

	Oxford Freedom NY P FRDM NG 20/40/100 PPO FAIR 22 CNT (PPO) (UCR=80fh%)		Oxford Freedom NY P FRDM NG 5/15/100 PPO 22 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 20/40/100 PPO 22 CNT (PPO) (UCR=140mc%)		Oxford Freedom NY P FRDM NG 5/15/100 EPO 22 CNT (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3		5/35/70/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$5,000/\$10,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Individual/Family OOP Limit	\$3,250/\$6,500	\$7,750/\$15,500 (incl ded)	\$3,250/\$6,500	\$5,250/\$10,500 (incl ded)	\$3,250/\$6,500	\$7,750/\$15,500 (incl ded)	\$3,250/\$6,500	
Co-Insurance	0%	20%	0%	30%	0%	30%	0%	
Office Visits								
Primary Care	\$20	20% after ded	\$5	30% after ded	\$20	30% after ded	\$5	
Specialist	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Inpatient Services								
Inpatient Hospital	\$400/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$400/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Mental Health Inpatient	\$400/admit; pre-auth req	20% after ded; pre-auth req	\$200/admit; pre-auth req	30% after ded; pre-auth req	\$400/admit; pre-auth req	30% after ded; pre-auth req	\$200/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100; pre-auth req	20% after ded; pre-auth req	Hosp-\$100; FS-\$50; pre-auth req	30% after ded; pre-auth req	Hosp-\$300; FS-\$100; pre-auth req	30% after ded; pre-auth req	Hosp-\$100; FS-\$50	
Lab/X-Ray	Lab-No charge; X-ray-\$90	Lab-Not covered; X-ray-20% after ded	Lab-No charge; X-ray-\$90	Lab-Not covered; X-ray-30% after ded	Lab-No charge; X-ray-\$90	Lab-Not covered; X-ray-30% after ded	Lab-No charge; X-ray-\$90	
Mental Health Outpatient	\$40	20% after ded	\$15; pre-auth req	30% after ded; pre-auth req	\$40	30% after ded	\$15	
Emergency Care								
Emergency Room	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	Paid as in-network	\$250 (waived if admitted)	
Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
Single	2 x	\$1,693.35	2 x	\$1,434.41	2 x	\$1,402.14	2 x	\$1,378.15
EE with Spouse	0 x	\$3,386.70	0 x	\$2,868.82	0 x	\$2,804.28	0 x	\$2,756.30
EE with Child(ren)	0 x	\$2,878.70	0 x	\$2,438.50	0 x	\$2,383.64	0 x	\$2,342.86
Family	0 x	\$4,826.05	0 x	\$4,088.07	0 x	\$3,996.10	0 x	\$3,927.73
Monthly Cost	2	\$3,386.70	2	\$2,868.82	2	\$2,804.28	2	\$2,756.30
Annual Cost		\$40,640.40		\$34,425.84		\$33,651.36		\$33,075.60

	Oxford Freedom NY P FRDM NG 20/40/100 EPO 22 CNT (EPO) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/50/100 EPO 22 CNT (EPO) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/40/1500/80 PPO 22 CNT (PPOc) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 50/50/1000/90 EPO 22 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	5/35/70/100 ded T2-3		10/65/95/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$1,500/\$3,000	\$3,000/\$6,000	\$1,000/\$2,000	
Individual/Family OOP Limit	\$3,250/\$6,500		\$6,000/\$12,000		\$6,800/\$13,600 (incl ded)	\$8,000/\$16,000 (incl ded)	\$6,200/\$12,400 (incl ded)	
Co-Insurance	0%		0%		20%	40%	10%	
Office Visits								
Primary Care	\$20		\$25		\$25 ded waived	40% after ded	\$50 ded waived	
Specialist	\$40		\$50		\$40 ded waived	40% after ded	\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$400/admit		\$500/admit		20% after ded; pre-auth req	40% after ded; pre-auth req	\$250/day after ded; \$2,500 max/admit	
Mental Health Inpatient	\$400/admit		\$500/admit		20% after ded; pre-auth req	40% after ded; pre-auth req	\$250/day after ded; \$2,500 max/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$300; FS-\$100		Hosp-\$500; FS-\$150		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	40% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-\$20; X-ray-\$50		Lab-No charge; X-ray-\$25 after ded	Lab-Not covered; X-ray-40% after ded	Lab-No charge; X-ray-\$80 after ded	
Mental Health Outpatient	\$40		\$50		\$40 ded waived	40% after ded	\$50 ded waived	
Emergency Care								
Emergency Room	\$250 (waived if admitted)		\$750 (waived if admitted)		\$500 (waived if admitted) ded waived	Paid as in-network	\$500 (waived if admitted) ded waived	
Urgent Care	\$50		\$50		\$75 ded waived	40% after ded	\$75 ded waived	
Single	2 x \$1,348.86		2 x \$1,215.93		2 x \$1,188.34		2 x \$1,155.17	
EE with Spouse	0 x \$2,697.72		0 x \$2,431.86		0 x \$2,376.68		0 x \$2,310.34	
EE with Child(ren)	0 x \$2,293.06		0 x \$2,067.08		0 x \$2,020.18		0 x \$1,963.79	
Family	0 x \$3,844.25		0 x \$3,465.40		0 x \$3,386.77		0 x \$3,292.23	
Monthly Cost	2 \$2,697.72		2 \$2,431.86		2 \$2,376.68		2 \$2,310.34	
Annual Cost	\$32,372.64		\$29,182.32		\$28,520.16		\$27,724.08	

	Oxford Freedom NY G FRDM NG 15/35/1750/90 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 25/40/1750/80 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY G FRDM NG 1500/90 PPO HSA 22 CNT (HSA) (UCR=140mc%)		Oxford Freedom NY G FRDM NG 1750/100 EPO HSAM 22 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	10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80 IntDed		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,750/\$3,500		\$1,750/\$3,500		\$1,500/\$3,000	\$3,000/\$6,000	\$1,750/\$3,500	
Individual/Family OOP Limit	\$7,500/\$15,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$5,500/\$11,000 (incl ded)	\$8,000/\$16,000 (incl ded)	\$6,800/\$13,600 (incl ded)	
Co-Insurance	10%		20%		10%	40%	0%	
Office Visits								
Primary Care	\$15 ded waived		\$25 ded waived		10% after ded	40% after ded	0% after ded	
Specialist	\$35 ded waived		\$40 ded waived		10% after ded	40% after ded	0% after ded	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		10% after ded; pre-auth req	40% after ded; pre-auth req	0% after ded	
Mental Health Inpatient	10% after ded		20% after ded		10% after ded; pre-auth req	40% after ded; pre-auth req	0% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$300 after ded; FS-\$150 after ded		Hosp-\$250 after ded; FS-\$150 after ded		10% after ded; pre-auth req	40% after ded; pre-auth req	0% after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded		Lab-No charge; X-ray-\$80 after ded		10% after ded	Lab-Not covered; X-ray-40% after ded	0% after ded	
Mental Health Outpatient	\$35 ded waived		\$40 ded waived		10% after ded	40% after ded	0% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		50% after ded	Paid as in-network	50% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		10% after ded	40% after ded	0% after ded	
Single	2 x \$1,142.49		2 x \$1,133.18		2 x \$1,128.31		2 x \$1,100.01	
EE with Spouse	0 x \$2,284.98		0 x \$2,266.36		0 x \$2,256.62		0 x \$2,200.02	
EE with Child(ren)	0 x \$1,942.23		0 x \$1,926.41		0 x \$1,918.13		0 x \$1,870.02	
Family	0 x \$3,256.10		0 x \$3,229.56		0 x \$3,215.68		0 x \$3,135.03	
Monthly Cost	2 \$2,284.98		2 \$2,266.36		2 \$2,256.62		2 \$2,200.02	
Annual Cost	\$27,419.76		\$27,196.32		\$27,079.44		\$26,400.24	

	Oxford Freedom NY G FRDM NG 1500/90 EPO HSA 22 CNT (HSA) (UCR=N/A)		Oxford Freedom NY G FRDM NG 30/60/2250/70 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY S FRDM NG 50/100/100 EPO 22 CNT (EPO) (UCR=N/A)		Oxford Freedom NY S FRDM NG 30/60/2000/80 PPO HSA 22 CNT (HSA) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/40/80 IntDed		10/40/80/150 ded T2-3		10/65/95/150 ded T2-3		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000		\$2,250/\$4,500		N/A		\$2,000/\$4,000	\$4,000/\$8,000
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$8,700/\$17,400 (incl ded)		\$8,700/\$17,400		\$6,900/\$13,800 (incl ded)	\$10,500/\$21,000 (incl ded)
Co-Insurance	10%		30%		0%		20%	50%
Office Visits								
Primary Care	10% after ded		\$30 ded waived		\$50		\$30 after ded	50% after ded
Specialist	10% after ded		\$60 ded waived		\$100		\$60 after ded	50% after ded
Inpatient Services								
Inpatient Hospital	10% after ded		30% after ded		\$1,000/admit		20% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Inpatient	10% after ded		30% after ded		\$1,000/admit		20% after ded; pre-auth req	50% after ded; pre-auth req
Outpatient Services								
Outpatient Facility	10% after ded		30% after ded		Hosp-\$700; FS-\$500		Hosp-\$250 after ded; FS-\$150 after ded; pre-auth req	50% after ded; pre-auth req
Lab/X-Ray	10% after ded		Lab-No charge; X-ray-30% after ded		Lab-\$40; X-ray-\$150		20% after ded	Lab-Not covered; X-ray-50% after ded
Mental Health Outpatient	10% after ded		\$60 ded waived		\$100		\$60 after ded; pre-auth req	50% after ded; pre-auth req
Emergency Care								
Emergency Room	50% after ded		\$500 (waived if admitted) ded waived		\$1,400 (waived if admitted)		50% after ded	Paid as in-network
Urgent Care	10% after ded		\$75 ded waived		\$100		\$75 after ded	50% after ded
Single	2 x \$1,081.24		2 x \$1,066.25		2 x \$1,061.84		2 x \$1,003.59	
EE with Spouse	0 x \$2,162.48		0 x \$2,132.50		0 x \$2,123.68		0 x \$2,007.18	
EE with Child(ren)	0 x \$1,838.11		0 x \$1,812.63		0 x \$1,805.13		0 x \$1,706.10	
Family	0 x \$3,081.53		0 x \$3,038.81		0 x \$3,026.24		0 x \$2,860.23	
Monthly Cost	2 \$2,162.48		2 \$2,132.50		2 \$2,123.68		2 \$2,007.18	
Annual Cost	\$25,949.76		\$25,590.00		\$25,484.16		\$24,086.16	

	Oxford Freedom NY S FRDM NG 40/70/3000/65 PPO 22 CNT (PPOc) (UCR=140mc%)		Oxford Freedom NY S FRDM NG 25/50/2250/80 EPO HSA 22 CNT (HSA) (UCR=N/A)		Oxford Freedom NY S FRDM NG 40/70/3000/65 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Freedom NY S FRDM NG 2000/70 EPO HSA 22 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	10/40/80/200 ded T2-3		10/40/80 IntDed		10/40/80/200 ded T2-3		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000	\$4,000/\$8,000	\$2,250/\$4,500		\$3,000/\$6,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$8,700/\$17,400 (incl ded)	\$10,500/\$21,000 (incl ded)	\$6,900/\$13,800 (incl ded)		\$8,700/\$17,400 (incl ded)		\$7,050/\$14,100 (incl ded)	
Co-Insurance	35%	50%	20%		35%		30%	
Office Visits								
Primary Care	\$40 ded waived	50% after ded	\$25 after ded		\$40 ded waived		30% after ded	
Specialist	\$70 ded waived	50% after ded	\$50 after ded		\$70 ded waived		30% after ded	
Inpatient Services								
Inpatient Hospital	35% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		35% after ded		30% after ded	
Mental Health Inpatient	35% after ded; pre-auth req	50% after ded; pre-auth req	20% after ded		35% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	35% after ded; pre-auth req	50% after ded; pre-auth req	Hosp-\$250 after ded; FS-\$150 after ded		35% after ded		30% after ded	
Lab/X-Ray	Lab-\$25 ded waived; X-ray-35% after ded	Lab-Not covered; X-ray-50% after ded	Lab-20% after ded; X-ray-\$90 after ded		Lab-\$25 ded waived; X-ray-35% after ded		30% after ded	
Mental Health Outpatient	\$70 ded waived; pre-auth req	50% after ded; pre-auth req	\$50 after ded		\$70 ded waived		30% after ded	
Emergency Care								
Emergency Room	50% after ded	Paid as in-network	\$500 (waived if admitted) after ded		50% after ded		50% after ded	
Urgent Care	\$75 ded waived	50% after ded	\$75 after ded		\$75 ded waived		30% after ded	
Single	2 x \$1,000.99		2 x \$964.39		2 x \$954.40		2 x \$946.66	
EE with Spouse	0 x \$2,001.98		0 x \$1,928.78		0 x \$1,908.80		0 x \$1,893.32	
EE with Child(ren)	0 x \$1,701.68		0 x \$1,639.46		0 x \$1,622.48		0 x \$1,609.32	
Family	0 x \$2,852.82		0 x \$2,748.51		0 x \$2,720.04		0 x \$2,697.98	
Monthly Cost	2 \$2,001.98		2 \$1,928.78		2 \$1,908.80		2 \$1,893.32	
Annual Cost	\$24,023.76		\$23,145.36		\$22,905.60		\$22,719.84	

Prepared For: **Oxford 2022 2nd qtr Freedom New York City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2022

Prepared On: 01/18/2022

Report ID: 38570396

SIC: 0000

Oxford Freedom NY B FRDM NG 5800/50 EPO HSA 22 CNT (HSA) (UCR=N/A)		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/40/80 IntDed	
Cost Share Information		
Individual/Family Deductible	\$5,800/\$11,600	
Individual/Family OOP Limit	\$7,050/\$14,100 (incl ded)	
Co-Insurance	50%	
Office Visits		
Primary Care	50% after ded	
Specialist	50% after ded	
Inpatient Services		
Inpatient Hospital	50% after ded	
Mental Health Inpatient	50% after ded	
Outpatient Services		
Outpatient Facility	50% after ded	
Lab/X-Ray	50% after ded	
Mental Health Outpatient	50% after ded	
Emergency Care		
Emergency Room	50% after ded	
Urgent Care	50% after ded	
Single	2 x	\$837.37
EE with Spouse	0 x	\$1,674.74
EE with Child(ren)	0 x	\$1,423.53
Family	0 x	\$2,386.50
Monthly Cost	2	\$1,674.74
Annual Cost		\$20,096.88