Prepared For: **Oxford 2020 3rd qtr Freedom Mid Hudson**

Delaware County, NY 12167

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

Health Plan Comparison Report (4L)

Effective Date: 07/01/2020 Prepared On: 04/02/2020

Report ID: 37600315 SIC: 0000

	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 $1,673.51		2 x $1,486.91		2 x $1,455.26		2 x $1,403.18	
EE with Spouse	0 x $3,347.02		0 x $2,973.83		0 x $2,910.52		0 x $2,806.36	
EE with Child(ren)	0 x $2,844.97		0 x $2,527.75		0 x $2,473.94		0 x $2,385.41	
Family	0 x $4,769.51		0 x $4,237.71		0 x $4,147.50		0 x $3,999.07	
Monthly Cost	2 $3,347.02		2 $2,973.82		2 $2,910.52		2 $2,806.36	
Annual Cost	$40,164.24		$35,685.84		$34,926.24		$33,676.32	

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	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 $1,375.63		2 x $1,245.20		2 x $1,185.64		2 x $1,178.26	
EE with Spouse	0 x $2,751.27		0 x $2,490.41		0 x $2,371.29		0 x $2,356.51	
EE with Child(ren)	0 x $2,338.57		0 x $2,116.85		0 x $2,015.59		0 x $2,003.04	
Family	0 x $3,920.56		0 x $3,548.83		0 x $3,379.08		0 x $3,358.03	
Monthly Cost	2 $2,751.26		2 $2,490.40		2 $2,371.28		2 $2,356.52	
Annual Cost	$33,015.12		$29,884.80		$28,455.36		$28,278.24	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	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 $1,177.08		2 x $1,152.89		2 x $1,114.46		2 x $1,065.22	
EE with Spouse	0 x $2,354.17		0 x $2,305.79		0 x $2,228.92		0 x $2,130.44	
EE with Child(ren)	0 x $2,001.04		0 x $1,959.92		0 x $1,894.59		0 x $1,810.87	
Family	0 x $3,354.69		0 x $3,285.75		0 x $3,176.21		0 x $3,035.87	
Monthly Cost	2 $2,354.16		2 $2,305.78		2 $2,228.92		2 $2,130.44	
Annual Cost	$28,249.92		$27,669.36		$26,747.04		$25,565.28	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	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 $1,026.52		2 x $1,020.34		2 x $962.07		2 x $952.71	
EE with Spouse	0 x $2,053.04		0 x $2,040.69		0 x $1,924.14		0 x $1,905.42	
EE with Child(ren)	0 x $1,745.08		0 x $1,734.58		0 x $1,635.52		0 x $1,619.61	
Family	0 x $2,925.58		0 x $2,907.98		0 x $2,741.90		0 x $2,715.22	
Monthly Cost	2 $2,053.04		2 $2,040.68		2 $1,924.14		2 $1,905.42	
Annual Cost	$24,636.48		$24,488.16		$23,089.68		$22,865.04	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	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 $939.80		2 x $807.88	
EE with Spouse	0 x $1,879.60		0 x $1,615.77	
EE with Child(ren)	0 x $1,597.66		0 x $1,373.40	
Family	0 x $2,678.43		0 x $2,302.47	
Monthly Cost	2 $1,879.60		2 $1,615.76	
Annual Cost	$22,555.20		$19,389.12	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible