

	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
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	\$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%	
Office Visits								
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	
Inpatient Services								
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	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	
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 \$1,302.14		2 x \$1,247.73		2 x \$1,219.55		2 x \$1,108.04	
EE with Spouse	0 x \$2,604.27		0 x \$2,495.46		0 x \$2,439.09		0 x \$2,216.07	
EE with Child(ren)	0 x \$2,213.63		0 x \$2,121.14		0 x \$2,073.23		0 x \$1,883.66	
Family	0 x \$3,711.09		0 x \$3,556.03		0 x \$3,475.70		0 x \$3,157.90	
Monthly Cost	2 \$2,604.28		2 \$2,495.46		2 \$2,439.10		2 \$2,216.08	
Annual Cost	\$31,251.36		\$29,945.52		\$29,269.20		\$26,592.96	

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$1,088.83		2 x \$1,084.82		2 x \$1,081.62		2 x \$1,080.85	
EE with Spouse	0 x \$2,177.67		0 x \$2,169.65		0 x \$2,163.24		0 x \$2,161.70	
EE with Child(ren)	0 x \$1,851.02		0 x \$1,844.20		0 x \$1,838.76		0 x \$1,837.45	
Family	0 x \$3,103.18		0 x \$3,091.75		0 x \$3,082.62		0 x \$3,080.42	
Monthly Cost	2 \$2,177.66		2 \$2,169.64		2 \$2,163.24		2 \$2,161.70	
Annual Cost	\$26,131.92		\$26,035.68		\$25,958.88		\$25,940.40	

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$954.32		2 x \$943.07		2 x \$940.10		2 x \$938.92	
EE with Spouse	0 x \$1,908.64		0 x \$1,886.14		0 x \$1,880.21		0 x \$1,877.85	
EE with Child(ren)	0 x \$1,622.35		0 x \$1,603.22		0 x \$1,598.18		0 x \$1,596.17	
Family	0 x \$2,719.81		0 x \$2,687.75		0 x \$2,679.29		0 x \$2,675.93	
Monthly Cost	2 \$1,908.64		2 \$1,886.14		2 \$1,880.20		2 \$1,877.84	
Annual Cost	\$22,903.68		\$22,633.68		\$22,562.40		\$22,534.08	

	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
Prescription Drugs								
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	
Cost Share Information								
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%
Office Visits								
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
Inpatient Services								
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
Outpatient Services								
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
Emergency Care								
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 \$935.05		2 x \$918.42		2 x \$905.40		2 x \$890.89	
EE with Spouse	0 x \$1,870.10		0 x \$1,836.83		0 x \$1,810.81		0 x \$1,781.79	
EE with Child(ren)	0 x \$1,589.58		0 x \$1,561.31		0 x \$1,539.19		0 x \$1,514.52	
Family	0 x \$2,664.89		0 x \$2,617.49		0 x \$2,580.40		0 x \$2,539.05	
Monthly Cost	2 \$1,870.10		2 \$1,836.84		2 \$1,810.80		2 \$1,781.78	
Annual Cost	\$22,441.20		\$22,042.08		\$21,729.60		\$21,381.36	

Prepared For: **Oxford 2023 2nd qtr Liberty New York City**

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 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
Prescription Drugs				
Drug Card	0%/0%/0% IntDed		30%/30%/30% IntDed	
Cost Share Information				
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%	
Office Visits				
Primary Care	0% after ded		\$25 after ded	
Specialist	0% after ded		\$75 after ded	
Inpatient Services				
Inpatient Hospital	0% after ded		30% after ded	
Mental Health Inpatient	0% after ded		30% after ded	
Outpatient Services				
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	
Emergency Care				
Emergency Room	0% after ded		50% after ded	
Urgent Care	0% after ded		30% after ded	
Single	2 x \$869.85		2 x \$862.70	
EE with Spouse	0 x \$1,739.70		0 x \$1,725.40	
EE with Child(ren)	0 x \$1,478.74		0 x \$1,466.59	
Family	0 x \$2,479.08		0 x \$2,458.70	
Monthly Cost	2 \$1,739.70		2 \$1,725.40	
Annual Cost	\$20,876.40		\$20,704.80	

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