

| | Oxford Liberty P LBTY GT 15/35/250/90 EPO LA 20 CNT (EPOc) (UCR=N/A) | | Oxford Liberty P LBTY NG 40/80/80 EPO 411 20 CNT (EPOc) (UCR=N/A) | | Oxford Liberty G LBTY NG 25/50/100 EPO ZD 20 CNT (EPO) (UCR=N/A) | | Oxford Liberty G LBTY GT 30/60/1000/100 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 | 5/30/60/150 ded T2-3 | | 5/30/60/150 ded T2-3 | | 10/65/90/100 ded T2-3 | | 15/35/75/100 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$250/\$500 | | N/A | | N/A | | \$1,000/\$2,000 | |
| Individual/Family OOP Limit | \$3,000/\$6,000 (incl ded) | | \$2,000/\$4,000 | | \$5,000/\$10,000 | | \$5,400/\$10,800 (incl ded) | |
| Co-Insurance | 10% | | 20% | | 0% | | 0% | |
| Office Visits | | | | | | | | |
| Primary Care | \$15 ded waived | | \$5 visits 1-4; \$40 visits 5+ | | \$25 | | \$30 ded waived | |
| Specialist | \$35 ded waived | | \$25 visit 1; \$80 visits 2+ | | \$50 | | \$60 ded waived | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 10% after ded | | \$1,000/admit | | \$500/admit | | \$500/day after ded; \$2,000 max/admit | |
| Mental Health Inpatient | 10% after ded | | \$1,000/admit | | \$500/admit | | \$500/day after ded; \$2,000 max/admit | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | 10% after ded | | Hosp-\$500; FS-\$250 | | Hosp-\$500; FS-\$150 | | Hosp-\$250 after ded; FS-\$150 after ded | |
| Lab/X-Ray | 10% after ded | | Lab-\$15; X-ray-\$50 | | Lab-\$20; X-ray-\$50 | | Lab-No charge; X-ray-\$35 after ded | |
| Mental Health Outpatient | \$35 ded waived | | \$40 | | \$50 | | \$60 ded waived | |
| Emergency Care | | | | | | | | |
| Emergency Room | 10% after ded | | 50% | | \$750 (waived if admitted) | | \$500 (waived if admitted) ded waived | |
| Urgent Care | \$35 ded waived | | \$25 visit 1; \$80 visits 2+ | | \$50 | | \$75 ded waived | |
| Single | 2 x \$1,081.49 | | 2 x \$1,077.79 | | 2 x \$1,023.29 | | 2 x \$956.92 | |
| EE with Spouse | 0 x \$2,162.99 | | 0 x \$2,155.57 | | 0 x \$2,046.59 | | 0 x \$1,913.83 | |
| EE with Child(ren) | 0 x \$1,838.54 | | 0 x \$1,832.24 | | 0 x \$1,739.61 | | 0 x \$1,626.76 | |
| Family | 0 x \$3,082.25 | | 0 x \$3,071.69 | | 0 x \$2,916.39 | | 0 x \$2,727.21 | |
| Monthly Cost | 2 \$2,162.98 | | 2 \$2,155.58 | | 2 \$2,046.58 | | 2 \$1,913.84 | |
| Annual Cost | \$25,955.76 | | \$25,866.96 | | \$24,558.96 | | \$22,966.08 | |

| | Oxford Liberty G LBTY NG 40/80/2000/80 EPO 411 20 CNT (EPOc) (UCR=N/A) | | Oxford Liberty G LBTY NG 30/60/2000/70 EPO 20 CNT (EPOc) (UCR=N/A) | | Oxford Liberty S LBTY NG 25/50/2000/80 EPO HSA 20 CNT (HSA) (UCR=N/A) | | Oxford Liberty S LBTY 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 | 5/30/60/150 ded T2-3 | | 15/45/75/100 ded T2-3 | | 15/35/75 IntDed | | 15/45/75/200 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$2,000/\$4,000 | | \$2,000/\$4,000 | | \$2,000/\$4,000 | | \$2,500/\$5,000 | |
| Individual/Family OOP Limit | \$4,000/\$8,000 (incl ded) | | \$7,900/\$15,800 (incl ded) | | \$6,400/\$12,800 (incl ded) | | \$8,150/\$16,300 (incl ded) | |
| Co-Insurance | 20% | | 30% | | 20% | | 35% | |
| Office Visits | | | | | | | | |
| Primary Care | \$5 ded waived visits 1-4; \$40 ded waived visits 5+ | | \$30 ded waived | | \$25 after ded | | \$40 ded waived | |
| Specialist | \$25 ded waived visit 1; \$80 ded waived visits 2+ | | \$60 ded waived | | \$50 after ded | | \$70 ded waived | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | \$1,000/admit after ded | | 30% after ded | | 20% after ded | | 35% after ded | |
| Mental Health Inpatient | \$1,000/admit after ded | | 30% after ded | | 20% after ded | | 35% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | Hosp-\$500 after ded; FS- \$250 after ded | | 30% after ded | | Hosp-\$250 after ded; FS- \$150 after ded | | 35% after ded | |
| Lab/X-Ray | Lab-\$15 ded waived; X-ray- \$50 after ded | | Lab-No charge; X-ray-30% after ded | | Lab-20% after ded; X-ray- \$90 after ded | | Lab-\$25 ded waived; X-ray-35% after ded | |
| Mental Health Outpatient | \$40 ded waived | | \$60 ded waived | | \$50 after ded | | \$70 ded waived | |
| Emergency Care | | | | | | | | |
| Emergency Room | 50% after ded | | \$500 (waived if admitted) ded waived | | \$500 (waived if admitted) after ded | | 50% after ded | |
| Urgent Care | \$25 ded waived visit 1; \$80 ded waived visits 2+ | | \$75 ded waived | | \$75 after ded | | \$75 ded waived | |
| Single | 2 x \$920.11 | | 2 x \$900.92 | | 2 x \$808.20 | | 2 x \$800.35 | |
| EE with Spouse | 0 x \$1,840.22 | | 0 x \$1,801.84 | | 0 x \$1,616.41 | | 0 x \$1,600.69 | |
| EE with Child(ren) | 0 x \$1,564.19 | | 0 x \$1,531.57 | | 0 x \$1,373.95 | | 0 x \$1,360.59 | |
| Family | 0 x \$2,622.31 | | 0 x \$2,567.62 | | 0 x \$2,303.38 | | 0 x \$2,280.99 | |
| Monthly Cost | 2 \$1,840.22 | | 2 \$1,801.84 | | 2 \$1,616.40 | | 2 \$1,600.70 | |
| Annual Cost | \$22,082.64 | | \$21,622.08 | | \$19,396.80 | | \$19,208.40 | |

