Prepared For: **Oxford 2026 2nd Qtr Liberty Nassau Suffolk**

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2026 Prepared On: 02/24/2026

Report ID: 39324170 SIC: 8721

	Oxford Liberty NY G LBTY NG 25/50/100 EPO ZD 26 CNT (EPO) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/1250/100 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/1800/70 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 1700/90 EPO HSA PR 26 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		10/50/90/200 ded T2-3		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		$1,250/$2,500		$1,800/$3,600		$1,700/$3,400	
Individual/Family OOP Limit	$7,300/$14,600		$7,000/$14,000 (incl ded)		$7,500/$15,000 (incl ded)		$5,750/$11,500 (incl ded)	
Co-Insurance	0%		0%		30%		10%	
Office Visits								
Primary Care	$25		$30 ded waived		$30 ded waived		10% after ded	
Specialist	$50		$60 ded waived		$60 ded waived		10% after ded	
Inpatient Services								
Inpatient Hospital	$500/admit		$500/day after ded; $2,000 max/admit		30% after ded		10% after ded	
Mental Health Inpatient	$500/admit		$500/day after ded; $2,000 max/admit		30% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	$250		$150 after ded		30% after ded		10% after ded	
Lab/X-Ray	Lab-No charge/$60 (D/ND); X-ray-$50		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		10% after ded	
Mental Health Outpatient	$50		$60 ded waived		$60 ded waived		10% after ded	
Emergency Care								
Emergency Room	$750 (waived if admitted)		$500 (waived if admitted) ded waived		$500 (waived if admitted) ded waived		50% after ded	
Urgent Care	$75		$75 ded waived		$75 ded waived		10% after ded	
Single	2 x $1,534.75		2 x $1,459.87		2 x $1,399.26		2 x $1,374.09	
EE with Spouse	0 x $3,069.51		0 x $2,919.74		0 x $2,798.52		0 x $2,748.18	
EE with Child(ren)	0 x $2,609.08		0 x $2,481.78		0 x $2,378.74		0 x $2,335.96	
Family	0 x $4,374.05		0 x $4,160.62		0 x $3,987.90		0 x $3,916.15	
Monthly Cost	2 $3,069.50		2 $2,919.74		2 $2,798.52		2 $2,748.18	
Annual Cost	$36,834.00		$35,036.88		$33,582.24		$32,978.16	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Oxford Liberty NY S LBTY NG 50/100/100 EPO ZD 26 CNT (EPO) (UCR=N/A)		Oxford Liberty NY S LBTY NG 40/80/3250/60 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/60/3000/80 EPO HSA 26 CNT (HSA) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/60/4500/50 EPO 26 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	15/65/95/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		$3,250/$6,500		$3,000/$6,000		$4,500/$9,000	
Individual/Family OOP Limit	$9,300/$18,600		$9,200/$18,400 (incl ded)		$7,350/$14,700 (incl ded)		$9,800/$19,600 (incl ded)	
Co-Insurance	0%		40%		20%		50%	
Office Visits								
Primary Care	$50		$40 ded waived		$30 after ded		$30 ded waived	
Specialist	$100		$80 ded waived		$60 after ded		$60 ded waived	
Inpatient Services								
Inpatient Hospital	$1,500/admit		40% after ded		20% after ded		50% after ded	
Mental Health Inpatient	$1,500/admit		40% after ded		20% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	$250		40% after ded		$250 after ded		50% after ded	
Lab/X-Ray	Lab-No charge/$60 (D/ND); X-ray-$200		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	
Mental Health Outpatient	$100		$80 ded waived		$60 after ded		$60 ded waived	
Emergency Care								
Emergency Room	$1,500 (waived if admitted)		50% after ded		$500 (waived if admitted) after ded		50% after ded	
Urgent Care	$100		$100 ded waived		$100 after ded		$100 ded waived	
Single	2 x $1,367.08		2 x $1,233.89		2 x $1,227.42		2 x $1,224.54	
EE with Spouse	0 x $2,734.16		0 x $2,467.78		0 x $2,454.83		0 x $2,449.09	
EE with Child(ren)	0 x $2,324.04		0 x $2,097.61		0 x $2,086.61		0 x $2,081.72	
Family	0 x $3,896.18		0 x $3,516.59		0 x $3,498.14		0 x $3,489.95	
Monthly Cost	2 $2,734.16		2 $2,467.78		2 $2,454.84		2 $2,449.08	
Annual Cost	$32,809.92		$29,613.36		$29,458.08		$29,388.96	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Oxford Liberty NY S LBTY NG 30/75/4000/50 EPO 26 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 4000/80 EPO HSA PR 26 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 7250/100 EPO HSA 26 CNT (HSA) (UCR=N/A)		Oxford Liberty NY B LBTY NG 25/75/5750/70 EPO HSA 26 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	10/50/50%to$800/200 ded T2-3		10/50/90 IntDed		0%/0%/0% IntDed		30%/30%/30% IntDed	
Cost Share Information								
Individual/Family Deductible	$4,000/$8,000		$4,000/$8,000		$7,250/$14,500		$5,750/$11,500	
Individual/Family OOP Limit	$9,300/$18,600 (incl ded)		$8,000/$16,000 (incl ded)		$7,250/$14,500 (incl ded)		$8,000/$16,000 (incl ded)	
Co-Insurance	50%		20%		0%		30%	
Office Visits								
Primary Care	$30 ded waived		20% after ded		0% after ded		$25 after ded	
Specialist	$75 ded waived		20% after ded		0% after ded		$75 after ded	
Inpatient Services								
Inpatient Hospital	50% after ded		20% after ded		0% after ded		30% after ded	
Mental Health Inpatient	50% after ded		20% after ded		0% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	50% after ded		20% after ded		0% after ded		30% after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-50% after ded		20% after ded		0% after ded		30% after ded	
Mental Health Outpatient	$75 ded waived		20% after ded		0% after ded		$75 after ded	
Emergency Care								
Emergency Room	$600 (waived if admitted) after ded		50% after ded		0% after ded		50% after ded	
Urgent Care	$100 ded waived		20% after ded		0% after ded		30% after ded	
Single	2 x $1,213.83		2 x $1,164.13		2 x $1,127.19		2 x $1,110.63	
EE with Spouse	0 x $2,427.67		0 x $2,328.27		0 x $2,254.37		0 x $2,221.26	
EE with Child(ren)	0 x $2,063.52		0 x $1,979.03		0 x $1,916.22		0 x $1,888.07	
Family	0 x $3,459.43		0 x $3,317.78		0 x $3,212.48		0 x $3,165.30	
Monthly Cost	2 $2,427.66		2 $2,328.26		2 $2,254.38		2 $2,221.26	
Annual Cost	$29,131.92		$27,939.12		$27,052.56		$26,655.12	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible