

	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 \$1,271.40		2 x \$1,218.28		2 x \$1,190.76		2 x \$1,081.88	
EE with Spouse	0 x \$2,542.81		0 x \$2,436.55		0 x \$2,381.53		0 x \$2,163.77	
EE with Child(ren)	0 x \$2,161.39		0 x \$2,071.07		0 x \$2,024.30		0 x \$1,839.20	
Family	0 x \$3,623.50		0 x \$3,472.08		0 x \$3,393.68		0 x \$3,083.37	
Monthly Cost	2 \$2,542.80		2 \$2,436.56		2 \$2,381.52		2 \$2,163.76	
Annual Cost	\$30,513.60		\$29,238.72		\$28,578.24		\$25,965.12	

	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 \$1,063.14		2 x \$1,059.22		2 x \$1,056.10		2 x \$1,055.33	
EE with Spouse	0 x \$2,126.27		0 x \$2,118.43		0 x \$2,112.19		0 x \$2,110.67	
EE with Child(ren)	0 x \$1,807.33		0 x \$1,800.67		0 x \$1,795.36		0 x \$1,794.07	
Family	0 x \$3,029.94		0 x \$3,018.77		0 x \$3,009.87		0 x \$3,007.70	
Monthly Cost	2 \$2,126.28		2 \$2,118.44		2 \$2,112.20		2 \$2,110.66	
Annual Cost	\$25,515.36		\$25,421.28		\$25,346.40		\$25,327.92	

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Prepared For: **Oxford 2023 1st qtr Liberty NY City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2023

Prepared On: 10/25/2022

Report ID: 38755858

SIC: 0000

	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 \$931.79		2 x \$920.81		2 x \$917.91		2 x \$916.76	
EE with Spouse	0 x \$1,863.58		0 x \$1,841.62		0 x \$1,835.82		0 x \$1,833.53	
EE with Child(ren)	0 x \$1,584.05		0 x \$1,565.38		0 x \$1,560.45		0 x \$1,558.50	
Family	0 x \$2,655.61		0 x \$2,624.31		0 x \$2,616.03		0 x \$2,612.78	
Monthly Cost	2 \$1,863.58		2 \$1,841.62		2 \$1,835.82		2 \$1,833.52	
Annual Cost	\$22,362.96		\$22,099.44		\$22,029.84		\$22,002.24	

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	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 \$912.98		2 x \$896.74		2 x \$884.03		2 x \$869.87	
EE with Spouse	0 x \$1,825.96		0 x \$1,793.48		0 x \$1,768.07		0 x \$1,739.74	
EE with Child(ren)	0 x \$1,552.07		0 x \$1,524.46		0 x \$1,502.86		0 x \$1,478.78	
Family	0 x \$2,602.00		0 x \$2,555.70		0 x \$2,519.50		0 x \$2,479.13	
Monthly Cost	2 \$1,825.96		2 \$1,793.48		2 \$1,768.06		2 \$1,739.74	
Annual Cost	\$21,911.52		\$21,521.76		\$21,216.72		\$20,876.88	

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New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2023

Prepared On: 10/25/2022

Report ID: 38755858

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 \$849.33		2 x \$842.34	
EE with Spouse	0 x \$1,698.65		0 x \$1,684.68	
EE with Child(ren)	0 x \$1,443.85		0 x \$1,431.98	
Family	0 x \$2,420.58		0 x \$2,400.67	
Monthly Cost	2 \$1,698.66		2 \$1,684.68	
Annual Cost	\$20,383.92		\$20,216.16	

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