$2,003.88	
EE with Child(ren)	0 x \$1,754.49		0 x \$1,745.53		0 x \$1,729.85		0 x \$1,703.30	
Family	0 x \$2,941.34		0 x \$2,926.32		0 x \$2,900.05		0 x \$2,855.53	
Monthly Cost	2 \$2,064.10		2 \$2,053.56		2 \$2,035.12		2 \$2,003.88	
Annual Cost	\$24,769.20		\$24,642.72		\$24,421.44		\$24,046.56	

	Oxford Liberty NY S LBTY GT 30/60/4500/50 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 4000/80 EPO HSA PR 24 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 30/60/6750/80 PPO HSA 24 CNT (HSA) (UCR=140mc%)		Oxford Liberty NY B LBTY NG 7250/100 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	10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90 IntDed		0%/0%/0% IntDed	
Cost Share Information								
Individual/Family Deductible	\$4,500/\$9,000		\$4,000/\$8,000		\$6,750/\$13,500	\$12,500/\$25,000	\$7,250/\$14,500	
Individual/Family OOP Limit	\$9,450/\$18,900 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	\$31,250/\$62,500 (incl ded)	\$7,250/\$14,500 (incl ded)	
Co-Insurance	50%		20%		20%	20%	0%	
Office Visits								
Primary Care	\$30 ded waived		20% after ded		\$30 after ded	20% after ded	0% after ded	
Specialist	\$60 ded waived		20% after ded		\$60 after ded	20% after ded	0% after ded	
Inpatient Services								
Inpatient Hospital	50% after ded		20% after ded		20% after ded	20% after ded	0% after ded	
Mental Health Inpatient	50% after ded		20% after ded		20% after ded	20% after ded	0% after ded	
Outpatient Services								
Outpatient Facility	50% after ded		20% after ded		20% after ded	20% after ded	0% after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-50% after ded		20% after ded		20% after ded	Lab-Not covered; X-ray-20% after ded	0% after ded	
Mental Health Outpatient	\$30 ded waived		20% after ded		\$30 after ded	20% after ded	0% after ded	
Emergency Care								
Emergency Room	50% after ded		50% after ded		50% after ded	Paid as in-network	0% after ded	
Urgent Care	\$80 ded waived		20% after ded		20% after ded	20% after ded	0% after ded	
Single	2 x \$996.01		2 x \$948.49		2 x \$926.91		2 x \$914.28	
EE with Spouse	0 x \$1,992.02		0 x \$1,896.98		0 x \$1,853.82		0 x \$1,828.56	
EE with Child(ren)	0 x \$1,693.22		0 x \$1,612.43		0 x \$1,575.75		0 x \$1,554.28	
Family	0 x \$2,838.63		0 x \$2,703.20		0 x \$2,641.69		0 x \$2,605.70	
Monthly Cost	2 \$1,992.02		2 \$1,896.98		2 \$1,853.82		2 \$1,828.56	
Annual Cost	\$23,904.24		\$22,763.76		\$22,245.84		\$21,942.72	

Prepared For: **Oxford 2024 3rd qtr Liberty 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 Liberty NY B LBTY NG 25/75/5750/70 EPO HSA 24 CNT (HSA) (UCR=N/A)		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	30%/30%/30% IntDed	
Cost Share Information		
Individual/Family Deductible	\$5,750/\$11,500	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)	
Co-Insurance	30%	
Office Visits		
Primary Care	\$25 after ded	
Specialist	\$75 after ded	
Inpatient Services		
Inpatient Hospital	30% after ded	
Mental Health Inpatient	30% after ded	
Outpatient Services		
Outpatient Facility	30% after ded	
Lab/X-Ray	30% after ded	
Mental Health Outpatient	\$25 after ded	
Emergency Care		
Emergency Room	50% after ded	
Urgent Care	30% after ded	
Single	2 x	\$899.60
EE with Spouse	0 x	\$1,799.20
EE with Child(ren)	0 x	\$1,529.32
Family	0 x	\$2,563.86
Monthly Cost	2	\$1,799.20
Annual Cost		\$21,590.40

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