

MACKOUL RISK SOLUTIONS | Health Plan Comparison

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OXFORD Health Plan | Effective Date: 1st Quarter

	OXFORD FREEDOM F Platinum EPO 20/40 Non-Gated OHI CNT* (EPO) (UCR=N/A)		OXFORD LIBERTY L Gold EPO 30/60 Non-Gated CNT* (EPOc) (UCR=N/A)		OXFORD LIBERTY L Silver EPO 40/70 Non-Gated OHI CNT* (EPOc) (UCR=N/A)		OXFORD METRO M Silver EPO 30/80 Gated OHI 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	5/30/60/50 ded T2-3		15/45/75/100 ded T2-3		15/45/75/200 ded T2-3		10/65/90/100 ded T2-3	
COST SHARE INFORMATION								
Individual/Family Deductible	N/A		\$2,000/\$4,000		\$2,500/\$5,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$2,500/\$5,000		\$7,900/\$15,800 (incl ded)		\$7,900/\$15,800 (incl ded)		\$7,900/\$15,800 (incl ded)	
Co-Insurance	0%		30%		30%		30%	
OFFICE VISITS								
Primary Care	\$20		\$30 ded waived		\$40 ded waived		\$30 ded waived	
Specialist	\$40		\$60 ded waived		\$70 ded waived		\$80 ded waived	
INPATIENT SERVICES								
Inpatient Hospital	\$400/admit		30% after ded		30% after ded		30% after ded	
Mental Health Inpatient	\$400/admit		30% after ded		30% after ded		30% after ded	
OUTPATIENT SERVICES								
Outpatient Facility	Hosp-\$300; FS-\$100		30% after ded		30% after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-30% after ded		Lab-\$20 ded waived; X-ray-30% after ded		Lab-\$15 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$40		\$60 ded waived		\$70 ded waived		\$80 ded waived	
EMERGENCY CARE								
Emergency Room	\$200 (waived if admitted)		\$500 (waived if admitted) ded waived		30% after ded		30% after ded	
Urgent Care	\$50		\$75 ded waived		\$75 ded waived		\$80 ded waived	
Single	\$1,088.97		\$784.02		\$713.50		\$585.60	
EE with Spouse	\$2,177.94		\$1,568.04		\$1,426.99		\$1,171.20	
EE with Child(ren)	\$1,851.25		\$1,332.83		\$1,212.95		\$995.53	
Family	\$3,103.57		\$2,234.46		\$2,033.46		\$1,668.96	

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.