

| | Oxford Liberty NY P LBTY NG 5/35/500/100 EPO PD 24 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY P LBTY GT 10/25/250/90 EPO LA 24 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY G LBTY NG 25/50/100 EPO ZD 24 CNT (EPO) (UCR=N/A) | | Oxford Liberty NY G LBTY NG 20/40/1500/80 EPO PD 24 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 | | \$1,500/\$3,000 | |
| Individual/Family OOP Limit | \$2,450/\$4,900 (incl ded) | | \$2,750/\$5,500 (incl ded) | | \$7,000/\$14,000 | | \$8,750/\$17,500 (incl ded) | |
| Co-Insurance | 0% | | 10% | | 0% | | 20% | |
| Office Visits | | | | | | | | |
| Primary Care | D-\$5 ded waived; ND-\$25 ded waived | | \$10 ded waived | | \$25 | | D-\$20 ded waived; ND-\$40 ded waived | |
| Specialist | D-\$35 ded waived; ND-\$70 ded waived | | \$25 ded waived | | \$50 | | D-\$40 ded waived; ND-\$80 ded waived | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 0% after ded | | 10% after ded | | \$500/admit | | 20% after ded | |
| Mental Health Inpatient | 0% after ded | | 10% after ded | | \$500/admit | | 20% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | 0% after ded | | 10% after ded | | Hosp-\$500; FS-\$150 | | 20% after ded | |
| Lab/X-Ray | Lab-50% after ded; 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-50% after ded; X-ray-20% after ded | |
| Mental Health Outpatient | \$5 ded waived | | \$10 ded waived | | \$25 | | \$20 ded waived | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$250 ded waived | | 50% after ded | | \$750 (waived if admitted) | | \$500 ded waived | |
| Urgent Care | \$75 ded waived | | \$30 ded waived | | \$50 | | \$75 ded waived | |
| Single | 2 x \$1,408.30 | | 2 x \$1,336.46 | | 2 x \$1,316.25 | | 2 x \$1,196.75 | |
| EE with Spouse | 0 x \$2,816.60 | | 0 x \$2,672.92 | | 0 x \$2,632.50 | | 0 x \$2,393.50 | |
| EE with Child(ren) | 0 x \$2,394.11 | | 0 x \$2,271.98 | | 0 x \$2,237.63 | | 0 x \$2,034.48 | |
| Family | 0 x \$4,013.66 | | 0 x \$3,808.91 | | 0 x \$3,751.31 | | 0 x \$3,410.74 | |
| Monthly Cost | 2 \$2,816.60 | | 2 \$2,672.92 | | 2 \$2,632.50 | | 2 \$2,393.50 | |
| Annual Cost | \$33,799.20 | | \$32,075.04 | | \$31,590.00 | | \$28,722.00 | |

| | Oxford Liberty NY G LBTY GT 30/60/1250/100 EPO 24 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY G LBTY NG 30/60/1800/70 EPO 24 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY S LBTY NG 50/100/100 EPO ZD 24 CNT (EPO) (UCR=N/A) | | Oxford Liberty NY G LBTY NG 1600/90 EPO HSA PR 24 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 | | 15/65/95/200 ded T2-3 | | 10/50/90 IntDed | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$1,250/\$2,500 | | \$1,800/\$3,600 | | N/A | | \$1,600/\$3,200 | |
| Individual/Family OOP Limit | \$7,000/\$14,000 (incl ded) | | \$8,000/\$16,000 (incl ded) | | \$9,450/\$18,900 | | \$5,750/\$11,500 (incl ded) | |
| Co-Insurance | 0% | | 30% | | 0% | | 10% | |
| Office Visits | | | | | | | | |
| Primary Care | \$30 ded waived | | \$30 ded waived | | \$50 | | 10% after ded | |
| Specialist | \$60 ded waived | | \$60 ded waived | | \$100 | | 10% after ded | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | \$500/day after ded; \$2,000 max/admit | | 30% after ded | | \$2,800/admit | | 10% after ded | |
| Mental Health Inpatient | \$500/day after ded; \$2,000 max/admit | | 30% after ded | | \$2,800/admit | | 10% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | Hosp-\$250 after ded; FS- \$150 after ded | | 30% after ded | | Hosp-\$500; FS-\$250 | | 10% after ded | |
| Lab/X-Ray | 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 | | Lab-No charge/\$60 (D/ND); X-ray-\$200 | | 10% after ded | |
| Mental Health Outpatient | \$30 ded waived | | \$30 ded waived | | \$50 | | 10% after ded | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$500 (waived if admitted) ded waived | | \$500 (waived if admitted) ded waived | | \$1,500 (waived if admitted) | | 50% after ded | |
| Urgent Care | \$75 ded waived | | \$75 ded waived | | \$100 | | 10% after ded | |
| Single | 2 x \$1,192.75 | | 2 x \$1,176.57 | | 2 x \$1,165.65 | | 2 x \$1,141.08 | |
| EE with Spouse | 0 x \$2,385.50 | | 0 x \$2,353.14 | | 0 x \$2,331.30 | | 0 x \$2,282.16 | |
| EE with Child(ren) | 0 x \$2,027.68 | | 0 x \$2,000.17 | | 0 x \$1,981.61 | | 0 x \$1,939.84 | |
| Family | 0 x \$3,399.34 | | 0 x \$3,353.22 | | 0 x \$3,322.10 | | 0 x \$3,252.08 | |
| Monthly Cost | 2 \$2,385.50 | | 2 \$2,353.14 | | 2 \$2,331.30 | | 2 \$2,282.16 | |
| Annual Cost | \$28,626.00 | | \$28,237.68 | | \$27,975.60 | | \$27,385.92 | |

| | Oxford Liberty NY S LBTY NG 40/80/3250/60 EPO 24 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY S LBTY NG 25/45/5000/50 EPO PD 24 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY S LBTY NG 30/75/4000/50 EPO 24 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY S LBTY NG 30/60/3000/80 EPO HSA 24 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 | | 10/50/50%to\$800/200 ded T2-3 | | 10/50/90 IntDed | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$3,250/\$6,500 | | \$5,000/\$10,000 | | \$4,000/\$8,000 | | \$3,000/\$6,000 | |
| Individual/Family OOP Limit | \$9,450/\$18,900 (incl ded) | | \$9,450/\$18,900 (incl ded) | | \$9,450/\$18,900 (incl ded) | | \$7,150/\$14,300 (incl ded) | |
| Co-Insurance | 40% | | 50% | | 50% | | 20% | |
| Office Visits | | | | | | | | |
| Primary Care | \$40 ded waived | | D-\$25 ded waived; ND-\$45 ded waived | | \$30 ded waived | | \$30 after ded | |
| Specialist | \$80 ded waived | | D-\$45 ded waived; ND-\$75 ded waived | | \$75 ded waived | | \$60 after ded | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 40% after ded | | 50% after ded | | 50% after ded | | 20% after ded | |
| Mental Health Inpatient | 40% after ded | | 50% after ded | | 50% after ded | | 20% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | 40% after ded | | 50% after ded | | 50% after ded | | Hosp-\$250 after ded; FS-\$150 after ded | |
| Lab/X-Ray | Lab-No charge/50% after ded (D/ND); X-ray-40% after ded | | Lab-50% after ded; X-ray-50% after ded | | Lab-No charge/50% after ded (D/ND); X-ray-50% after ded | | Lab-20% after ded; X-ray-\$90 after ded | |
| Mental Health Outpatient | \$40 ded waived | | \$25 ded waived | | \$30 ded waived | | \$30 after ded | |
| Emergency Care | | | | | | | | |
| Emergency Room | 50% after ded | | 50% after ded | | \$600 (waived if admitted) after ded | | \$500 (waived if admitted) after ded | |
| Urgent Care | \$75 ded waived | | \$75 ded waived | | \$80 ded waived | | \$75 after ded | |
| Single | 2 x \$1,031.62 | | 2 x \$1,026.36 | | 2 x \$1,017.13 | | 2 x \$1,001.52 | |
| EE with Spouse | 0 x \$2,063.24 | | 0 x \$2,052.72 | | 0 x \$2,034.26 | | 0 x \$2,003.04 | |
| EE with Child(ren) | 0 x \$1,753.75 | | 0 x \$1,744.81 | | 0 x \$1,729.12 | | 0 x \$1,702.58 | |
| Family | 0 x \$2,940.12 | | 0 x \$2,925.13 | | 0 x \$2,898.82 | | 0 x \$2,854.33 | |
| Monthly Cost | 2 \$2,063.24 | | 2 \$2,052.72 | | 2 \$2,034.26 | | 2 \$2,003.04 | |
| Annual Cost | \$24,758.88 | | \$24,632.64 | | \$24,411.12 | | \$24,036.48 | |

| | Oxford Liberty NY S LBTY GT 30/60/4500/50 EPO 24 CNT (EPOc) (UCR=N/A) | | Oxford Liberty NY S LBTY NG 4000/80 EPO HSA PR 24 CNT (HSA) (UCR=N/A) | | Oxford Liberty NY B LBTY NG 30/60/6750/80 PPO HSA 24 CNT (HSA) (UCR=140mc%) | | Oxford Liberty NY B LBTY NG 7250/100 EPO HSA 24 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 IntDed | | 10/50/90 IntDed | | 0%/0%/0% IntDed | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$4,500/\$9,000 | | \$4,000/\$8,000 | | \$6,750/\$13,500 | \$12,500/\$25,000 | \$7,250/\$14,500 | |
| Individual/Family OOP Limit | \$9,450/\$18,900 (incl ded) | | \$8,000/\$16,000 (incl ded) | | \$8,000/\$16,000 (incl ded) | \$31,250/\$62,500 (incl ded) | \$7,250/\$14,500 (incl ded) | |
| Co-Insurance | 50% | | 20% | | 20% | 20% | 0% | |
| Office Visits | | | | | | | | |
| Primary Care | \$30 ded waived | | 20% after ded | | \$30 after ded | 20% after ded | 0% after ded | |
| Specialist | \$60 ded waived | | 20% after ded | | \$60 after ded | 20% after ded | 0% after ded | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 50% after ded | | 20% after ded | | 20% after ded | 20% after ded | 0% after ded | |
| Mental Health Inpatient | 50% after ded | | 20% after ded | | 20% after ded | 20% after ded | 0% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | 50% after ded | | 20% after ded | | 20% after ded | 20% after ded | 0% after ded | |
| Lab/X-Ray | 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 | 0% after ded | |
| Mental Health Outpatient | \$30 ded waived | | 20% after ded | | \$30 after ded | 20% after ded | 0% after ded | |
| Emergency Care | | | | | | | | |
| Emergency Room | 50% after ded | | 50% after ded | | 50% after ded | Paid as in-network | 0% after ded | |
| Urgent Care | \$80 ded waived | | 20% after ded | | 20% after ded | 20% after ded | 0% after ded | |
| Single | 2 x \$995.60 | | 2 x \$948.10 | | 2 x \$926.53 | | 2 x \$913.90 | |
| EE with Spouse | 0 x \$1,991.20 | | 0 x \$1,896.20 | | 0 x \$1,853.06 | | 0 x \$1,827.80 | |
| EE with Child(ren) | 0 x \$1,692.52 | | 0 x \$1,611.77 | | 0 x \$1,575.10 | | 0 x \$1,553.63 | |
| Family | 0 x \$2,837.46 | | 0 x \$2,702.09 | | 0 x \$2,640.61 | | 0 x \$2,604.62 | |
| Monthly Cost | 2 \$1,991.20 | | 2 \$1,896.20 | | 2 \$1,853.06 | | 2 \$1,827.80 | |
| Annual Cost | \$23,894.40 | | \$22,754.40 | | \$22,236.72 | | \$21,933.60 | |

Prepared For: **Oxford 2024 2nd qtr Liberty Nassau Suffolk**

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

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Prepared On: 01/26/2024

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SIC: 0000

| Oxford Liberty NY B LBTY NG 25/75/5750/70 EPO HSA 24 CNT (HSA) (UCR=N/A) | | |
|---|-----------------------------|--------------------|
| | In-Network | Out-Network |
| Prescription Drugs | | |
| Drug Card | 30%/30%/30% IntDed | |
| Cost Share Information | | |
| Individual/Family Deductible | \$5,750/\$11,500 | |
| Individual/Family OOP Limit | \$8,000/\$16,000 (incl ded) | |
| Co-Insurance | 30% | |
| Office Visits | | |
| Primary Care | \$25 after ded | |
| Specialist | \$75 after ded | |
| Inpatient Services | | |
| Inpatient Hospital | 30% after ded | |
| Mental Health Inpatient | 30% after ded | |
| Outpatient Services | | |
| Outpatient Facility | 30% after ded | |
| Lab/X-Ray | 30% after ded | |
| Mental Health Outpatient | \$25 after ded | |
| Emergency Care | | |
| Emergency Room | 50% after ded | |
| Urgent Care | 30% after ded | |
| Single | 2 x | \$899.23 |
| EE with Spouse | 0 x | \$1,798.46 |
| EE with Child(ren) | 0 x | \$1,528.69 |
| Family | 0 x | \$2,562.81 |
| Monthly Cost | 2 | \$1,798.46 |
| Annual Cost | | \$21,581.52 |

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