

Prepared For: **Oxford 2026 1st Qtr Liberty New York City**
New York County, NY 10001
Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)
Effective Date: 01/01/2026 Prepared On: 10/22/2025
Report ID: 39277516 SIC: 8721

	Oxford Liberty NY G LBTY NG 25/50/100 EPO ZD 26 CNT (EPO) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/1250/100 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/1800/70 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 1700/90 EPO HSA PR 26 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	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,250/\$2,500		\$1,800/\$3,600		\$1,700/\$3,400	
Individual/Family OOP Limit	\$7,300/\$14,600		\$7,000/\$14,000 (incl ded)		\$7,500/\$15,000 (incl ded)		\$5,750/\$11,500 (incl ded)	
Co-Insurance	0%		0%		30%		10%	
Office Visits								
Primary Care	\$25		\$30 ded waived		\$30 ded waived		10% after ded	
Specialist	\$50		\$60 ded waived		\$60 ded waived		10% after ded	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$500/day after ded; \$2,000 max/admit		30% after ded		10% after ded	
Mental Health Inpatient	\$500/admit		\$500/day after ded; \$2,000 max/admit		30% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	Refer to carrier		\$150 after ded		30% after ded		10% after ded	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$50		Lab-No charge/50% after ded (D/ND); X-ray-\$35 after ded		Lab-No charge/50% after ded (D/ND); X-ray-30% after ded		10% after ded	
Mental Health Outpatient	\$50		\$60 ded waived		\$60 ded waived		10% after ded	
Emergency Care								
Emergency Room	\$750 (waived if admitted)		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		50% after ded	
Urgent Care	\$75		\$75 ded waived		\$75 ded waived		10% after ded	
Single	2 x	\$1,458.22	2 x	\$1,387.07	2 x	\$1,329.48	2 x	\$1,305.56
EE with Spouse	0 x	\$2,916.43	0 x	\$2,774.13	0 x	\$2,658.96	0 x	\$2,611.12
EE with Child(ren)	0 x	\$2,478.97	0 x	\$2,358.01	0 x	\$2,260.11	0 x	\$2,219.46
Family	0 x	\$4,155.92	0 x	\$3,953.14	0 x	\$3,789.02	0 x	\$3,720.85
Monthly Cost	2	\$2,916.44	2	\$2,774.14	2	\$2,658.96	2	\$2,611.12
Annual Cost		\$34,997.28		\$33,289.68		\$31,907.52		\$31,333.44

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

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	Oxford Liberty NY S LBTY NG 50/100/100 EPO ZD 26 CNT (EPO) (UCR=N/A)		Oxford Liberty NY S LBTY NG 40/80/3250/60 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/60/3000/80 EPO HSA 26 CNT (HSA) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/60/4500/50 EPO 26 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	15/65/95/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$3,250/\$6,500		\$3,000/\$6,000		\$4,500/\$9,000	
Individual/Family OOP Limit	\$9,300/\$18,600		\$9,200/\$18,400 (incl ded)		\$7,350/\$14,700 (incl ded)		\$9,800/\$19,600 (incl ded)	
Co-Insurance	0%		40%		20%		50%	
Office Visits								
Primary Care	\$50		\$40 ded waived		\$30 after ded		\$30 ded waived	
Specialist	\$100		\$80 ded waived		\$60 after ded		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	\$1,500/admit		40% after ded		20% after ded		50% after ded	
Mental Health Inpatient	\$1,500/admit		40% after ded		20% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	Refer to carrier		40% after ded		\$250 after ded		50% after ded	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$200		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	
Mental Health Outpatient	\$100		\$80 ded waived		\$60 after ded		\$60 ded waived	
Emergency Care								
Emergency Room	\$1,500 (waived if admitted)		50% after ded		\$500 (waived if admitted) after ded		50% after ded	
Urgent Care	\$100		\$100 ded waived		\$100 after ded		\$100 ded waived	
Single	2 x	\$1,298.91	2 x	\$1,172.36	2 x	\$1,166.20	2 x	\$1,163.47
EE with Spouse	0 x	\$2,597.82	0 x	\$2,344.72	0 x	\$2,332.40	0 x	\$2,326.95
EE with Child(ren)	0 x	\$2,208.14	0 x	\$1,993.01	0 x	\$1,982.54	0 x	\$1,977.91
Family	0 x	\$3,701.89	0 x	\$3,341.22	0 x	\$3,323.68	0 x	\$3,315.91
Monthly Cost	2	\$2,597.82	2	\$2,344.72	2	\$2,332.40	2	\$2,326.94
Annual Cost		\$31,173.84		\$28,136.64		\$27,988.80		\$27,923.28

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	Oxford Liberty NY S LBTY NG 30/75/4000/50 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 4000/80 EPO HSA PR 26 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 7250/100 EPO HSA 26 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 25/75/5750/70 EPO HSA 26 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	10/50/50%to\$800/200 ded T2-3		10/50/90 IntDed		0%/0%/0% IntDed		30%/30%/30% IntDed	
Cost Share Information								
Individual/Family Deductible	\$4,000/\$8,000		\$4,000/\$8,000		\$7,250/\$14,500		\$5,750/\$11,500	
Individual/Family OOP Limit	\$9,300/\$18,600 (incl ded)		\$8,000/\$16,000 (incl ded)		\$7,250/\$14,500 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	50%		20%		0%		30%	
Office Visits								
Primary Care	\$30 ded waived		20% after ded		0% after ded		\$25 after ded	
Specialist	\$75 ded waived		20% after ded		0% after ded		\$75 after ded	
Inpatient Services								
Inpatient Hospital	50% after ded		20% after ded		0% after ded		30% after ded	
Mental Health Inpatient	50% after ded		20% after ded		0% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	50% after ded		20% after ded		0% after ded		30% after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-50% after ded		20% after ded		0% after ded		30% after ded	
Mental Health Outpatient	\$75 ded waived		20% after ded		0% after ded		\$75 after ded	
Emergency Care								
Emergency Room	\$600 (waived if admitted) after ded		50% after ded		0% after ded		50% after ded	
Urgent Care	\$100 ded waived		20% after ded		0% after ded		30% after ded	
Single	2 x \$1,153.30		2 x \$1,106.08		2 x \$1,070.97		2 x \$1,055.24	
EE with Spouse	0 x \$2,306.59		0 x \$2,212.16		0 x \$2,141.95		0 x \$2,110.49	
EE with Child(ren)	0 x \$1,960.60		0 x \$1,880.34		0 x \$1,820.65		0 x \$1,793.92	
Family	0 x \$3,286.89		0 x \$3,152.33		0 x \$3,052.28		0 x \$3,007.45	
Monthly Cost	2 \$2,306.60		2 \$2,212.16		2 \$2,141.94		2 \$2,110.48	
Annual Cost	\$27,679.20		\$26,545.92		\$25,703.28		\$25,325.76	