

	Oxford Liberty NY P LBTY NG 5/35/500/100 EPO 23 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY P LBTY GT 10/25/250/90 EPO LA 23 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 25/50/100 EPO ZD 23 CNT (EPO) (UCR=N/A)		Oxford Liberty NY G LBTY GT 30/60/1250/100 EPO 23 CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$500/\$1,000		\$250/\$500		N/A		\$1,250/\$2,500	
Individual/Family OOP Limit	\$2,450/\$4,900 (incl ded)		\$2,500/\$5,000 (incl ded)		\$6,250/\$12,500		\$6,650/\$13,300 (incl ded)	
Co-Insurance	0%		10%		0%		0%	
<b>Office Visits</b>								
Primary Care	D-\$5 ded waived; ND-\$25 ded waived		\$10 ded waived		\$25		\$30 ded waived	
Specialist	D-\$35 ded waived; ND-\$70 ded waived		\$25 ded waived		\$50		\$60 ded waived	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
Outpatient Facility	0% after ded		10% after ded		Hosp-\$500; FS-\$150		Hosp-\$250 after ded; FS-\$150 after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-0% after ded		Lab-No charge/50% after ded (D/ND); X-ray-10% after ded		Lab-No charge/\$60 (D/ND); X-ray-\$50		Lab-No charge/50% after ded (D/ND); X-ray-\$35 after ded	
Mental Health Outpatient	\$25 ded waived		\$10 ded waived		\$25		\$30 ded waived	
<b>Emergency Care</b>								
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 \$1,280.52		2 x \$1,227.01		2 x \$1,199.30		2 x \$1,089.64	
EE with Spouse	0 x \$2,561.05		0 x \$2,454.03		0 x \$2,398.60		0 x \$2,179.28	
EE with Child(ren)	0 x \$2,176.89		0 x \$2,085.92		0 x \$2,038.81		0 x \$1,852.39	
Family	0 x \$3,649.49		0 x \$3,496.99		0 x \$3,418.01		0 x \$3,105.48	
Monthly Cost	2 \$2,561.04		2 \$2,454.02		2 \$2,398.60		2 \$2,179.28	
Annual Cost	\$30,732.48		\$29,448.24		\$28,783.20		\$26,151.36	

	Oxford Liberty NY G LBTY NG 1500/90 EPO HSA 23 CNT (HSA) (UCR=N/A)		Oxford Liberty NY G LBTY NG 20/40/2000/80 EPO 23 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 50/100/100 EPO ZD 23 CNT (EPO) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/2000/70 EPO 23 CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/50/90 IntDed		10/50/90/200 ded T2-3		10/65/95/200 ded T2-3		10/50/90/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,500/\$3,000		\$2,000/\$4,000		N/A		\$2,000/\$4,000	
Individual/Family OOP Limit	\$5,750/\$11,500 (incl ded)		\$8,750/\$17,500 (incl ded)		\$9,100/\$18,200		\$8,000/\$16,000 (incl ded)	
Co-Insurance	10%		20%		0%		30%	
<b>Office Visits</b>								
Primary Care	10% after ded		D-\$20 ded waived; ND-\$40 ded waived		\$50		\$30 ded waived	
Specialist	10% after ded		D-\$40 ded waived; ND-\$80 ded waived		\$100		\$60 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		20% after ded		\$2,800/admit		30% after ded	
Mental Health Inpatient	10% after ded		20% after ded		\$2,800/admit		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	10% after ded		20% after ded		Hosp-\$700; FS-\$500		30% after ded	
Lab/X-Ray	10% after ded		Lab-No charge/50% after ded (D/ND); X-ray-20% after ded		Lab-No charge/\$60 (D/ND); X-ray-\$150		Lab-No charge/50% after ded (D/ND); X-ray-30% after ded	
Mental Health Outpatient	10% after ded		\$40 ded waived		\$50		\$30 ded waived	
<b>Emergency Care</b>								
Emergency Room	50% after ded		\$500 ded waived		\$1,400 (waived if admitted)		\$500 (waived if admitted) ded waived	
Urgent Care	10% after ded		\$75 ded waived		\$100		\$75 ded waived	
Single	2 x \$1,070.76		2 x \$1,066.81		2 x \$1,063.66		2 x \$1,062.90	
EE with Spouse	0 x \$2,141.52		0 x \$2,133.62		0 x \$2,127.33		0 x \$2,125.80	
EE with Child(ren)	0 x \$1,820.29		0 x \$1,813.58		0 x \$1,808.23		0 x \$1,806.93	
Family	0 x \$3,051.67		0 x \$3,040.42		0 x \$3,031.44		0 x \$3,029.26	
Monthly Cost	2 \$2,141.52		2 \$2,133.62		2 \$2,127.32		2 \$2,125.80	
Annual Cost	\$25,698.24		\$25,603.44		\$25,527.84		\$25,509.60	

