Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2022 Prepared On: 10/26/2021

Report ID: 38462963

SIC: 0000

	Oxford Liberty NY P LBTY NG 5/35/500/100 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY P LBTY GT 15/30/250/90 EPO LA 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 25/50/100 EPO ZD 22 CNT (EPO) (UCR=N/A)		Oxford Liberty NY G LBTY GT 30/60/1250/100 EPO 22 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	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible Individual/Family OOP Limit	\$500/\$1,000 \$3,050/\$6,100 (incl ded)		\$250/\$500 \$3,250/\$6,500 (incl ded)		N/A \$6,000/\$12,000		\$1,250/\$2,500 \$6,400/\$12,800 (incl ded)	
Co-Insurance	0%		10%		0%		0%	
Office Visits								
Primary Care	D-\$5 ded waived; ND-\$25 ded waived		\$15 ded waived		\$25		\$30 ded waived	
Specialist	D-\$35 ded waived; ND- \$70 ded waived		\$30 ded waived		\$50		\$60 ded waived	
Inpatient Services							I	
Inpatient Hospital	0% after ded		10% after ded		\$500/admit		\$500/day after ded; \$2,000 max/admit	
Mental Health Inpatient	0% after ded		10% after ded		\$500/admit		\$500/day after ded; \$2,000 max/admit	
Outpatient Services								
Outpatient Facility	0% after ded		10% after ded		Hosp-\$500; FS-\$150		Hosp-\$250 after ded; FS- \$150 after ded	
Lab/X-Ray	0% after ded		10% after ded		Lab-\$20; X-ray-\$50		Lab-No charge; X-ray-\$35 after ded	
Mental Health Outpatient	\$35 ded waived		\$30 ded waived		\$50		\$60 ded waived	
Emergency Care							· · · · ·	
Emergency Room	\$250 ded waived		50% after ded		\$750 (waived if admitted)		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$30 ded waived		\$50		\$75 ded waived	
Single	2 x \$1,253.18		2 x \$1,177.73		2 x \$1,157.30		2 x \$1,059.05	
EE with Spouse	0 x \$2,506.36		0 x \$2,355.46		0 x \$2,314.60		0 x \$2,118.10	
EE with Child(ren)	0 x \$2,130.41		0 x \$2,002.14		0 x \$1,967.41		0 x \$1,800.39	
Family	0 x \$3,571.56		0 x \$3,356.53		0 x \$3,298.31		0 x \$3,018.29	
Monthly Cost	2 \$2,506.36		2 \$2,355.46		2 \$2,314.60		2 \$2,118.10	
Annual Cost	\$30,076.32		\$28,265.52		\$27,775.20		\$25,417.20	
	\$55,575.52		Ψ20,200.02		\$21,110.20		φ20,417.20	

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	Oxford Liberty NY G LBTY NG 1500/90 EPO HSAM 22 CNT (HSA) (UCR=N/A)		Oxford Liberty NY G LBTY NG 20/40/2000/80 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/2000/70 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 50/100/100 EPO ZD 22 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	10/50/90 IntDed		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/65/95/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible Individual/Family OOP Limit	\$1,500/\$3,000 \$5,500/\$11,000 (incl ded)		\$2,000/\$4,000 \$8,500/\$17,000 (incl ded)		\$2,000/\$4,000 \$8,400/\$16,800 (incl ded)		N/A \$8,700/\$17,400	
Co-Insurance Office Visits	10%		20%		30%		0%	
Primary Care	10% after ded		D-\$20 ded waived; ND- \$40 ded waived		\$30 ded waived		\$50	
Specialist	10% after ded		D-\$40 ded waived; ND- \$80 ded waived		\$60 ded waived		\$100	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		30% after ded		\$1,000/admit	
Mental Health Inpatient	10% after ded		20% after ded		30% after ded		\$1,000/admit	
Outpatient Services	·						'	
Outpatient Facility	10% after ded		20% after ded		30% after ded		Hosp-\$700; FS-\$500	
Lab/X-Ray	10% after ded		20% after ded		Lab-No charge; X-ray-30% after ded		Lab-\$40; X-ray-\$150	
Mental Health Outpatient	10% after ded		\$40 ded waived		\$60 ded waived		\$100	
Emergency Care								
Emergency Room	50% after ded		\$500 ded waived		\$500 (waived if admitted) ded waived		\$1,400 (waived if admitted)	
Urgent Care	10% after ded		\$75 ded waived		\$75 ded waived		\$100	
Single	2 x \$1,032.90		2 x \$1,030.93		2 x \$1,020.29		2 x \$1,013.28	
EE with Spouse	0 x \$2,065.80		0 x \$2,061.86		0 x \$2,040.58		0 x \$2,026.56	
EE with Child(ren)	0 x \$1,755.93		0 x \$1,752.58		0 x \$1,734.49		0 x \$1,722.58	
Family	0 x \$2,943.77		0 x \$2,938.15		0 x \$2,907.83		0 x \$2,887.85	
Monthly Cost Annual Cost	2 \$2,065.80 \$24,789.60		2 \$2,061.86 \$24,742.32		2 \$2,040.58 \$24,486.96		2 \$2,026.56 \$24,318.72	

Oxford Liberty

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	NY S LBTY NG 40/70/3000/65 ÉPO 22 CNT (EPOc) (UCR=N/A)		NY S LBTY NG 25/50/2500/80 EPO HSA 22 CNT (HSA) (UCR=N/A)		NY S LBTY NG 40/70/4500/60 EPO 22 CNT (EPOc) (UCR=N/A)) NY S LBTY NG 30/75/3500/60 EPO 22 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	10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90/200 ded T2-3		10/50/50%to\$800/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible Individual/Family OOP Limit	\$3,000/\$6,000 \$8,700/\$17,400 (incl ded)		\$2,500/\$5,000 \$6,900/\$13,800 (incl ded)		\$4,500/\$9,000 \$8,700/\$17,400 (incl ded)		\$3,500/\$7,000 \$8,700/\$17,400 (incl ded)	
Co-Insurance	35%		20%		40%		40%	
Office Visits								
Primary Care	\$40 ded waived		\$25 after ded		\$40 ded waived		\$30 ded waived	
Specialist	\$70 ded waived		\$50 after ded		\$70 ded waived		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	35% after ded		20% after ded		40% after ded		40% after ded	
Mental Health Inpatient	35% after ded		20% after ded		40% after ded		40% after ded	
Outpatient Services								
Outpatient Facility	35% after ded		Hosp-\$250 after ded; FS- \$150 after ded		40% after ded		40% after ded	
Lab/X-Ray	Lab-\$25 ded waived; X-ray-35% after ded		Lab-20% after ded; X-ray- \$90 after ded		Lab-\$25 ded waived; X-ray-40% after ded		Lab-\$20 ded waived; X-ray-40% after ded	
Mental Health Outpatient	\$70 ded waived		\$50 after ded		\$70 ded waived		\$75 ded waived	
Emergency Care								
Emergency Room	50% after ded		\$500 (waived if admitted) after ded		50% after ded		\$600 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 after ded		\$75 ded waived		\$80 ded waived	
Single	2 x \$908.48		2 x \$907.69		2 x \$891.08		2 x \$889.62	
EE with Spouse	0 x \$1,816.96		0 x \$1,815.38		0 x \$1,782.16		0 x \$1,779.24	
EE with Child(ren)	0 x \$1,544.42		0 x \$1,543.07		0 x \$1,514.84		0 x \$1,512.35	
Family	0 x \$2,589.17		0 x \$2,586.92		0 x \$2,539.58		0 x \$2,535.42	
Monthly Cost	2 \$1,816.96		2 \$1,815.38		2 \$1,782.16		2 \$1,779.24	
Annual Cost	\$21,803.52		\$21,784.56		\$21,385.92		\$21,350.88	

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	Oxford Lii NY S LBTY NG 25/45/5000/ (UCR=N	50 ÉPO 22 CNT (EPOc)	Oxford Li NY S LBTY GT 25/50/4500/ (UCR=I	50 EPO 22 CNT (EPOc)	Oxford Li NY S LBTY NG 4000/80 EF (UCR=	PO HSAM 22 CNT (HSA)		
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								1
Drug Card	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible Individual/Family OOP Limit	\$5,000/\$10,000 \$8,700/\$17,400 (incl ded)		\$4,500/\$9,000 \$8,700/\$17,400 (incl ded)		\$4,000/\$8,000 \$7,050/\$14,100 (incl ded)		\$6,750/\$13,500 \$7,050/\$14,100 (incl ded)	\$10,000/\$20,000 \$25,000/\$50,000 (incl ded)
Co-Insurance	50%		50%		20%		20%	20%
Office Visits								
Primary Care	D-\$25 ded waived; ND- \$45 ded waived		\$25 ded waived		20% after ded		\$30 after ded	20% after ded
Specialist	D-\$45 ded waived; ND- \$75 ded waived		\$50 ded waived		20% after ded		\$60 after ded	20% after ded
Inpatient Services								
Inpatient Hospital	50% after ded		50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req
Mental Health Inpatient	50% after ded		50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req
Outpatient Services								
Outpatient Facility	50% after ded		50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req
Lab/X-Ray	50% after ded		Lab-\$15 ded waived; X-ray-50% after ded		20% after ded		20% after ded	Lab-Not covered; X-ray-20% after ded
Mental Health Outpatient	\$45 ded waived		\$50 ded waived		20% after ded		\$60 after ded	20% after ded
Emergency Care					,			·
Emergency Room	50% after ded		50% after ded		50% after ded		50% after ded	Paid as in-network
Urgent Care	\$75 ded waived		\$80 ded waived		20% after ded		20% after ded	20% after ded
Single	2 x \$881.11		2 x \$872.79		2 x \$853.46		2 x \$833.79	I
EE with Spouse	0 x \$1,762.22		0 x \$1,745.58		0 x \$1,706.92		0 x \$1,667.58	
EE with Child(ren)	0 x \$1,497.89		0 x \$1,483.74		0 x \$1,450.88		0 x \$1,417.44	
Family	0 x \$2,511.16		0 x \$2,487.45		0 x \$2,432.36		0 x \$2,376.30	
Monthly Cost	2 \$1,762.22		2 \$1,745.58		2 \$1,706.92		2 \$1,667.58	
Annual Cost	\$21,146.64		\$20,946.96		\$20,483.04		\$20,010.96	

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Drug Card $30\%/30\%$ intDed $0\%/0\%$ intDedCost Share Information57,500\% 11,500\$7,000\% 14,000Individual/Family Deductible\$7,500\% 14,100 (incl ded)\$7,050\% 14,100 (incl ded)Co-Insurance 30% 0% Office Visits 0% Primary Care\$25 after ded 0% after dedSpecialist\$75 after ded 0% after dedInpatient Services 0% after ded 0% after dedOutpatient Facility 30% after ded 0% after dedOutpatient Facility 30% after ded 0% after dedDupatient Facility 30% after ded 0% after dedUrgent Care 50% after ded 0% after dedUrgent Care 30% after ded 0% after dedSingle $2x$ \$799.74 $2x$ \$799.14Ewith Spouse $0x$ \$1,599.48 $0x$ \$1,385.54Ewith Spouse $0x$ \$1,599.48 $0x$ \$1,385.54Family $0x$ \$1,599.48 2 \$1,598.28Monthly Cost 2 \$1,599.48 2 \$1,598.28		Oxford Li NY B LBTY NG 25/75/5750 (HSA) (UC	70 EPO HSA 22 CNT	Oxford Liberty NY B LBTY NG 7000/100 EPO HSA 22 CNT (HSA) (UCR=N/A)			
Cost Share InformationImage: Cost Share InformationImage: Cost Share InformationImage: Cost Share InformationIndividual/Family Deductible Individual/Family OOP Limit\$5,750/\$11,500 \$7,050/\$14,100 (incl ded)\$7,050/\$14,000 \$7,050/\$14,100 (incl ded)\$7,050/\$14,000 \$7,050/\$14,100 (incl ded)Co-Insurance Office Visits30%0%0%Primary Care\$25 after ded0% after ded0%Specialist\$75 after ded0% after ded0%Inpatient ServicesImage: Cost Share ded0% after ded0% after dedOutpatient Hospital30% after ded0% after ded0% after dedOutpatient Facility30% after ded0% after ded0% after dedLab/X-Ray30% after ded0% after ded0% after dedImage: Care50% after ded0% after ded0% after dedLiggent Care30% after ded0% after ded0% after dedLingent Care30% after ded0% after ded0% after dedSingle Et with Spouse2 x \$799.742 x \$799.14Et with Spouse0 x \$1,599.480 x \$1,598.28Et with Child(ren)0 x \$1,599.560 x \$1,598.28Family0 x \$2,279.260 x \$2,279.55Monthly Cost2 \$1,599.482 \$1,598.28		In-Network	Out-Network	In-Network	Out-Network		
Cost Share InformationImage: State	Prescription Drugs						
Individual/Family Deductible Individual/Family OOP Limit $$5,750/$11,500$ \$7,050/\$14,100 (incl ded) $$7,000/$14,000$ \$7,050/\$14,100 (incl ded)Co-Insurance Office Visits 30% 0% 0% Primary Care $$25$ after ded 0% after ded 0% after dedSpecialist $$75$ after ded 0% after ded 0% after dedInpatient Services 0% after ded 0% after ded 0% after dedMental Health Inpatient 30% after ded 0% after ded 0% after dedOutpatient Facility 30% after ded 0% after ded 0% after dedLab/X-Ray 30% after ded 0% after ded 0% after dedLab/X-Ray 30% after ded 0% after ded 0% after dedUrgent Care 50% after ded 0% after ded 0% after dedUrgent Care $2x$ $$799.74$ $2x$ $$799.14$ Ewith Spouse $0x$ $$1,359.56$ $0x$ $$1,358.54$ Ewith Spouse $0x$ $$1,359.56$ $0x$ $$1,358.54$ Family $0x$ $$1,359.48$ $0x$ $$1,358.54$	Drug Card	30%/30%/30% IntDed		0%/0%/0% IntDed			
Individual/Family OOP Limit \$7,050/\$14,100 (incl ded) \$7,050/\$14,100 (incl ded) Co-Insurance 30% 0% 0% Office Visits 0% after ded 0% after ded 0% after ded Primary Care \$25 after ded 0% after ded 0% after ded Specialist \$7,5 after ded 0% after ded 0% after ded Inpatient Services 0% after ded 0% after ded 0% after ded Mental Health Inpatient 30% after ded 0% after ded 0% after ded Outpatient Facility 30% after ded 0% after ded 0% after ded Storage constructions 0% after ded 0% after ded 0% after ded Lab/X-Ray 30% after ded 0% after ded 0% after ded 0% after ded Itality Care 30% after ded 0% after ded<	Cost Share Information						
Office VisitsImage in the second							
Specialist $$75 after ded$ $0\% after ded$ $0\% after ded$ Inpatient Services $0\% after ded$ $0\% after ded$ $0\% after ded$ Inpatient Hospital $30\% after ded$ $0\% after ded$ $0\% after ded$ Mental Health Inpatient $30\% after ded$ $0\% after ded$ $0\% after ded$ Outpatient Services $0\% after ded$ $0\% after ded$ $0\% after ded$ Outpatient Facility $30\% after ded$ $0\% after ded$ $0\% after ded$ Specific Med $30\% after ded$ $0\% after ded$ $0\% after ded$ Lab/X-Ray $30\% after ded$ $0\% after ded$ $0\% after ded$ Mental Health Outpatient $$75 after ded$ $0\% after ded$ $0\% after ded$ Emergency Care 0% after ded $0\% after ded$ $0\% after ded$ Urgent Care $30\% after ded$ $0\% after ded$ $0\% after ded$ Single E with Spouse E with Child(ren) $10 \times $1,359.56$ $2 \times 799.14 $0 \times $1,359.56$ $2 \times 799.14 $0 \times $1,358.54$ $0 \times $1,358.54$ Monthly Cost $2 $1,599.48$ $2 $1,598.28$		30%		0%			
