

	Oxford Liberty NY P LBTY NG 5/35/500/100 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY P LBTY GT 15/30/250/90 EPO LA 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 25/50/100 EPO ZD 22 CNT (EPO) (UCR=N/A)		Oxford Liberty NY G LBTY GT 30/60/1250/100 EPO 22 CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$500/\$1,000		\$250/\$500		N/A		\$1,250/\$2,500	
Individual/Family OOP Limit	\$3,050/\$6,100 (incl ded)		\$3,250/\$6,500 (incl ded)		\$6,000/\$12,000		\$6,400/\$12,800 (incl ded)	
Co-Insurance	0%		10%		0%		0%	
<b>Office Visits</b>								
Primary Care	D-\$5 ded waived; ND-\$25 ded waived		\$15 ded waived		\$25		\$30 ded waived	
Specialist	D-\$35 ded waived; ND-\$70 ded waived		\$30 ded waived		\$50		\$60 ded waived	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
Outpatient Facility	0% after ded		10% after ded		Hosp-\$500; FS-\$150		Hosp-\$250 after ded; FS-\$150 after ded	
Lab/X-Ray	0% after ded		10% after ded		Lab-\$20; X-ray-\$50		Lab-No charge; X-ray-\$35 after ded	
Mental Health Outpatient	\$35 ded waived		\$30 ded waived		\$50		\$60 ded waived	
<b>Emergency Care</b>								
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 \$1,215.93		2 x \$1,142.72		2 x \$1,122.90		2 x \$1,027.56	
EE with Spouse	0 x \$2,431.86		0 x \$2,285.44		0 x \$2,245.80		0 x \$2,055.12	
EE with Child(ren)	0 x \$2,067.08		0 x \$1,942.62		0 x \$1,908.93		0 x \$1,746.85	
Family	0 x \$3,465.40		0 x \$3,256.75		0 x \$3,200.27		0 x \$2,928.55	
Monthly Cost	2 \$2,431.86		2 \$2,285.44		2 \$2,245.80		2 \$2,055.12	
Annual Cost	\$29,182.32		\$27,425.28		\$26,949.60		\$24,661.44	

	Oxford Liberty NY G LBTY NG 1500/90 EPO HSAM 22 CNT (HSA) (UCR=N/A)		Oxford Liberty NY G LBTY NG 20/40/2000/80 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/2000/70 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 50/100/100 EPO ZD 22 CNT (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/50/90 IntDed		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/65/95/150 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,500/\$3,000		\$2,000/\$4,000		\$2,000/\$4,000		N/A	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$8,500/\$17,000 (incl ded)		\$8,400/\$16,800 (incl ded)		\$8,700/\$17,400	
Co-Insurance	10%		20%		30%		0%	
<b>Office Visits</b>								
Primary Care	10% after ded		D-\$20 ded waived; ND-\$40 ded waived		\$30 ded waived		\$50	
Specialist	10% after ded		D-\$40 ded waived; ND-\$80 ded waived		\$60 ded waived		\$100	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		20% after ded		30% after ded		\$1,000/admit	
Mental Health Inpatient	10% after ded		20% after ded		30% after ded		\$1,000/admit	
<b>Outpatient Services</b>								
Outpatient Facility	10% after ded		20% after ded		30% after ded		Hosp-\$700; FS-\$500	
Lab/X-Ray	10% after ded		20% after ded		Lab-No charge; X-ray-30% after ded		Lab-\$40; X-ray-\$150	
Mental Health Outpatient	10% after ded		\$40 ded waived		\$60 ded waived		\$100	
<b>Emergency Care</b>								
Emergency Room	50% after ded		\$500 ded waived		\$500 (waived if admitted) ded waived		\$1,400 (waived if admitted)	
Urgent Care	10% after ded		\$75 ded waived		\$75 ded waived		\$100	
Single	2 x \$1,002.20		2 x \$1,000.29		2 x \$989.96		2 x \$983.16	
EE with Spouse	0 x \$2,004.40		0 x \$2,000.58		0 x \$1,979.92		0 x \$1,966.32	
EE with Child(ren)	0 x \$1,703.74		0 x \$1,700.49		0 x \$1,682.93		0 x \$1,671.37	
Family	0 x \$2,856.27		0 x \$2,850.83		0 x \$2,821.39		0 x \$2,802.01	
Monthly Cost	2 \$2,004.40		2 \$2,000.58		2 \$1,979.92		2 \$1,966.32	
Annual Cost	\$24,052.80		\$24,006.96		\$23,759.04		\$23,595.84	

