

	Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI FAIR CNT		Oxford Freedom F Platinum PPO 5/15 Non-Gated OHI CNT		Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI CNT		Oxford Freedom F Platinum EPO 5/15 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	5/30/60/100 ded T2-3		5/30/60/100 ded T2-3		5/30/60/100 ded T2-3		5/30/60/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A	\$3,000/\$6,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	\$5,000/\$10,000 (incl ded)	\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	
Co-Insurance	N/A	20%	N/A	30%	N/A	30%	N/A	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit	20% after ded	\$150/admit	30% after ded	\$500/admit	30% after ded	\$150/admit	
Mental Health Inpatient	\$500/admit	20% after ded	\$150/admit	30% after ded	\$500/admit	30% after ded	\$150/admit	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$300 FS-\$100	20% after ded	Hosp-\$100 FS-\$50	30% after ded	Hosp-\$300 FS-\$100	30% after ded	Hosp-\$100 FS-\$50	
Lab/X-Ray	Lab-No charge; X-ray-\$90	20% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	
Mental Health Outpatient	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
<b>Emergency Care</b>								
Emergency Room	\$200 (waived if admitted)	Paid as in-network	\$100 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$100 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	1 x	\$1,180.41	1 x	\$1,055.32	1 x	\$1,026.45	1 x	\$967.33
EE with Spouse	0 x	\$2,360.82	0 x	\$2,110.64	0 x	\$2,052.89	0 x	\$1,934.66
EE with Child(ren)	0 x	\$2,006.69	0 x	\$1,794.04	0 x	\$1,744.96	0 x	\$1,644.46
Family	1 x	\$3,364.17	1 x	\$3,007.67	1 x	\$2,925.38	1 x	\$2,756.88
Monthly Cost	2	\$4,544.58	2	\$4,062.99	2	\$3,951.83	2	\$3,724.21
Annual Cost		\$54,534.96		\$48,755.88		\$47,421.96		\$44,690.52

	Oxford Freedom F Platinum EPO 20/40 Non-Gated OHI CNT		Oxford Freedom F Gold PPO 25/40 Non-Gated OHI CNT		Oxford Freedom F Gold EPO 15/30 Non-Gated OHI CNT		Oxford Freedom F Gold EPO 25/40 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	5/30/60/100 ded T2-3		10/35/75/100 ded T2-3		10/35/75/100 ded T2-3		10/35/75/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$1,000/\$2,000		\$800/\$1,600		\$1,250/\$2,500	
Individual/Family OOP Limit	\$3,000/\$6,000		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$5,000/\$10,000 (incl ded)	
Co-Insurance	N/A		20%		10%		20%	
<b>Office Visits</b>								
Primary Care	\$20		\$25 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$40		\$40 ded waived		\$30 ded waived		\$40 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit		20% after ded		10% after ded		20% after ded	
Mental Health Inpatient	\$500/admit		20% after ded		10% after ded		20% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$300 FS-\$100		Hosp-\$250 after ded FS-\$150 after ded		Hosp-\$250 after ded FS-\$150 after ded		Hosp-\$250 after ded FS-\$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-20% after ded		Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived	
Mental Health Outpatient	\$40		\$40 ded waived		\$30 ded waived		\$40 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$200 (waived if admitted)		\$300 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived	
Urgent Care	\$50		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x	\$944.19	1 x	\$889.68	1 x	\$829.90	1 x	\$796.30
EE with Spouse	0 x	\$1,888.39	0 x	\$1,779.36	0 x	\$1,659.80	0 x	\$1,592.60
EE with Child(ren)	0 x	\$1,605.13	0 x	\$1,512.46	0 x	\$1,410.84	0 x	\$1,353.71
Family	1 x	\$2,690.96	1 x	\$2,535.59	1 x	\$2,365.22	1 x	\$2,269.46
Monthly Cost	2	\$3,635.15	2	\$3,425.27	2	\$3,195.12	2	\$3,065.76
Annual Cost		\$43,621.80		\$41,103.24		\$38,341.44		\$36,789.12

