Prepared For: **Oxford 2026 1st Qtr Liberty Nassau Suffolk** — **Health Plan Comparison Report (4L)**

Nassau County, NY 11565 — Effective Date: 01/01/2026 — Prepared On: 10/22/2025

Prepared By: Clifford Grekin Inc. - (631)963-6020 — Report ID: 39277517 — 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 $1,494.41		2 x $1,421.49		2 x $1,362.47		2 x $1,337.97	
EE with Spouse	0 x $2,988.82		0 x $2,842.97		0 x $2,724.94		0 x $2,675.93	
EE with Child(ren)	0 x $2,540.50		0 x $2,416.52		0 x $2,316.20		0 x $2,274.54	
Family	0 x $4,259.07		0 x $4,051.24		0 x $3,883.04		0 x $3,813.20	
Monthly Cost	2 $2,988.82		2 $2,842.98		2 $2,724.94		2 $2,675.94	
Annual Cost	$35,865.84		$34,115.76		$32,699.28		$32,111.28	

Prepared For: **Oxford 2026 1st Qtr Liberty Nassau Suffolk**

Nassau County, NY 11565

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: 39277517 SIC: 8721

	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 $1,331.14		2 x $1,201.46		2 x $1,195.14		2 x $1,192.35	
EE with Spouse	0 x $2,662.28		0 x $2,402.91		0 x $2,390.28		0 x $2,384.69	
EE with Child(ren)	0 x $2,262.94		0 x $2,042.47		0 x $2,031.74		0 x $2,026.99	
Family	0 x $3,793.75		0 x $3,424.15		0 x $3,406.16		0 x $3,398.18	
Monthly Cost	2 $2,662.28		2 $2,402.92		2 $2,390.28		2 $2,384.70	
Annual Cost	$31,947.36		$28,835.04		$28,683.36		$28,616.40	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

Prepared For: **Oxford 2026 1st Qtr Liberty Nassau Suffolk**

Nassau County, NY 11565

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: 39277517 SIC: 8721

	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 $1,181.91		2 x $1,133.54		2 x $1,097.55		2 x $1,081.43	
EE with Spouse	0 x $2,363.83		0 x $2,267.07		0 x $2,195.10		0 x $2,162.86	
EE with Child(ren)	0 x $2,009.25		0 x $1,927.01		0 x $1,865.84		0 x $1,838.43	
Family	0 x $3,368.45		0 x $3,230.58		0 x $3,128.02		0 x $3,082.08	
Monthly Cost	2 $2,363.82		2 $2,267.08		2 $2,195.10		2 $2,162.86	
Annual Cost	$28,365.84		$27,204.96		$26,341.20		$25,954.32	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible