

|                               | Oxford Liberty<br>L Gold EPO 30/60 Gated OHI CNT |             | Oxford Liberty<br>L Silver EPO 40/70 Non-Gated OHI CNT |             | Oxford Liberty<br>L Silver EPO 25/50 Gated OHI CNT |             | Oxford Liberty<br>L Silver EPO 30/75 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                     | 15/35/75/100 ded T2-3                            |             | 15/45/75/100 ded T2-3                                  |             | 15/65/85/100 ded T2-3                              |             | 15/65/50%to\$800/100 ded T2-3                          |             |
| <b>Cost Share Information</b> |  |             |  |             |  |             |  |             |
| Individual/Family Deductible  | \$1,000/\$2,000                                  |             | \$2,500/\$5,000  |             | \$3,000/\$6,000                                    |             | \$3,000/\$6,000  |             |
| Individual/Family OOP Limit   | \$4,000/\$8,000 (incl ded)                       |             | \$6,850/\$13,700 (incl ded)                            |             | \$6,600/\$13,200 (incl ded)                        |             | \$6,850/\$13,700 (incl ded)                            |             |
| Co-Insurance                  | 0%   |             | 30%  |             | 50%  |             | 40%  |             |
| <b>Office Visits</b>          |  |             |  |             |  |             |  |             |
| Primary Care                  | \$30 ded waived                                  |             | \$40 ded waived  |             | \$25 ded waived                                    |             | \$30 ded waived  |             |
| Specialist                    | \$60 ded waived                                  |             | \$70 ded waived  |             | \$50 ded waived                                    |             | \$75 ded waived  |             |
| <b>Inpatient Services</b>     |  |             |  |             |  |             |  |             |
| Inpatient Hospital            | \$500/day after ded;<br>\$2,000 max/admit        |             | 30% after ded  |             | 50% after ded                                      |             | 40% after ded  |             |
| Mental Health Inpatient       | \$500/day after ded;<br>\$2,000 max/admit        |             | 30% after ded  |             | 50% after ded                                      |             | 40% after ded  |             |
| <b>Outpatient Services</b>    |  |             |  |             |  |             |  |             |
| Outpatient Facility           | Hosp-\$250 after ded; FS-\$150 after ded         |             | 30% after ded  |             | 50% after ded                                      |             | 40% after ded  |             |
| Lab/X-Ray                     | Lab-No charge; X-ray-\$35 after ded              |             | Lab-No charge; X-ray-30% after ded                     |             | Lab-No charge; X-ray-50% after ded                 |             | Lab-No charge; X-ray-40% after ded                     |             |
| Mental Health Outpatient      | \$60 ded waived                                  |             | \$70 ded waived  |             | \$50 ded waived                                    |             | \$75 ded waived  |             |
| <b>Emergency Care</b>         |  |             |  |             |  |             |  |             |
| Emergency Room                | \$200 (waived if admitted) ded waived            |             | \$500 (waived if admitted) ded waived                  |             | \$500 (waived if admitted) ded waived              |             | \$500 (waived if admitted) after ded                   |             |
| Urgent Care                   | \$75 ded waived                                  |             | \$75 ded waived  |             | \$80 ded waived                                    |             | \$80 ded waived  |             |
| <b>Single</b>                 | 1 x \$885.83                                     |             | 1 x \$777.07   |             | 1 x \$747.50                                       |             | 1 x \$730.20   |             |
| EE with Spouse                | 0 x \$1,771.66                                   |             | 0 x \$1,554.14   |             | 0 x \$1,495.00                                     |             | 0 x \$1,460.40   |             |
| EE with Child(ren)            | 0 x \$1,505.91                                   |             | 0 x \$1,321.02   |             | 0 x \$1,270.75                                     |             | 0 x \$1,241.34   |             |
| Family                        | 1 x \$2,524.62                                   |             | 1 x \$2,214.65   |             | 1 x \$2,130.38                                     |             | 1 x \$2,081.07   |             |
| <b>Monthly Cost</b>           | 2 \$3,410.45                                     |             | 2 \$2,991.72   |             | 2 \$2,877.88                                       |             | 2 \$2,811.27   |             |
| <b>Annual Cost</b>            | \$40,925.40                                      |             | \$35,900.64  |             | \$34,534.56  |             | \$33,735.24  |             |

|                               | Oxford Liberty<br>L Silver EPO Prim Adv \$2000 Non-Gated<br>OHI CNT |             | Oxford Liberty<br>L Silver EPO HSA \$2000 25/50 Non-Gated<br>OHI CNT |             | Oxford Liberty<br>L Bronze PPO HSA \$6000 30/60 Non-Gated<br>OHI CNT |                              | Oxford Liberty<br>L Bronze EPO HSA \$6550 100% Non-Gated<br>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  |             | 15/35/75 IntDed  |             | 15/35/75 IntDed  |                              | 0%/0%/0% IntDed   |             |
| <b>Cost Share Information</b> |   |             |  |             |  |                              |   |             |
| Individual/Family Deductible  | \$2,000/\$4,000   |             | \$2,000/\$4,000  |             | \$6,000/\$12,000   | \$10,000/\$20,000            | \$6,550/\$13,100  |             |
| Individual/Family OOP Limit   | \$5,500/\$11,000 (incl ded)   |             | \$5,500/\$11,000 (incl ded)  |             | \$6,550/\$13,100 (incl ded)  | \$25,000/\$50,000 (incl ded) | \$6,550/\$13,100 (incl ded)   |             |
| Co-Insurance                  | 30%   |             | 20%  |             | 20%  | 20%                          | 0%  |             |
| <b>Office Visits</b>          |   |             |  |             |  |                              |   |             |
| Primary Care                  | \$25 ded waived   |             | \$25 after ded   |             | \$30 after ded   | 20% after ded                | 0% after ded  |             |
| Specialist                    | \$50 after ded  |             | \$50 after ded   |             | \$60 after ded   | 20% after ded                | 0% after ded  |             |
| <b>Inpatient Services</b>     |   |             |  |             |  |                              |   |             |
| Inpatient Hospital            | \$250/day after ded;<br>\$1,250 max/admit                           |             | 20% after ded  |             | 20% after ded; pre-auth req  | 20% after ded; pre-auth req  | 0% after ded  |             |
| Mental Health Inpatient       | \$250/day after ded;<br>\$1,250 max/admit                           |             | 20% after ded  |             | 20% after ded; pre-auth req  | 20% after ded; pre-auth req  | 0% after ded  |             |
| <b>Outpatient Services</b>    |   |             |  |             |  |                              |   |             |
| Outpatient Facility           | Hosp-\$250 after ded; FS-\$150 after ded                            |             | Hosp-\$250 after ded; FS-\$150 after ded                             |             | 20% after ded; pre-auth req  | 20% after ded; pre-auth req  | 0% after ded  |             |
| Lab/X-Ray                     | Lab-\$50 after ded; X-ray-\$90 after ded                            |             | Lab-20% after ded; X-ray-\$90 after ded                              |             | 20% after ded  | 20% after ded                | 0% after ded  |             |
| Mental Health Outpatient      | \$50 ded waived   |             | \$50 after ded   |             | \$60 after ded   | 20% after ded                | 0% after ded  |             |
| <b>Emergency Care</b>         |   |             |  |             |  |                              |   |             |
| Emergency Room                | 30% after ded   |             | \$250 (waived if admitted) after ded                                 |             | 20% after ded  | Paid as in-network           | 0% after ded  |             |
| Urgent Care                   | \$75 after ded  |             | \$75 after ded   |             | 20% after ded  | 20% after ded                | 0% after ded  |             |
| <b>Single</b>                 | 1 x \$741.08  |             | 1 x \$743.33   |             | 1 x \$653.13   |                              | 1 x \$604.13  |             |
| EE with Spouse                | 0 x \$1,482.16  |             | 0 x \$1,486.66   |             | 0 x \$1,306.26   |                              | 0 x \$1,208.26  |             |
| EE with Child(ren)            | 0 x \$1,259.84  |             | 0 x \$1,263.66   |             | 0 x \$1,110.32   |                              | 0 x \$1,027.02  |             |
| Family                        | 1 x \$2,112.08  |             | 1 x \$2,118.49   |             | 1 x \$1,861.42   |                              | 1 x \$1,721.77  |             |
| <b>Monthly Cost</b>           | 2 \$2,853.16  |             | 2 \$2,861.82   |             | 2 \$2,514.55   |                              | 2 \$2,325.90  |             |
| <b>Annual Cost</b>            | \$34,237.92   |             | \$34,341.84  |             | \$30,174.60  |                              | \$27,910.80   |             |

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

Delaware County, NY 12167

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

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

Effective Date: 07/01/2017

Prepared On: 04/20/2017

Report ID: 32844790

SIC: 0000

| <b>Oxford Liberty</b>                        |                             |                    |
|--|-----------------------------|--------------------|
| <b>L Bronze EPO HSA \$5500 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                 | \$5,500/\$11,000            |                    |
| Individual/Family OOP Limit                  | \$6,550/\$13,100 (incl ded) |                    |
| Co-Insurance                                 | 30%                         |                    |
| <b>Office Visits</b>                         |                             |                    |
| Primary Care                                 | 30% after ded               |                    |
| Specialist                                   | 30% after ded               |                    |
| <b>Inpatient Services</b>                    |                             |                    |
| Inpatient Hospital                           | 30% after ded               |                    |
| Mental Health Inpatient                      | 30% after ded               |                    |
| <b>Outpatient Services</b>                   |                             |                    |
| Outpatient Facility                          | 30% after ded               |                    |
| Lab/X-Ray                                    | 30% after ded               |                    |
| Mental Health Outpatient                     | 30% after ded               |                    |
| <b>Emergency Care</b>                        |                             |                    |
| Emergency Room                               | 30% after ded               |                    |
| Urgent Care                                  | 30% after ded               |                    |
| Single                                       | 1 x                         | \$611.36           |
| EE with Spouse                               | 0 x                         | \$1,222.72         |
| EE with Child(ren)                           | 0 x                         | \$1,039.31         |
| Family                                       | 1 x                         | \$1,742.38         |
| Monthly Cost                                 | 2                           | \$2,353.74         |
| Annual Cost                                  |                             | \$28,244.88        |