	Oxford Freedom F Gold EPO \$50 Non-Gated OHI CNT		Oxford Freedom F Gold PPO HSA \$1500 Non-Gated OHI CNT		Oxford Freedom F Gold EPO HSA \$1500 Non-Gated OHI CNT		Oxford Freedom F Silver PPO 40/70 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/35/75/100 ded T2-3		10/35/75 IntDed		10/35/75 IntDed		15/45/75/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$750/\$1,500		\$1,500/\$3,000		\$1,500/\$3,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$2,000/\$4,000 (incl ded)		\$2,000/\$4,000 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	10%		10%		10%		30%	
<b>Office Visits</b>								
Primary Care	\$50 ded waived		10% after ded		10% after ded		\$40 ded waived	
Specialist	\$50 ded waived		10% after ded		10% after ded		\$70 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$250/day after ded; \$2,500 max/contr yr		10% after ded		10% after ded		30% after ded	
Mental Health Inpatient	\$250/day after ded; \$2,500 max/contr yr		10% after ded		10% after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$250 after ded FS- \$150 after ded		10% after ded		10% after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90 ded waived		10% after ded		10% after ded		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$50 ded waived		10% after ded		10% after ded		\$70 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$300 (waived if admitted) ded waived		10% after ded		10% after ded		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		10% after ded		10% after ded		\$75 ded waived	
<b>Single</b>	1 x \$814.59		1 x \$856.89		1 x \$783.34		1 x \$767.71	
EE with Spouse	0 x \$1,629.17		0 x \$1,713.77		0 x \$1,566.67		0 x \$1,535.42	
EE with Child(ren)	0 x \$1,384.80		0 x \$1,456.71		0 x \$1,331.67		0 x \$1,305.10	
Family	1 x \$2,321.57		1 x \$2,442.12		1 x \$2,232.51		1 x \$2,187.97	
Monthly Cost	2 \$3,136.16		2 \$3,299.01		2 \$3,015.85		2 \$2,955.68	
Annual Cost	\$37,633.92		\$39,588.12		\$36,190.20		\$35,468.16	

	Oxford Freedom F Silver EPO 40/70 Non-Gated OHI CNT		Oxford Freedom F Silver PPO HSA \$2000 30/60 Non-Gated OHI CNT		Oxford Freedom F Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT		Oxford Freedom F Silver EPO HSA \$2000 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/45/75/100 ded T2-3		15/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$2,000/\$4,000		\$2,000/\$4,000		\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)		\$4,500/\$9,000 (incl ded)		\$6,400/\$12,800 (incl ded)	
Co-Insurance	30%		10%		20%		30%	
<b>Office Visits</b>								
Primary Care	\$40 ded waived		\$30 after ded		\$25 after ded		30% after ded	
Specialist	\$70 ded waived		\$60 after ded		\$50 after ded		30% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	30% after ded		10% after ded		20% after ded		30% after ded	
Mental Health Inpatient	30% after ded		10% after ded		20% after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	30% after ded		Hosp-\$250 after ded FS-\$150 after ded		Hosp-\$250 after ded FS-\$150 after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded		10% after ded		Lab-20% after ded; X-ray-\$90 after ded		30% after ded	
Mental Health Outpatient	\$70 ded waived		\$60 after ded		\$50 after ded		30% after ded	
<b>Emergency Care</b>								
Emergency Room	\$500 (waived if admitted) ded waived		10% after ded		\$250 (waived if admitted) after ded		30% after ded	
Urgent Care	\$75 ded waived		\$75 after ded		\$75 after ded		30% after ded	
<b>Single</b>	1 x	\$694.19	1 x	\$734.05	1 x	\$673.20	1 x	\$622.17
EE with Spouse	0 x	\$1,388.37	0 x	\$1,468.11	0 x	\$1,346.39	0 x	\$1,244.33
EE with Child(ren)	0 x	\$1,180.12	0 x	\$1,247.89	0 x	\$1,144.43	0 x	\$1,057.68
Family	1 x	\$1,978.43	1 x	\$2,092.05	1 x	\$1,918.61	1 x	\$1,773.18
<b>Monthly Cost</b>	2	\$2,672.62	2	\$2,826.10	2	\$2,591.81	2	\$2,395.35
<b>Annual Cost</b>		\$32,071.44		\$33,913.20		\$31,101.72		\$28,744.20

Prepared For: **Oxford 2016 4th qtr Freedom**

New York County, NY 10001

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

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

Effective Date: 10/01/2016

Prepared On: 07/05/2016

Report ID: 31112252

SIC: 0000

<b>Oxford Freedom</b>		
<b>F Bronze EPO HSA \$5000 Non-Gated OHI</b>		
<b>CNT</b>		
	<b>In-Network</b>	<b>Out-Network</b>
<b>Prescription Drugs</b>		
Drug Card	10/40/80 IntDed	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$5,000/\$10,000	
Individual/Family OOP Limit	\$6,350/\$12,700 (incl ded)	
Co-Insurance	20%	
<b>Office Visits</b>		
Primary Care	20% after ded	
Specialist	20% after ded	
<b>Inpatient Services</b>		
Inpatient Hospital	20% after ded	
Mental Health Inpatient	20% after ded	
<b>Outpatient Services</b>		
Outpatient Facility	20% after ded	
Lab/X-Ray	20% after ded	
Mental Health Outpatient	20% after ded	
<b>Emergency Care</b>		
Emergency Room	20% after ded	
Urgent Care	20% after ded	
Single	1 x	\$532.69
EE with Spouse	0 x	\$1,065.37
EE with Child(ren)	0 x	\$905.57
Family	1 x	\$1,518.16
Monthly Cost	2	\$2,050.85
Annual Cost		\$24,610.20