

	Oxford Freedom P FRDM NG 20/40/100 PPO FAIR 20 CNT (PPO) (UCR=80fh%)		Oxford Freedom P FRDM NG 5/15/100 PPO 20 CNT (PPO) (UCR=140mc%)		Oxford Freedom P FRDM NG 20/40/100 PPO 20 CNT (PPO) (UCR=140mc%)		Oxford Freedom P FRDM NG 5/15/100 EPO 20 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	5/30/60/50 ded T2-3		5/30/60/50 ded T2-3		5/30/60/50 ded T2-3		5/30/60/50 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	\$2,500/\$5,000	\$7,500/\$15,000 (incl ded)	\$2,500/\$5,000	\$5,000/\$10,000 (incl ded)	\$2,500/\$5,000	\$7,500/\$15,000 (incl ded)	\$2,500/\$5,000	
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	\$400/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$400/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Mental Health Inpatient	\$400/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$400/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; pre-auth req	30% after ded; pre-auth req	\$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	2 x \$1,447.78		2 x \$1,286.35		2 x \$1,258.97		2 x \$1,213.92	
EE with Spouse	0 x \$2,895.56		0 x \$2,572.70		0 x \$2,517.95		0 x \$2,427.84	
EE with Child(ren)	0 x \$2,461.23		0 x \$2,186.80		0 x \$2,140.25		0 x \$2,063.66	
Family	0 x \$4,126.17		0 x \$3,666.10		0 x \$3,588.07		0 x \$3,459.67	
Monthly Cost	2 \$2,895.56		2 \$2,572.70		2 \$2,517.94		2 \$2,427.84	
Annual Cost	\$34,746.72		\$30,872.40		\$30,215.28		\$29,134.08	

	Oxford Freedom P FRDM NG 20/40/100 EPO 20 CNT (EPO) (UCR=N/A)		Oxford Freedom G FRDM NG 25/40/1000/80 PPO 20 CNT (PPOc) (UCR=140mc%)		Oxford Freedom G FRDM NG 1500/90 PPO HSA 20 CNT (HSA) (UCR=140mc%)		Oxford Freedom G FRDM NG 50/50/750/90 EPO 20 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	5/30/60/50 ded T2-3		10/35/75/100 ded T2-3		10/35/75 IntDed		10/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,000/\$2,000	\$3,000/\$6,000	\$1,500/\$3,000	\$3,000/\$6,000	\$750/\$1,500	
Individual/Family OOP Limit	\$2,500/\$5,000		\$5,800/\$11,600 (incl ded)	\$7,500/\$15,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$5,200/\$10,400 (incl ded)	
Co-Insurance	0%		20%	40%	10%	40%	10%	
Office Visits								
Primary Care	\$20		\$25 ded waived	40% after ded	10% after ded	40% after ded	\$50 ded waived	
Specialist	\$40		\$40 ded waived	40% after ded	10% after ded	40% after ded	\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$400/admit		20% after ded; pre-auth req	40% after ded; pre-auth req	10% after ded; pre-auth req	40% after ded; pre-auth req	\$250/day after ded; \$2,500 max/admit	
Mental Health Inpatient	\$400/admit		20% after ded; pre-auth req	40% after ded; pre-auth req	10% after ded; pre-auth req	40% after ded; pre-auth req	\$250/day after ded; \$2,500 max/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	40% after ded; pre-auth req	10% after ded; pre-auth req	40% after ded; pre-auth req	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	40% after ded	10% after ded	40% after ded	Lab-No charge; X-ray-\$80 after ded	
Mental Health Outpatient	\$40		\$40 ded waived	40% after ded	10% after ded	40% after ded	\$50 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$500 (waived if admitted) ded waived	Paid as in-network	10% after ded	Paid as in-network	\$500 (waived if admitted) ded waived	
Urgent Care	\$50		\$75 ded waived	40% after ded	10% after ded	40% after ded	\$75 ded waived	
Single	2 x \$1,190.08		2 x \$1,077.25		2 x \$1,025.72		2 x \$1,019.32	
EE with Spouse	0 x \$2,380.16		0 x \$2,154.49		0 x \$2,051.43		0 x \$2,038.65	
EE with Child(ren)	0 x \$2,023.14		0 x \$1,831.32		0 x \$1,743.72		0 x \$1,732.85	
Family	0 x \$3,391.72		0 x \$3,070.16		0 x \$2,923.29		0 x \$2,905.07	
Monthly Cost	2 \$2,380.16		2 \$2,154.50		2 \$2,051.44		2 \$2,038.64	
Annual Cost	\$28,561.92		\$25,854.00		\$24,617.28		\$24,463.68	

	Oxford Freedom G FRDM NG 15/35/1000/90 EPO 20 CNT (EPOc) (UCR=N/A)		Oxford Freedom G FRDM NG 25/40/1250/80 EPO 20 CNT (EPOc) (UCR=N/A)		Oxford Freedom G FRDM NG 1500/90 EPO HSA 20 CNT (HSA) (UCR=N/A)		Oxford Freedom G FRDM NG 30/60/2250/70 EPO 20 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	15/35/75/100 ded T2-3		15/35/75/100 ded T2-3		10/35/75 IntDed		15/45/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000		\$1,250/\$2,500		\$1,500/\$3,000		\$2,250/\$4,500	
Individual/Family OOP Limit	\$6,500/\$13,000 (incl ded)		\$5,000/\$10,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$8,150/\$16,300 (incl ded)	
Co-Insurance	10%		20%		10%		30%	
Office Visits								
Primary Care	\$15 ded waived		\$25 ded waived		10% after ded		\$30 ded waived	
Specialist	\$35 ded waived		\$40 ded waived		10% after ded		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		10% after ded		30% after ded	
Mental Health Inpatient	10% after ded		20% after ded		10% 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		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$80 after ded		10% after ded		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$35 ded waived		\$40 ded waived		10% after ded		\$60 ded waived	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		\$400 (waived if admitted) ded waived		10% after ded		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		10% after ded		\$75 ded waived	
Single	2 x \$1,018.31		2 x \$997.38		2 x \$964.13		2 x \$921.53	
EE with Spouse	0 x \$2,036.62		0 x \$1,994.77		0 x \$1,928.26		0 x \$1,843.06	
EE with Child(ren)	0 x \$1,731.13		0 x \$1,695.55		0 x \$1,639.02		0 x \$1,566.60	
Family	0 x \$2,902.18		0 x \$2,842.54		0 x \$2,747.78		0 x \$2,626.35	
Monthly Cost	2 \$2,036.62		2 \$1,994.76		2 \$1,928.26		2 \$1,843.06	
Annual Cost	\$24,439.44		\$23,937.12		\$23,139.12		\$22,116.72	

