Prepared For: Oxford 2018 2nd Qtr Liberty New York City

New York County, NY 10001

Prepared By:

Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 04/01/2018

Prepared On: 01/19/2018

SIC: 0000

Report ID: 34415578

	Oxford Liberty L Platinum EPO 15/35 Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 30/60 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 25/45 \$1500 Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 30/60 Non-Gated 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	5/30/60/150 ded T2-3		15/35/75/100 ded T2-3		5/45/75/150 ded T2-3		15/45/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$250/\$500		\$1,000/\$2,000		\$1,500/\$3,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,850/\$13,700 (incl ded)	
Co-Insurance	10%		0%		20%		30%	
Office Visits								
Primary Care	\$15 ded waived		\$30 ded waived		\$25 ded waived		\$30 ded waived	
Specialist	\$35 ded waived		\$60 ded waived		\$45 ded waived		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		\$500/day after ded; \$2,000 max/admit		20% after ded		30% after ded	
Mental Health Inpatient	10% after ded		\$500/day after ded; \$2,000 max/admit		20% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	10% after ded		Hosp-\$250 after ded; FS- \$150 after ded		20% after ded		30% after ded	
Lab/X-Ray	10% after ded		Lab-No charge; X-ray-\$35 after ded		20% after ded		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$35 ded waived		\$60 ded waived		\$45 ded waived		\$60 ded waived	
Emergency Care			,					
Emergency Room	10% after ded		\$300 (waived if admitted) ded waived		20% after ded		\$500 (waived if admitted) ded waived	
Urgent Care	\$50 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x \$975.38		1 x \$843.04		1 x \$802.67		1 x \$789.74	
EE with Spouse	0 x \$1,950.77		0 x \$1,686.08		0 x \$1,605.34		0 x \$1,579.47	
EE with Child(ren)	0 x \$1,658.15		0 x \$1,433.17		0 x \$1,364.54		0 x \$1,342.55	
Family	1 x \$2,779.84		1 x \$2,402.67		1 x \$2,287.62		1 x \$2,250.75	
Manthly Cost	0 00 755 00		2 62 245 74		2 \$2,000.20		2 \$2,040.40	
Monthly Cost Annual Cost	2 \$3,755.22 \$45,062.64		2 \$3,245.71		2 \$3,090.29 \$37,083.48		2 \$3,040.49 \$36,485.88	
Amiudi Cost	\$45,U02.04		\$38,948.52		\$37,U63.48		<b>\$30,463.88</b>	