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	Oxford Liberty NY S LBTY NG 40/80/3250/60 EPO 23 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/60/3000/80 EPO HSA 23 CNT (HSA) (UCR=N/A)		Oxford Liberty NY S LBTY NG 25/45/5000/50 EPO 23 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 40/80/5000/60 EPO 23 CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$3,250/\$6,500		\$3,000/\$6,000		\$5,000/\$10,000		\$5,000/\$10,000	
Individual/Family OOP Limit	\$9,100/\$18,200 (incl ded)		\$7,150/\$14,300 (incl ded)		\$9,100/\$18,200 (incl ded)		\$9,100/\$18,200 (incl ded)	
Co-Insurance	40%		20%		50%		40%	
<b>Office Visits</b>								
Primary Care	\$40 ded waived		\$30 after ded		D-\$25 ded waived; ND-\$45 ded waived		\$40 ded waived	
Specialist	\$80 ded waived		\$60 after ded		D-\$45 ded waived; ND-\$75 ded waived		\$80 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	40% after ded		20% after ded		50% after ded		40% after ded	
Mental Health Inpatient	40% after ded		20% after ded		50% after ded		40% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	40% after ded		Hosp-\$250 after ded; FS-\$150 after ded		50% after ded		Hosp-\$250 + 40% after ded; FS-40% after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-40% after ded		Lab-20% after ded; X-ray-\$90 after ded		Lab-No charge/50% after ded (D/ND); X-ray-50% after ded		Lab-No charge/50% after ded (D/ND); X-ray-40% after ded	
Mental Health Outpatient	\$40 ded waived		\$30 after ded		\$45 ded waived		\$40 ded waived	
<b>Emergency Care</b>								
Emergency Room	50% after ded		\$500 (waived if admitted) after ded		50% after ded		50% after ded	
Urgent Care	\$75 ded waived		\$75 after ded		\$75 ded waived		\$75 ded waived	
Single	2 x \$938.48		2 x \$927.42		2 x \$924.50		2 x \$923.34	
EE with Spouse	0 x \$1,876.96		0 x \$1,854.83		0 x \$1,848.99		0 x \$1,846.69	
EE with Child(ren)	0 x \$1,595.42		0 x \$1,576.61		0 x \$1,571.64		0 x \$1,569.68	
Family	0 x \$2,674.66		0 x \$2,643.14		0 x \$2,634.81		0 x \$2,631.52	
Monthly Cost	2 \$1,876.96		2 \$1,854.84		2 \$1,849.00		2 \$1,846.68	
Annual Cost	\$22,523.52		\$22,258.08		\$22,188.00		\$22,160.16	

