

	Oxford Liberty L Gold EPO 15/30 Non-Gated OHI CNT		Oxford Liberty L Gold EPO 25/40 Non-Gated OHI CNT		Oxford Liberty L Gold EPO 30/60 Gated OHI CNT		Oxford Liberty L Silver EPO 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		10/35/75/100 ded T2-3		15/35/75/100 ded T2-3		15/45/75/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$800/\$1,600		\$1,250/\$2,500		\$1,000/\$2,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$5,000/\$10,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	10%		20%		N/A		30%	
<b>Office Visits</b>								
Primary Care	\$15 ded waived		\$25 ded waived		\$30 ded waived		\$40 ded waived	
Specialist	\$30 ded waived		\$40 ded waived		\$60 ded waived		\$70 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		20% after ded		\$500/day after ded; \$2,000 max/admit		30% after ded	
Mental Health Inpatient	10% after ded		20% after ded		\$500/day after ded; \$2,000 max/admit		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$250 after ded FS- \$150 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-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$35 ded waived; \$500 max/contr yr		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$30 ded waived		\$40 ded waived		\$60 ded waived		\$70 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$300 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x	\$815.70	1 x	\$782.69	1 x	\$779.43	1 x	\$682.30
EE with Spouse	0 x	\$1,631.41	0 x	\$1,565.37	0 x	\$1,558.85	0 x	\$1,364.60
EE with Child(ren)	0 x	\$1,386.70	0 x	\$1,330.57	0 x	\$1,325.02	0 x	\$1,159.91
Family	1 x	\$2,324.76	1 x	\$2,230.66	1 x	\$2,221.36	1 x	\$1,944.56
Monthly Cost	2	\$3,140.46	2	\$3,013.35	2	\$3,000.79	2	\$2,626.86
Annual Cost		\$37,685.52		\$36,160.20		\$36,009.48		\$31,522.32

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

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: 31112271

SIC: 0000

	Oxford Liberty L Silver EPO Prim Adv \$1500 Non-Gated OHI CNT		Oxford Liberty L Silver EPO 25/50 Gated OHI CNT		Oxford Liberty L Silver EPO 30/75 Non-Gated OHI CNT		Oxford Liberty L Silver EPO HSA \$2000 25/50 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	15/35/75 IntDed T2-3		15/65/85/100 ded T2-3		15/65/50%to\$800/100 ded T2-3		15/35/75 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,500/\$3,000		\$2,000/\$4,000		\$3,000/\$6,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$6,600/\$13,200 (incl ded)		\$6,600/\$13,200 (incl ded)		\$4,500/\$9,000 (incl ded)	
Co-Insurance	30%		30%		40%		20%	
<b>Office Visits</b>								
Primary Care	\$25 ded waived		\$25 ded waived		\$30 ded waived		\$25 after ded	
Specialist	\$50 after ded		\$50 ded waived		\$75 ded waived		\$50 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$250/day after ded; \$1,250 max/admit		30% after ded		40% after ded		20% after ded	
Mental Health Inpatient	\$250/day after ded; \$1,250 max/admit		30% after ded		40% after ded		20% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hosp-\$250 after ded FS- \$150 after ded		30% after ded		40% after ded		Hosp-\$250 after ded FS- \$150 after ded	
Lab/X-Ray	Lab-\$50 after ded; X-ray- \$90 after ded		Lab-No charge; X-ray-30% after ded		Lab-No charge; X-ray-40% after ded		Lab-20% after ded; X-ray- \$90 after ded	
Mental Health Outpatient	\$25 after ded		\$50 ded waived		\$75 ded waived		\$50 after ded	
<b>Emergency Care</b>								
Emergency Room	\$100 (waived if admitted) after ded		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) after ded		\$250 (waived if admitted) after ded	
Urgent Care	\$75 after ded		\$80 ded waived		\$80 ded waived		\$75 after ded	
Single	1 x \$679.29		1 x \$662.67		1 x \$642.27		1 x \$661.68	
EE with Spouse	0 x \$1,358.59		0 x \$1,325.34		0 x \$1,284.55		0 x \$1,323.35	
EE with Child(ren)	0 x \$1,154.80		0 x \$1,126.54		0 x \$1,091.86		0 x \$1,124.85	
Family	1 x \$1,935.99		1 x \$1,888.61		1 x \$1,830.48		1 x \$1,885.78	
Monthly Cost	2 \$2,615.28		2 \$2,551.28		2 \$2,472.75		2 \$2,547.46	
Annual Cost	\$31,383.36		\$30,615.36		\$29,673.00		\$30,569.52	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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

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: 31112271

SIC: 0000

	Oxford Liberty L Bronze PPO HSA \$5000 30/60 Non-Gated OHI Fair CNT		Oxford Liberty L Bronze PPO HSA \$5000 30/60 Non-Gated OHI MGRP CNT		Oxford Liberty L Bronze EPO HSA \$5000 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	15/35/75 IntDed		15/35/75 IntDed		10/40/80 IntDed	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	
Individual/Family OOP Limit	\$6,450/\$12,900 (incl ded)	\$25,000/\$50,000 (incl ded)	\$6,450/\$12,900 (incl ded)	\$25,000/\$50,000 (incl ded)	\$6,350/\$12,700 (incl ded)	
Co-Insurance	20%	20%	20%	20%	20%	
<b>Office Visits</b>						
Primary Care	\$30 after ded	20% after ded	\$30 after ded	20% after ded	20% after ded	
Specialist	\$60 after ded	20% after ded	\$60 after ded	20% after ded	20% after ded	
<b>Inpatient Services</b>						
Inpatient Hospital	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	
Mental Health Inpatient	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	
<b>Outpatient Services</b>						
Outpatient Facility	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	
Lab/X-Ray	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	
Mental Health Outpatient	\$60 after ded	20% after ded	\$60 after ded	20% after ded	20% after ded	
<b>Emergency Care</b>						
Emergency Room	20% after ded	Paid as in-network	20% after ded	Paid as in-network	20% after ded	
Urgent Care	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	
Single	1 x \$605.67		1 x \$569.96		1 x \$523.56	
EE with Spouse	0 x \$1,211.33		0 x \$1,139.92		0 x \$1,047.13	
EE with Child(ren)	0 x \$1,029.63		0 x \$968.93		0 x \$890.05	
Family	1 x \$1,726.15		1 x \$1,624.39		1 x \$1,492.16	
Monthly Cost	2 \$2,331.82		2 \$2,194.35		2 \$2,015.72	
Annual Cost	\$27,981.84		\$26,332.20		\$24,188.64	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible