

	Oxford Liberty NY G LBTY NG 30/60/1250/100 EPO 27 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 30/60/1800/70 EPO 27 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 50/100/100 EPO ZD 27 CNT (EPO) (UCR=N/A)		Oxford Liberty NY S LBTY NG 40/80/3250/60 EPO 27 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		15/65/95/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,250/\$2,500		\$1,800/\$3,600		N/A		\$3,250/\$6,500	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$7,500/\$15,000 (incl ded)		\$12,000/\$24,000		\$10,600/\$21,200 (incl ded)	
Co-Insurance	0%		30%		0%		40%	
Office Visits								
Primary Care	\$30 ded waived		\$30 ded waived		\$50		\$40 ded waived	
Specialist	\$60 ded waived		\$60 ded waived		\$100		\$80 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/day after ded; \$2,000 max/admit		30% after ded		\$2,000/admit		40% after ded	
Mental Health Inpatient	\$500/day after ded; \$2,000 max/admit		30% after ded		\$2,000/admit		40% after ded	
Outpatient Services								
Outpatient Facility	\$200 after ded		30% after ded		\$500		40% 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		Lab-No charge/50% after ded (D/ND); X-ray-40% after ded	
Mental Health Outpatient	\$60 ded waived		\$60 ded waived		\$50		\$80 ded waived	
Emergency Care								
Emergency Room	\$600 (waived if admitted) ded waived		\$600 (waived if admitted) ded waived		\$1,850 (waived if admitted)		50% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$100		\$100 ded waived	
Single	2 x \$1,503.58		2 x \$1,443.16		2 x \$1,392.87		2 x \$1,256.93	
EE with Spouse	0 x \$3,007.16		0 x \$2,886.31		0 x \$2,785.74		0 x \$2,513.86	
EE with Child(ren)	0 x \$2,556.08		0 x \$2,453.36		0 x \$2,367.87		0 x \$2,136.78	
Family	0 x \$4,285.19		0 x \$4,113.00		0 x \$3,969.67		0 x \$3,582.25	
Monthly Cost	2 \$3,007.16		2 \$2,886.32		2 \$2,785.74		2 \$2,513.86	
Annual Cost	\$36,085.92		\$34,635.84		\$33,428.88		\$30,166.32	

Prepared For: **Oxford 2027 1st qtr Liberty Nassau Suffolk**
Nassau County, NY 11565
Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)
Effective Date: 01/01/2027 Prepared On: 10/16/2026
Report ID: 39367024 SIC: 7372

	Oxford Liberty NY S LBTY NG 30/80/3750/60 EPO 27 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/75/4000/50 EPO 27 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 30/60/4500/50 EPO 27 CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/65/95/200 ded T2-3		10/50/50%to\$800/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information						
Individual/Family Deductible	\$3,750/\$7,500		\$4,000/\$8,000		\$4,500/\$9,000	
Individual/Family OOP Limit	\$10,500/\$21,000 (incl ded)		\$10,600/\$21,200 (incl ded)		\$12,000/\$24,000 (incl ded)	
Co-Insurance	40%		50%		50%	
Office Visits						
Primary Care	\$30 ded waived		\$30 ded waived		\$30 ded waived	
Specialist	\$80 ded waived		\$75 ded waived		\$60 ded waived	
Inpatient Services						
Inpatient Hospital	40% after ded		50% after ded		50% after ded	
Mental Health Inpatient	40% after ded		50% after ded		50% after ded	
Outpatient Services						
Outpatient Facility	40% after ded		50% after ded		50% after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-40% after ded		Lab-No charge/50% after ded (D/ND); X-ray-50% after ded		Lab-No charge/50% after ded (D/ND); X-ray-50% after ded	
Mental Health Outpatient	\$80 ded waived		\$75 ded waived		\$60 ded waived	
Emergency Care						
Emergency Room	50% after ded		\$600 (waived if admitted) after ded		50% after ded	
Urgent Care	\$100 ded waived		\$100 ded waived		\$100 ded waived	
Single	2 x	\$1,250.90	2 x	\$1,237.54	2 x	\$1,236.72
EE with Spouse	0 x	\$2,501.79	0 x	\$2,475.08	0 x	\$2,473.43
EE with Child(ren)	0 x	\$2,126.53	0 x	\$2,103.81	0 x	\$2,102.41
Family	0 x	\$3,565.06	0 x	\$3,526.98	0 x	\$3,524.64
Monthly Cost	2	\$2,501.80	2	\$2,475.08	2	\$2,473.44
Annual Cost		\$30,021.60		\$29,700.96		\$29,681.28

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