	Oxford Liberty NY S LBTY NG 40/70/3000/65 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 25/50/2500/80 EPO HSA 22 CNT (HSA) (UCR=N/A)		Oxford Liberty NY S LBTY NG 40/70/4500/60 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/75/3500/60 EPO 22 CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90/200 ded T2-3		10/50/50%to\$800/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$3,000/\$6,000		\$2,500/\$5,000		\$4,500/\$9,000		\$3,500/\$7,000	
Individual/Family OOP Limit	\$8,700/\$17,400 (incl ded)		\$6,900/\$13,800 (incl ded)		\$8,700/\$17,400 (incl ded)		\$8,700/\$17,400 (incl ded)	
Co-Insurance	35%		20%		40%		40%	
<b>Office Visits</b>								
Primary Care	\$40 ded waived		\$25 after ded		\$40 ded waived		\$30 ded waived	
Specialist	\$70 ded waived		\$50 after ded		\$70 ded waived		\$75 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	35% after ded		20% after ded		40% after ded		40% after ded	
Mental Health Inpatient	35% after ded		20% after ded		40% after ded		40% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	35% after ded		Hosp-\$250 after ded; FS- \$150 after ded		40% after ded		40% after ded	
Lab/X-Ray	Lab-\$25 ded waived; X-ray-35% after ded		Lab-20% after ded; X-ray- \$90 after ded		Lab-\$25 ded waived; X-ray-40% after ded		Lab-\$20 ded waived; X-ray-40% after ded	
Mental Health Outpatient	\$70 ded waived		\$50 after ded		\$70 ded waived		\$75 ded waived	
<b>Emergency Care</b>								
Emergency Room	50% after ded		\$500 (waived if admitted) after ded		50% after ded		\$600 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 after ded		\$75 ded waived		\$80 ded waived	
Single	2 x \$881.48		2 x \$880.71		2 x \$864.59		2 x \$863.18	
EE with Spouse	0 x \$1,762.96		0 x \$1,761.42		0 x \$1,729.18		0 x \$1,726.36	
EE with Child(ren)	0 x \$1,498.52		0 x \$1,497.21		0 x \$1,469.80		0 x \$1,467.41	
Family	0 x \$2,512.22		0 x \$2,510.02		0 x \$2,464.08		0 x \$2,460.06	
Monthly Cost	2 \$1,762.96		2 \$1,761.42		2 \$1,729.18		2 \$1,726.36	
Annual Cost	\$21,155.52		\$21,137.04		\$20,750.16		\$20,716.32	

	Oxford Liberty NY S LBTY NG 25/45/5000/50 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY GT 25/50/4500/50 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 4000/80 EPO HSAM 22 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 30/60/6750/80 PPO HSA 22 CNT (HSA) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$5,000/\$10,000		\$4,500/\$9,000		\$4,000/\$8,000		\$6,750/\$13,500	\$10,000/\$20,000
Individual/Family OOP Limit	\$8,700/\$17,400 (incl ded)		\$8,700/\$17,400 (incl ded)		\$7,050/\$14,100 (incl ded)		\$7,050/\$14,100 (incl ded)	\$25,000/\$50,000 (incl ded)
Co-Insurance	50%		50%		20%		20%	20%
<b>Office Visits</b>								
Primary Care	D-\$25 ded waived; ND-\$45 ded waived		\$25 ded waived		20% after ded		\$30 after ded	20% after ded
Specialist	D-\$45 ded waived; ND-\$75 ded waived		\$50 ded waived		20% after ded		\$60 after ded	20% after ded
<b>Inpatient Services</b>								
Inpatient Hospital	50% after ded		50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req
Mental Health Inpatient	50% after ded		50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req
<b>Outpatient Services</b>								
Outpatient Facility	50% after ded		50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req
Lab/X-Ray	50% after ded		Lab-\$15 ded waived; X-ray-50% after ded		20% after ded		20% after ded	Lab-Not covered; X-ray-20% after ded
Mental Health Outpatient	\$45 ded waived		\$50 ded waived		20% after ded		\$60 after ded	20% after ded
<b>Emergency Care</b>								
Emergency Room	50% after ded		50% after ded		50% after ded		50% after ded	Paid as in-network
Urgent Care	\$75 ded waived		\$80 ded waived		20% after ded		20% after ded	20% after ded
Single	2 x \$854.92		2 x \$846.84		2 x \$828.09		2 x \$809.01	
EE with Spouse	0 x \$1,709.84		0 x \$1,693.68		0 x \$1,656.18		0 x \$1,618.02	
EE with Child(ren)	0 x \$1,453.36		0 x \$1,439.63		0 x \$1,407.75		0 x \$1,375.32	
Family	0 x \$2,436.52		0 x \$2,413.49		0 x \$2,360.06		0 x \$2,305.68	
Monthly Cost	2 \$1,709.84		2 \$1,693.68		2 \$1,656.18		2 \$1,618.02	
Annual Cost	\$20,518.08		\$20,324.16		\$19,874.16		\$19,416.24	

Prepared For: **Oxford 2022 1st qtr Liberty NY City**

New York County, NY 10001

Prepared By: 212-484-9888.com

**Health Plan Comparison Report (4L)**

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Prepared On: 10/26/2021

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SIC: 0000

	Oxford Liberty NY B LBTY NG 25/75/5750/70 EPO HSA 22 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 7000/100 EPO HSA 22 CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	30%/30%/30% IntDed		0%/0%/0% IntDed	
<b>Cost Share Information</b>				
Individual/Family Deductible	\$5,750/\$11,500		\$7,000/\$14,000	
Individual/Family OOP Limit	\$7,050/\$14,100 (incl ded)		\$7,050/\$14,100 (incl ded)	
Co-Insurance	30%		0%	
<b>Office Visits</b>				
Primary Care	\$25 after ded		0% after ded	
Specialist	\$75 after ded		0% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	30% after ded		0% after ded	
Mental Health Inpatient	30% after ded		0% after ded	
<b>Outpatient Services</b>				
Outpatient Facility	30% after ded		0% after ded	
Lab/X-Ray	30% after ded		0% after ded	
Mental Health Outpatient	\$75 after ded		0% after ded	
<b>Emergency Care</b>				
Emergency Room	50% after ded		0% after ded	
Urgent Care	30% after ded		0% after ded	
Single	2 x \$775.97		2 x \$775.38	
EE with Spouse	0 x \$1,551.94		0 x \$1,550.76	
EE with Child(ren)	0 x \$1,319.15		0 x \$1,318.15	
Family	0 x \$2,211.51		0 x \$2,209.83	
Monthly Cost	2 \$1,551.94		2 \$1,550.76	
Annual Cost	\$18,623.28		\$18,609.12	

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