	Oxford Freedom S FRDM NG 30/60/2000/80 PPO HSA 20 CNT (HSA) (UCR=140mc%)		Oxford Freedom S FRDM NG 40/70/2500/65 PPO 20 CNT (PPOc) (UCR=140mc%)		Oxford Freedom S FRDM NG 25/50/2000/80 EPO HSA 20 CNT (HSA) (UCR=N/A)		Oxford Freedom S FRDM NG 40/70/2500/65 EPO 20 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	15/35/75 IntDed		15/45/75/200 ded T2-3		15/35/75 IntDed		15/45/75/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000	\$4,000/\$8,000	\$2,500/\$5,000	\$4,000/\$8,000	\$2,000/\$4,000		\$2,500/\$5,000	
Individual/Family OOP Limit	\$6,400/\$12,800 (incl ded)	\$10,000/\$20,000 (incl ded)	\$8,150/\$16,300 (incl ded)	\$10,000/\$20,000 (incl ded)	\$6,400/\$12,800 (incl ded)		\$8,150/\$16,300 (incl ded)	
Co-Insurance	20%	50%	35%	50%	20%		35%	
Office Visits								
Primary Care	\$30 after ded	50% after ded	\$40 ded waived	50% after ded	\$25 after ded		\$40 ded waived	
Specialist	\$60 after ded	50% after ded	\$70 ded waived	50% after ded	\$50 after ded		\$70 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded; pre-auth req	50% after ded; pre-auth req	35% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		35% after ded	
Mental Health Inpatient	20% after ded; pre-auth req	50% after ded; pre-auth req	35% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		35% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	50% after ded; pre-auth req	35% after ded; pre-auth req	50% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 after ded		35% after ded	
Lab/X-Ray	20% after ded	50% after ded	Lab-\$25 ded waived; X-ray-35% after ded	50% after ded	Lab-20% after ded; X-ray-\$90 after ded		Lab-\$25 ded waived; X-ray-35% after ded	
Mental Health Outpatient	\$60 after ded; pre-auth req	50% after ded; pre-auth req	\$70 ded waived; pre-auth req	50% after ded; pre-auth req	\$50 after ded		\$70 ded waived	
Emergency Care								
Emergency Room	20% after ded	Paid as in-network	50% after ded	Paid as in-network	\$500 (waived if admitted) after ded		50% after ded	
Urgent Care	\$75 after ded	50% after ded	\$75 ded waived	50% after ded	\$75 after ded		\$75 ded waived	
Single	2 x \$888.06		2 x \$882.72		2 x \$832.30		2 x \$824.21	
EE with Spouse	0 x \$1,776.12		0 x \$1,765.43		0 x \$1,664.60		0 x \$1,648.41	
EE with Child(ren)	0 x \$1,509.71		0 x \$1,500.62		0 x \$1,414.91		0 x \$1,401.15	
Family	0 x \$2,530.97		0 x \$2,515.74		0 x \$2,372.06		0 x \$2,348.99	
Monthly Cost	2 \$1,776.12		2 \$1,765.44		2 \$1,664.60		2 \$1,648.42	
Annual Cost	\$21,313.44		\$21,185.28		\$19,975.20		\$19,781.04	

Prepared For: **Oxford 2020 1st qtr Freedom NY 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 Freedom S FRDM NG 2000/70 EPO HSA 20 CNT (HSA) (UCR=N/A)		Oxford Freedom B FRDM NG 5500/70 EPO HSA 20 CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	15/35/75 IntDed		10/40/80 IntDed	
Cost Share Information				
Individual/Family Deductible	\$2,000/\$4,000		\$5,500/\$11,000	
Individual/Family OOP Limit	\$6,750/\$13,500 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	30%		30%	
Office Visits				
Primary Care	30% after ded		30% after ded	
Specialist	30% after ded		30% after ded	
Inpatient Services				
Inpatient Hospital	30% after ded		30% after ded	
Mental Health Inpatient	30% after ded		30% after ded	
Outpatient Services				
Outpatient Facility	30% after ded		30% after ded	
Lab/X-Ray	30% after ded		30% after ded	
Mental Health Outpatient	30% after ded		30% after ded	
Emergency Care				
Emergency Room	30% after ded		50% after ded	
Urgent Care	30% after ded		30% after ded	
Single	2 x \$813.04		2 x \$698.91	
EE with Spouse	0 x \$1,626.07		0 x \$1,397.82	
EE with Child(ren)	0 x \$1,382.16		0 x \$1,188.15	
Family	0 x \$2,317.15		0 x \$1,991.89	
Monthly Cost	2 \$1,626.08		2 \$1,397.82	
Annual Cost	\$19,512.96		\$16,773.84	