Inpatient ServicesImpatient ServicesImpa	Primary Care	\$25 after ded		0% after ded			
Inpatient Hospital 30% after ded 30% after ded 0% after ded 10% a	Specialist	\$75 after ded		0% after ded			
Mental Health Inpatient30% after ded0% after dedOutpatient ServicesOutpatient Facility30% after ded0% after dedDuby Services30% after ded0% after dedLab/X-Ray30% after ded0% after dedMental Health Outpatient\$75 after ded0% after dedEmergency Care0% after ded0% after dedUrgent Care30% after ded0% after dedSingle2 x \$799.742 x \$799.14EE with Spouse0 x \$1,599.480 x \$1,598.28EE with Child(ren)0 x \$1,359.560 x \$1,358.54O x \$2,279.260 x \$2,277.55Monthly Cost2 \$1,599.482 \$1,598.28	Inpatient Services						
Outpatient ServicesImage: Constraint of the service of	Inpatient Hospital	30% after ded		0% after ded			
Outpatient Facility30% after ded0% after dedLab/X-Ray30% after ded0% after dedMental Health Outpatient Emergency Care\$75 after ded0% after dedEmergency Room50% after ded0% after dedUrgent Care30% after ded0% after dedSingle E with Spouse E with Child(ren) Family2 x \$799.74 0 x \$1,359.56 0 x \$1,359.56 0 x \$1,359.662 x \$799.14 0 x \$1,358.54 0 x \$1,358.54 0 x \$2,277.55Monthly Cost2 \$1,599.480 x \$1,598.28	Mental Health Inpatient	30% after ded		0% after ded			
Lab/X-Ray 30% after ded 0% after dedMental Health Outpatient Emergency Care 75 after ded 0% after dedEmergency Room 50% after ded 0% after dedUrgent Care 30% after ded 0% after dedSingle $2 \times \$799.74$ $2 \times \$799.14$ E with Spouse $0 \times \$1,599.48$ $0 \times \$1,598.28$ E with Child(ren) $0 \times \$1,359.56$ $0 \times \$1,358.54$ Family $0 \times \$2,279.26$ $2 \$1,598.28$	Outpatient Services						
Mental Health Outpatient Emergency Care75 after ded0% after ded0% after dedEmergency Room50% after ded0% after ded0% after dedUrgent Care30% after ded0% after ded0% after dedSingle2 x \$799.742 x \$799.14EE with Spouse0 x \$1,599.480 x \$1,358.54EE with Child(ren)0 x \$2,279.260 x \$2,277.55Monthly Cost2 \$1,599.482 \$1,599.48	Outpatient Facility	30% after ded		0% after ded			
Emergency CareImage: CareImage: CareS0% after dedO% after dedO% after dedUrgent Care30% after ded0% after ded0% after ded0% after dedSingle2 x \$799.742 x \$799.14EE with Spouse0 x \$1,599.480 x \$1,598.28EE with Child(ren)0 x \$1,359.560 x \$1,358.54Family0 x \$2,279.260 x \$2,277.55Monthly Cost2 \$1,599.482 \$1,598.28	Lab/X-Ray	30% after ded		0% after ded			
Urgent Care 30% after ded 0% after ded Single 2 x \$799.74 2 x \$799.14 EE with Spouse 0 x \$1,599.48 0 x \$1,598.28 EE with Child(ren) 0 x \$1,359.56 0 x \$1,358.54 Family 0 x \$2,279.26 0 x \$2,277.55 Monthly Cost 2 \$1,599.48 2 \$1,598.28		\$75 after ded		0% after ded			
Single 2 x \$799.74 2 x \$799.14 EE with Spouse 0 x \$1,599.48 0 x \$1,598.28 EE with Child(ren) 0 x \$1,359.56 0 x \$1,358.54 Family 0 x \$2,279.26 0 x \$2,277.55 Monthly Cost 2 \$1,599.48 2 \$1,598.28	Emergency Room	50% after ded		0% after ded			
EE with Spouse 0 x \$1,599.48 0 x \$1,598.28 EE with Child(ren) 0 x \$1,359.56 0 x \$1,358.54 Family 0 x \$2,279.26 0 x \$2,277.55 Monthly Cost 2 \$1,599.48 2 \$1,598.28	Urgent Care	30% after ded		0% after ded			
EE with Child(ren) 0 x \$1,359.56 0 x \$1,358.54 Family 0 x \$2,279.26 0 x \$2,277.55 Monthly Cost 2 \$1,599.48 2 \$1,598.28	-	2 x \$799.74		2 x \$799.14			
Family 0 x \$2,279.26 0 x \$2,277.55 Monthly Cost 2 \$1,599.48 2 \$1,598.28							
Monthly Cost 2 \$1,599.48 2 \$1,598.28		. ,					
	Family	0 x \$2,279.26		0 x \$2,277.55			
Annual Cost \$19,193.76 \$19,179.36	Monthly Cost	2 \$1,599.48		2 \$1,598.28			
	Annual Cost	\$19,193.76		\$19,179.36			

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