| | Oxford Liberty S LBTY NG 30/75/3000/60 EPO 20 CNT (EPOc) (UCR=N/A) | | Oxford Liberty S LBTY GT 25/50/3500/50 EPO 20 CNT (EPOc) (UCR=N/A) | | Oxford Liberty B LBTY NG 30/60/6000/80 PPO HSA 20 CNT (HSA) (UCR=140mc%) | | Oxford Liberty B LBTY NG 25/75/4000/70 EPO HSA 20 CNT (HSA) (UCR=N/A) | |
|------------------------------|--|-------------|--|-------------|--|------------------------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | | | |
| Drug Card | 15/65/50%to\$800/100 ded T2-3 | | 15/65/85/100 ded T2-3 | | 15/35/75 IntDed | | 30%/30%/30% IntDed | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$3,000/\$6,000 | | \$3,500/\$7,000 | | \$6,000/\$12,000 | \$10,000/\$20,000 | \$4,000/\$8,000 | |
| Individual/Family OOP Limit | \$8,150/\$16,300 (incl ded) | | \$8,150/\$16,300 (incl ded) | | \$6,550/\$13,100 (incl ded) | \$25,000/\$50,000 (incl ded) | \$6,750/\$13,500 (incl ded) | |
| Co-Insurance | 40% | | 50% | | 20% | 20% | 30% | |
| Office Visits | | | | | | | | |
| Primary Care | \$30 ded waived | | \$25 ded waived | | \$30 after ded | 20% after ded | \$25 after ded | |
| Specialist | \$75 ded waived | | \$50 ded waived | | \$60 after ded | 20% after ded | \$75 after ded | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 40% after ded | | 50% after ded | | 20% after ded; pre-auth req | 20% after ded; pre-auth req | 30% after ded | |
| Mental Health Inpatient | 40% after ded | | 50% after ded | | 20% after ded; pre-auth req | 20% after ded; pre-auth req | 30% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | 40% after ded | | 50% after ded | | 20% after ded; pre-auth req | 20% after ded; pre-auth req | 30% after ded | |
| Lab/X-Ray | Lab-\$15 ded waived; X-ray-40% after ded | | Lab-\$15 ded waived; X-ray-50% after ded | | 20% after ded | 20% after ded | 30% after ded | |
| Mental Health Outpatient | \$75 ded waived | | \$50 ded waived | | \$60 after ded | 20% after ded | \$75 after ded | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$600 (waived if admitted) after ded | | 50% after ded | | 20% after ded | Paid as in-network | 30% after ded | |
| Urgent Care | \$80 ded waived | | \$80 ded waived | | 20% after ded | 20% after ded | 30% after ded | |
| Single | 2 x \$779.17 | | 2 x \$766.18 | | 2 x \$726.13 | | 2 x \$689.56 | |
| EE with Spouse | 0 x \$1,558.34 | | 0 x \$1,532.36 | | 0 x \$1,452.25 | | 0 x \$1,379.11 | |
| EE with Child(ren) | 0 x \$1,324.59 | | 0 x \$1,302.50 | | 0 x \$1,234.41 | | 0 x \$1,172.25 | |
| Family | 0 x \$2,220.64 | | 0 x \$2,183.60 | | 0 x \$2,069.47 | | 0 x \$1,965.24 | |
| Monthly Cost | 2 \$1,558.34 | | 2 \$1,532.36 | | 2 \$1,452.26 | | 2 \$1,379.12 | |
| Annual Cost | \$18,700.08 | | \$18,388.32 | | \$17,427.12 | | \$16,549.44 | |

Prepared For: **Oxford 2020 3rd qtr NY City Liberty**

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 Liberty B LBTY NG 6750/100 EPO HSA 20 CNT (HSA) (UCR=N/A) | | |
|---|-----------------------------|--------------------|
| | In-Network | Out-Network |
| Prescription Drugs | | |
| Drug Card | 0%/0%/0% IntDed | |
| Cost Share Information | | |
| Individual/Family Deductible | \$6,750/\$13,500 | |
| Individual/Family OOP Limit | \$6,750/\$13,500 (incl ded) | |
| Co-Insurance | 0% | |
| Office Visits | | |
| Primary Care | 0% after ded | |
| Specialist | 0% after ded | |
| Inpatient Services | | |
| Inpatient Hospital | 0% after ded | |
| Mental Health Inpatient | 0% after ded | |
| Outpatient Services | | |
| Outpatient Facility | 0% after ded | |
| Lab/X-Ray | 0% after ded | |
| Mental Health Outpatient | 0% after ded | |
| Emergency Care | | |
| Emergency Room | 0% after ded | |
| Urgent Care | 0% after ded | |
| Single | 2 x | \$667.96 |
| EE with Spouse | 0 x | \$1,335.91 |
| EE with Child(ren) | 0 x | \$1,135.53 |
| Family | 0 x | \$1,903.68 |
| Monthly Cost | 2 | \$1,335.92 |
| Annual Cost | | \$16,031.04 |

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