

	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
Prescription Drugs								
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	
Cost Share Information								
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	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	\$500/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$500/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Mental Health Inpatient	\$500/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$500/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100; pre-auth req	20% after ded; pre-auth req	Hosp-\$100; FS-\$50; pre-auth req	30% after ded; pre-auth req	Hosp-\$300; FS-\$100; pre-auth req	30% after ded; pre-auth req	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	
Emergency Care								
Emergency Room	\$200 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	1 x	\$1,329.90	1 x	\$1,182.35	1 x	\$1,156.50	1 x	\$1,104.96
EE with Spouse	0 x	\$2,659.80	0 x	\$2,364.70	0 x	\$2,313.00	0 x	\$2,209.92
EE with Child(ren)	0 x	\$2,260.83	0 x	\$2,010.00	0 x	\$1,966.05	0 x	\$1,878.43
Family	1 x	\$3,790.22	1 x	\$3,369.70	1 x	\$3,296.03	1 x	\$3,149.14
Monthly Cost	2	\$5,120.12	2	\$4,552.05	2	\$4,452.53	2	\$4,254.10
Annual Cost		\$61,441.44		\$54,624.60		\$53,430.36		\$51,049.20

	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 \$50 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60/100 ded T2-3		10/35/75/100 ded T2-3		15/35/75/100 ded T2-3		10/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,000/\$2,000		\$800/\$1,600		\$750/\$1,500	
Individual/Family OOP Limit	\$3,000/\$6,000		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	0%		20%		10%		10%	
Office Visits								
Primary Care	\$20		\$25 ded waived		\$15 ded waived		\$50 ded waived	
Specialist	\$40		\$40 ded waived		\$30 ded waived		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		20% after ded; pre-auth req		10% after ded		\$250/day after ded; \$2,500 max/contr yr	
Mental Health Inpatient	\$500/admit		20% after ded; pre-auth req		10% after ded		\$250/day after ded; \$2,500 max/contr yr	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req		Hosp-\$300 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-\$25 after ded		Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$80 after ded	
Mental Health Outpatient	\$40		\$40 ded waived		\$30 ded waived		\$50 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$300 (waived if admitted) ded waived		\$400 (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	\$1,083.72	1 x	\$1,003.61	1 x	\$948.59	1 x	\$940.28
EE with Spouse	0 x	\$2,167.44	0 x	\$2,007.22	0 x	\$1,897.18	0 x	\$1,880.56
EE with Child(ren)	0 x	\$1,842.32	0 x	\$1,706.14	0 x	\$1,612.60	0 x	\$1,598.48
Family	1 x	\$3,088.60	1 x	\$2,860.29	1 x	\$2,703.48	1 x	\$2,679.80
Monthly Cost	2	\$4,172.32	2	\$3,863.90	2	\$3,652.07	2	\$3,620.08
Annual Cost		\$50,067.84		\$46,366.80		\$43,824.84		\$43,440.96

	Oxford Freedom F Gold EPO 25/40 Non-Gated OHI CNT		Oxford Freedom F Silver PPO 40/70 Non-Gated OHI CNT		Oxford Freedom F Silver EPO 40/70 Non-Gated OHI CNT		Oxford Freedom F Gold PPO HSA \$1500 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75/100 ded T2-3		15/45/75/100 ded T2-3		15/45/75/100 ded T2-3		10/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,250/\$2,500		\$2,500/\$5,000		\$2,500/\$5,000		\$1,500/\$3,000	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$6,850/\$13,700 (incl ded)		\$10,000/\$20,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	20%		30%		30%		10%	
Office Visits								
Primary Care	\$25 ded waived		\$40 ded waived		\$40 ded waived		10% after ded	
Specialist	\$40 ded waived		\$70 ded waived		\$70 ded waived		10% after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		30% after ded; pre-auth req		30% after ded		10% after ded; pre-auth req	
Mental Health Inpatient	20% after ded		30% after ded; pre-auth req		30% after ded		10% after ded; pre-auth req	
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded; FS-\$150 after ded		30% after ded; pre-auth req		30% after ded		10% after ded; pre-auth req	
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-30% after ded		Lab-No charge; X-ray-30% after ded		10% after ded	
Mental Health Outpatient	\$40 ded waived		\$70 ded waived		\$70 ded waived		10% after ded	
Emergency Care								
Emergency Room	\$400 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		10% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		10% after ded	
Summary of Costs								
Single	1 x	\$912.93	1 x	\$866.70	1 x	\$801.10	1 x	\$920.11
EE with Spouse	0 x	\$1,825.86	0 x	\$1,733.40	0 x	\$1,602.20	0 x	\$1,840.22
EE with Child(ren)	0 x	\$1,551.98	0 x	\$1,473.39	0 x	\$1,361.87	0 x	\$1,564.19
Family	1 x	\$2,601.85	1 x	\$2,470.10	1 x	\$2,283.14	1 x	\$2,622.31
Monthly Cost	2	\$3,514.78	2	\$3,336.80	2	\$3,084.24	2	\$3,542.42
Annual Cost		\$42,177.36		\$40,041.60		\$37,010.88		\$42,509.04

	Oxford Freedom F Gold EPO HSA \$1500 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
Prescription Drugs								
Drug Card	10/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000		\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$5,500/\$11,000 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	10%		20%	50%	20%		30%	
Office Visits								
Primary Care	10% after ded		\$30 after ded	50% after ded	\$25 after ded		30% after ded	
Specialist	10% after ded		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		30% after ded	
Mental Health Inpatient	10% after ded		20% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	10% after ded		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	50% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 after ded		30% after ded	
Lab/X-Ray	10% after ded		20% after ded	50% after ded	Lab-20% after ded; X-ray-\$90 after ded		30% after ded	
Mental Health Outpatient	10% after ded		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Emergency Care								
Emergency Room	10% after ded		20% after ded	Paid as in-network	\$250 (waived if admitted) after ded		30% after ded	
Urgent Care	10% after ded		\$75 after ded	50% after ded	\$75 after ded		30% after ded	
Single	1 x \$856.37		1 x \$816.82		1 x \$766.32		1 x \$724.47	
EE with Spouse	0 x \$1,712.74		0 x \$1,633.64		0 x \$1,532.64		0 x \$1,448.94	
EE with Child(ren)	0 x \$1,455.83		0 x \$1,388.59		0 x \$1,302.74		0 x \$1,231.60	
Family	1 x \$2,440.65		1 x \$2,327.94		1 x \$2,184.01		1 x \$2,064.74	
Monthly Cost	2 \$3,297.02		2 \$3,144.76		2 \$2,950.33		2 \$2,789.21	
Annual Cost	\$39,564.24		\$37,737.12		\$35,403.96		\$33,470.52	

Prepared For: **Oxford 2017 3rd qtr Freedom Mid**

Delaware County, NY 12167

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

Health Plan Comparison Report (4L)

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SIC: 0000

Oxford Freedom F Bronze EPO HSA \$5500 Non-Gated OHI CNT		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/40/80 IntDed	
Cost Share Information		
Individual/Family Deductible	\$5,500/\$11,000	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)	
Co-Insurance	30%	
Office Visits		
Primary Care	30% after ded	
Specialist	30% 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	30% after ded	
Emergency Care		
Emergency Room	30% after ded	
Urgent Care	30% after ded	
Single	1 x	\$630.26
EE with Spouse	0 x	\$1,260.52
EE with Child(ren)	0 x	\$1,071.44
Family	1 x	\$1,796.24
Monthly Cost	2	\$2,426.50
Annual Cost		\$29,118.00