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Prescription Drugs		Oxford Liberty L Silver EPO 40/70 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Liberty L Silver EPO Prim Adv \$2000 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO 25/50 Gated OHI CNT (EPOc) (UCR=N/A)	
Drug Card   15/45/75/200 ded T2-3   15/35/75 imDed   15/35/75 imDed   15/35/75 imDed T2-3   15/35/75 imDed T		In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Cost Share Information	Prescription Drugs			,					
IndividualFamily Deductible   S2,500/\$5,000   S2,000/\$4,000   S2,000/\$4,000   S3,000/\$6,000   S7,150/\$14,300 (incl ded)   S5,500/\$11,000 (incl ded)   S6,000/\$12,000 (incl ded)   S7,150/\$14,300 (in	Drug Card	15/45/75/200 ded T2-3		15/35/75 IntDed		15/35/75 IntDed T2-3		15/65/85/100 ded T2-3	
State   Stat	Cost Share Information								
State   Stat	Individual/Family Deductible	\$2,500/\$5,000		\$2,000/\$4,000		\$2,000/\$4,000		\$3,000/\$6,000	
Office Visits         S40 ded waived         \$25 after ded         \$25 ded waived         \$25 ded waived         \$25 ded waived         \$25 ded waived         \$50 ded	1			1 ' '				\$7,150/\$14,300 (incl ded)	
Primary Care   \$40 ded waived   \$25 after ded   \$25 after ded   \$25 ded waived   \$50 after ded   \$50 after d	Co-Insurance	30%		20%		30%		50%	
Specialist   \$70 ded waived   \$50 after ded   \$1,250 max/admit   \$0% after ded   \$1,250 max/admit   \$1,	Office Visits								
Inpatient Services	Primary Care	\$40 ded waived		\$25 after ded		\$25 ded waived		\$25 ded waived	
Inpatient Hospital   30% after ded   20% after ded   \$250/day after ded; \$1.250 max/admit   50% after ded   \$1.250 max/admit   50% after ded   51.250 max/admit   50% after ded   50% after ded   50% after ded   51.250 max/admit   50% after ded   50% after ded   50% after ded   50% after ded   51.250 max/admit   50% after ded   50% after ded   50% after ded   51.250 max/admit   50% after ded   51.250 max/admit   50% after ded   50% aft	Specialist	\$70 ded waived		\$50 after ded		\$50 after ded		\$50 ded waived	
St. 250 max/admit   St.	Inpatient Services					·			
State   Stat	Inpatient Hospital	30% after ded		20% after ded				50% after ded	
Outpatient Facility         30% after ded         Hosp-\$250 after ded; FS-\$150 after ded; FS-\$150 after ded; FS-\$150 after ded         50% after ded           Lab/X-Ray         Lab-\$20 ded waived; X-ray-30% after ded         Lab-20% after ded; X-ray-\$90 after ded; X-ray-\$90 after ded         Lab-\$50 after ded; X-ray-\$90 after ded; X-ray-\$90 after ded         X-ray-50% after ded         X-ray-60% after ded	Mental Health Inpatient	30% after ded		20% after ded				50% after ded	
\$150 after ded   \$150	Outpatient Services								
X-ray-30% after ded   \$90 after ded   \$90 after ded   \$90 after ded   \$50 ded waived   \$700 (waived if admitted)   \$250 (waived if admitted)   \$250 (waived if admitted)   \$75 after ded   \$75 after ded   \$75 after ded   \$80 ded waived   \$80 de	Outpatient Facility	30% after ded						50% after ded	
Emergency Care         \$700 (waived if admitted) ded waived         \$250 (waived if admitted) after ded         30% after ded         \$700 (waived if admitted) ded waived           Urgent Care         \$75 ded waived         \$75 after ded         \$75 after ded         \$80 ded waived           Single         1 x         \$727.67         1 x         \$722.74         1 x         \$696.69         1 x         \$693.57           EE with Spouse         0 x         \$1,455.35         0 x         \$1,445.48         0 x         \$1,393.37         0 x         \$1,387.14           EE with Child(ren)         0 x         \$1,237.05         0 x         \$1,228.66         0 x         \$1,184.37         0 x         \$1,179.07           Family         1 x         \$2,073.87         1 x         \$2,059.81         1 x         \$1,985.56         1 x         \$1,976.67           Monthly Cost         2         \$2,801.54         2         \$2,782.55         2         \$2,682.25         2         \$2,670.24	Lab/X-Ray								
Seminary Room   \$700 (waived if admitted)   \$250 (waived if admitted)   after ded   \$30% after ded   \$700 (waived if admitted)   \$30% after ded   \$700 (waived if admitted)   \$250 (waived if admitted)   \$30% after ded   \$75 after ded   \$80 ded waived   \$80 ded	Mental Health Outpatient	\$70 ded waived		\$50 after ded		\$50 ded waived		\$50 ded waived	
Urgent Care         \$75 ded waived         \$75 after ded         \$75 after ded         \$80 ded waived           Single         1 x         \$727.67         1 x         \$722.74         1 x         \$696.69         1 x         \$693.57           EE with Spouse         0 x         \$1,455.35         0 x         \$1,445.48         0 x         \$1,393.37         0 x         \$1,387.14           EE with Child(ren)         0 x         \$1,237.05         0 x         \$1,228.66         0 x         \$1,184.37         0 x         \$1,179.07           Family         1 x         \$2,073.87         1 x         \$2,059.81         1 x         \$1,985.56         1 x         \$1,976.67           Monthly Cost         2         \$2,801.54         2         \$2,782.55         2         \$2,682.25         2         \$2,670.24	Emergency Care					·			
Single         1 x         \$727.67         1 x         \$722.74         1 x         \$696.69         1 x         \$693.57           EE with Spouse         0 x         \$1,455.35         0 x         \$1,445.48         0 x         \$1,393.37         0 x         \$1,387.14           EE with Child(ren)         0 x         \$1,237.05         0 x         \$1,228.66         0 x         \$1,184.37         0 x         \$1,179.07           Family         1 x         \$2,073.87         1 x         \$2,059.81         1 x         \$1,985.56         1 x         \$1,976.67           Monthly Cost         2         \$2,801.54         2         \$2,782.55         2         \$2,682.25         2         \$2,670.24	Emergency Room					30% after ded			
EE with Spouse       0 x       \$1,455.35       0 x       \$1,445.48       0 x       \$1,393.37       0 x       \$1,387.14         EE with Child(ren)       0 x       \$1,237.05       0 x       \$1,228.66       0 x       \$1,184.37       0 x       \$1,179.07         Family       1 x       \$2,073.87       1 x       \$2,059.81       1 x       \$1,985.56       1 x       \$1,976.67         Monthly Cost       2       \$2,801.54       2       \$2,782.55       2       \$2,682.25       2       \$2,670.24	Urgent Care	\$75 ded waived		\$75 after ded		\$75 after ded		\$80 ded waived	
EE with Child(ren)     0 x \$1,237.05     0 x \$1,228.66     0 x \$1,184.37     0 x \$1,179.07       Family     1 x \$2,073.87     1 x \$2,059.81     1 x \$1,985.56     1 x \$1,976.67       Monthly Cost     2 \$2,801.54     2 \$2,782.55     2 \$2,682.25     2 \$2,670.24	Single	1 x \$727.67		1 x \$722.74		1 x \$696.69	<u> </u>	1 x \$693.57	
Family 1 x \$2,073.87 1 x \$2,059.81 1 x \$1,985.56 1 x \$1,976.67  Monthly Cost 2 \$2,801.54 2 \$2,782.55 2 \$2,682.25 2 \$2,670.24	EE with Spouse	0 x \$1,455.35		0 x \$1,445.48		0 x \$1,393.37		0 x \$1,387.14	
Monthly Cost 2 \$2,801.54 2 \$2,782.55 2 \$2,682.25 2 \$2,670.24	EE with Child(ren)	0 x \$1,237.05		0 x \$1,228.66		0 x \$1,184.37		0 x \$1,179.07	
	Family	1 x \$2,073.87		1 x \$2,059.81		1 x \$1,985.56		1 x \$1,976.67	
	Monthly Cost	2 \$2.801.54		2 \$2.782.55		2 \$2.682.25		2 \$2.670.24	
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Prepared By: Cliffor	epared By: Clifford Grekin Inc (631)963-6020				Report ID: 3441557			78 SIC: 0000	
	Oxford Liberty L Silver EPO 30/75 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO 30/70 \$4000 Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Bronze PPO HSA \$6000 30/60 Non-Gated OHI CNT (HSA) (UCR=140mc%)		Oxford Liberty L Silver EPO Prim Adv \$4000 Gated CNT (EPOc) (UCR=N/A)		
	In-Network C	ut-Network In-	Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	
Prescription Drugs	,			1		ı			
Drug Card	15/65/50%to\$800/100 ded T2-3	15/50/90/	150 ded T2-3		15/35/75 IntDed		10/65/50%to\$800 IntDed T2-3		
Cost Share Information									
Individual/Family Deductible	\$3,000/\$6,000	\$4,000/\$8	3,000		\$6,000/\$12,000	\$10,000/\$20,000	\$4,000/\$8,000		
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)	\$7,350/\$	14,700 (incl ded)		\$6,550/\$13,100 (incl ded)	\$25,000/\$50,000 (incl ded)	\$7,350/\$14,700 (incl ded)		
Co-Insurance	40%	40%			20%	20%	30%		
Office Visits									
Primary Care	\$30 ded waived	\$30 ded v	vaived		\$30 after ded	20% after ded	\$20 ded waived		
Specialist	\$75 ded waived	\$70 ded v	vaived		\$60 after ded	20% after ded	\$60 after ded		
Inpatient Services									
Inpatient Hospital	40% after ded	40% after	ded		20% after ded; pre-auth req	20% after ded; pre-auth req	\$500/day after ded; \$2,000 max/admit		
Mental Health Inpatient	40% after ded	40% after	ded		20% after ded; pre-auth req	20% after ded; pre-auth req	\$500/day after ded; \$2,000 max/admit		
Outpatient Services									
Outpatient Facility	40% after ded	40% after	ded		20% after ded; pre-auth req	20% after ded; pre-auth req	Hosp-\$750 after ded; FS- \$250 after ded		
Lab/X-Ray	Lab-No charge; X-ray-40% after ded	40% after	ded		20% after ded	20% after ded	Lab-\$20 after ded; X-ray- \$50 after ded		
Mental Health Outpatient	\$75 ded waived	\$70 ded v	vaived		\$60 after ded	20% after ded	\$60 ded waived		
Emergency Care									
Emergency Room	\$500 (waived if admitted) after ded	40% after	ded		20% after ded	Paid as in-network	\$500 after ded		
Urgent Care	\$80 ded waived	\$80 ded v	vaived		20% after ded	20% after ded	\$60 after ded		
Single	1 x \$688.12	1 x	\$666.69		1 x \$637.10		1 x \$636.89		
EE with Spouse	0 x \$1,376.24	0 x	\$1,333.38		0 x \$1,274.20		0 x \$1,273.77		
EE with Child(ren)	0 x \$1,169.81	0 x	\$1,133.37		0 x \$1,083.07		0 x \$1,082.71		
Family	1 x \$1,961.15	1 x	\$1,900.06		1 x \$1,815.73		1 x \$1,815.13		
Monthly Cost Annual Cost	2 \$2,649.27 \$31,791.24	2	\$2,566.75 \$30,801.00		2 \$2,452.83 \$29,433.96		2 \$2,452.02 \$29,424.24		

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	Oxford L L Bronze EPO HSA \$30 CNT (HSA) (	000 25/75 Non-Gated			Oxford Liberty L Bronze EPO HSA \$6550 100% Non-Gated OHI CNT (HSA) (UCR=N/A)		
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	
Prescription Drugs							
Drug Card	30%/30%/30% IntDed		10/40/80 IntDed		0%/0%/0% IntDed		
Cost Share Information							
Individual/Family Deductible	\$3,000/\$6,000		\$5,500/\$11,000		\$6,550/\$13,100		
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)		
Co-Insurance	30%		30%		0%		
Office Visits							
Primary Care	\$25 after ded		30% after ded		0% after ded		
Specialist	\$75 after ded		30% after ded		0% after ded		
Inpatient Services							
Inpatient Hospital	30% after ded		30% after ded		0% after ded		
Mental Health Inpatient	30% after ded		30% after ded		0% after ded		
Outpatient Services							
Outpatient Facility	30% after ded		30% after ded		0% after ded		
Lab/X-Ray	30% after ded		30% after ded		0% after ded		
Mental Health Outpatient	\$75 after ded		30% after ded		0% after ded		
Emergency Care							
Emergency Room	30% after ded		30% after ded		0% after ded		
Urgent Care	30% after ded		30% after ded		0% after ded		
Single	1 x \$634.25		1 x \$600.62		1 x \$593.00		
EE with Spouse	0 x \$1,268.51		0 x \$1,201.23		0 x \$1,186.00		
EE with Child(ren)	0 x \$1,078.23		0 x \$1,021.05		0 x \$1,008.10		
Family	1 x \$1,807.63		1 x \$1,711.75		1 x \$1,690.06		
Monthly Cost	2 \$2,441.88		2 \$2,312.37		2 \$2,283.06		
Annual Cost	\$29,302.56		\$27,748.44		\$27,396.72		