	Oxford Liberty NY S LBTY NG 30/75/4000/50 EPO 23 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY GT 30/60/4500/50 EPO 23 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 4000/80 EPO HSA 23 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 30/60/6750/80 PPO HSA 23 CNT (HSA) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/50/50%to\$800/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$4,000/\$8,000		\$4,500/\$9,000		\$4,000/\$8,000		\$6,750/\$13,500	\$12,500/\$25,000
Individual/Family OOP Limit	\$9,100/\$18,200 (incl ded)		\$9,100/\$18,200 (incl ded)		\$7,350/\$14,700 (incl ded)		\$7,350/\$14,700 (incl ded)	\$31,250/\$62,500 (incl ded)
Co-Insurance	50%		50%		20%		20%	20%
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$30 ded waived		20% after ded		\$30 after ded	20% after ded
Specialist	\$75 ded waived		\$60 ded waived		20% after ded		\$60 after ded	20% after ded
<b>Inpatient Services</b>								
Inpatient Hospital	50% after ded		50% after ded		20% after ded		20% after ded	20% after ded
Mental Health Inpatient	50% after ded		50% after ded		20% after ded		20% after ded	20% after ded
<b>Outpatient Services</b>								
Outpatient Facility	50% after ded		50% after ded		20% after ded		20% after ded	20% after ded
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-50% after ded		Lab-No charge/50% after ded (D/ND); X-ray-50% after ded		20% after ded		20% after ded	Lab-Not covered; X-ray-20% after ded
Mental Health Outpatient	\$30 ded waived		\$30 ded waived		20% after ded		\$30 after ded	20% after ded
<b>Emergency Care</b>								
Emergency Room	\$600 (waived if admitted) after ded		50% after ded		50% after ded		50% after ded	Paid as in-network
Urgent Care	\$80 ded waived		\$80 ded waived		20% after ded		20% after ded	20% after ded
Single	2 x \$919.53		2 x \$903.17		2 x \$890.38		2 x \$876.10	
EE with Spouse	0 x \$1,839.06		0 x \$1,806.34		0 x \$1,780.75		0 x \$1,752.21	
EE with Child(ren)	0 x \$1,563.21		0 x \$1,535.39		0 x \$1,513.64		0 x \$1,489.38	
Family	0 x \$2,620.66		0 x \$2,574.04		0 x \$2,537.57		0 x \$2,496.89	
Monthly Cost	2 \$1,839.06		2 \$1,806.34		2 \$1,780.76		2 \$1,752.20	
Annual Cost	\$22,068.72		\$21,676.08		\$21,369.12		\$21,026.40	

Prepared For: **Oxford 2023 2nd qtr Liberty Mid Hudson**

Orange County, NY 10910

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

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

Effective Date: 04/01/2023

Prepared On: 01/12/2023

Report ID: 38837191

SIC: 0000

	Oxford Liberty NY B LBTY NG 7000/100 EPO HSA 23 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 25/75/5750/70 EPO HSA 23 CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	0%/0%/0% IntDed		30%/30%/30% IntDed	
<b>Cost Share Information</b>				
Individual/Family Deductible	\$7,000/\$14,000		\$5,750/\$11,500	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$7,350/\$14,700 (incl ded)	
Co-Insurance	0%		30%	
<b>Office Visits</b>				
Primary Care	0% after ded		\$25 after ded	
Specialist	0% after ded		\$75 after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	0% after ded		30% after ded	
Mental Health Inpatient	0% after ded		30% after ded	
<b>Outpatient Services</b>				
Outpatient Facility	0% after ded		30% after ded	
Lab/X-Ray	0% after ded		30% after ded	
Mental Health Outpatient	0% after ded		\$25 after ded	
<b>Emergency Care</b>				
Emergency Room	0% after ded		50% after ded	
Urgent Care	0% after ded		30% after ded	
Single	2 x \$855.42		2 x \$848.38	
EE with Spouse	0 x \$1,710.83		0 x \$1,696.77	
EE with Child(ren)	0 x \$1,454.21		0 x \$1,442.25	
Family	0 x \$2,437.93		0 x \$2,417.89	
Monthly Cost	2 \$1,710.84		2 \$1,696.76	
Annual Cost	\$20,530.08		\$20,361.12	

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