

Prepared For: Oxford Liberty Downstate  
Nassau County, NY 11001  
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Health Plan Comparison Report (3L)  
Effective Date: 07/01/2019      Prepared On: 06/04/2019  
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	Oxford Liberty L Gold EPO 25/45 \$1500 Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Silver EPO 30/70 \$4000 Gated CNT (EPOc) (UCR=N/A)		Oxford Liberty L Bronze EPO HSA \$6550 100% Non-Gated OHI CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	5/45/75/150 ded T2-3		15/50/90/150 ded T2-3		0%/0%/0% IntDed	
Cost Share Information						
Individual/Family Deductible	\$1,500/\$3,000		\$4,000/\$8,000		\$6,550/\$13,100	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$7,350/\$14,700 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	20%		40%		0%	
Office Visits						
Primary Care	\$25 ded waived		\$30 ded waived		0% after ded	
Specialist	\$45 ded waived		\$70 ded waived		0% after ded	
Inpatient Services						
Inpatient Hospital	20% after ded		40% after ded		0% after ded	
Mental Health Inpatient	20% after ded		40% after ded		0% after ded	
Outpatient Services						
Outpatient Facility	20% after ded		40% after ded		0% after ded	
Lab/X-Ray	20% after ded		40% after ded		0% after ded	
Mental Health Outpatient	\$45 ded waived		\$70 ded waived		0% after ded	
Emergency Care						
Emergency Room	20% after ded		40% after ded		0% after ded	
Urgent Care	\$45 ded waived		\$70 ded waived		0% after ded	
Single	1 x	\$810.44	1 x	\$678.31	1 x	\$611.51
EE with Spouse	1 x	\$1,620.88	1 x	\$1,356.61	1 x	\$1,223.02
EE with Child(ren)	1 x	\$1,377.75	1 x	\$1,153.12	1 x	\$1,039.57
Family	1 x	\$2,309.76	1 x	\$1,933.17	1 x	\$1,742.81
Monthly Cost	4	\$6,118.83	4	\$5,121.21	4	\$4,616.91
Annual Cost		\$73,425.96		\$61,454.52		\$55,402.92

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