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

Health Plan Comparison Report (4L)

Prepared On: 2/2/2015

Report Id: 27810039

SIC: 0000

	Oxford Liberty L Platinum Standard PPO 15/35 Gated CAL (PPO) (UCR=140mc%)				Oxford Liberty Oxford Libert L Platinum HMO 20/40 Gated CNT (HMO) (UCR=N/A) (UCR=N/A)		ated CNT (HMOc)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network		In-Network	Out-Network
Prescription Drugs								
Drug Card	10/30/60		10/30/60		10/30/60/100 ded T2-3		15/35/75/100 T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$3,000/\$6,000	N/A		N/A		\$1,000/\$2,000	
Individual/Family OOP Limit	\$2,000/\$4,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$2,000/\$4,000 (incl ded)		\$3,000/\$6,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	N/A	30%	N/A		N/A		N/A	
Office Visits								
Primary Care	\$15	30% after ded	\$15		\$20		\$30 ded waived	
Specialist	\$35	30% after ded	\$35		\$40		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit	30% after ded	\$500/admit		\$500/day; \$1,000 max/admit		\$500/day after ded; \$2,000 max/admit	
Mental Health Inpatient	\$500/admit	30% after ded	\$500/admit		\$500/day; \$1,000 max/admit		\$500/day after ded; \$2,000 max/admit	
Outpatient Services								
Outpatient Facility	\$100	30% after ded	\$100		\$250		\$250 after ded	
Lab/X-Ray	\$35	30% after ded	\$35		Lab-No charge; X-ray- \$35; \$500 max/contr yr		Lab-No charge; X-ray-\$35 ded waived; \$500 max/contr yr	
Mental Health Outpatient	\$15	30% after ded	\$15		\$40		\$60 ded waived	
Emergency Care								
Emergency Room	\$100 (waived if admitted)	\$100 (waived if admitted) ded waived	\$100 (waived if admitted)		\$150 (waived if admitted)		\$200 (waived if admitted) ded waived	
Urgent Care	\$55	30% after ded	\$55		\$50		\$75 ded waived	
Single	1 x \$889.46		1 x \$820.76		1 x \$814.93		1 x \$703.09	
EE with Spouse	0 x \$1,778.93		0 x \$1,641.52		0 x \$1,629.86		0 x \$1,406.17	
EE with Child(ren)	0 x \$1,512.09		0 x \$1,395.29		0 x \$1,385.39		0 x \$1,195.25	
Family	1 x \$2,534.98		1 x \$2,339.17		1 x \$2,322.55		1 x \$2,003.79	
Monthly Cost	2 \$3,424.44		2 \$3,159.93		2 \$3,137.48		2 \$2,706.88	
Annual Cost	\$41,093.28		\$37,919.16		\$37,649.76		\$32,482.56	

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	Oxford Liberty L Gold EPO 15/25 Non-Gated CNT (EPOc) (UCR=N/A)		Oxford I L Gold EPO 20/40 Nor (UCR:	n-Gated CNT (EPOc)	Oxford Liberty L Gold Prim Adv EPO \$500 Non-Gated CNT (EPOc) (UCR=N/A) Oxford Liberty L Gold Standard EPO 25/40 (EPOc) (UCR=N/A)		25/40 Gated CAL	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75/100 T2-3		15/35/75/100 T2-3		15/35/75 IntDed T2-3		10/35/70	
Cost Share Information								
Individual/Family Deductible	\$800/\$1,600		\$1,250/\$2,500		\$500/\$1,000		\$600/\$1,200	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	10%		10%		N/A		20%	
Office Visits								
Primary Care	\$15 ded waived		\$20 ded waived		\$25 ded waived		\$25 after ded	
Specialist	\$25 ded waived		\$40 ded waived		\$50 after ded		\$40 after ded	
Inpatient Services								
Inpatient Hospital	10% after ded		10% after ded		\$250/day after ded; \$1,250 max/admit		\$1,000/admit after ded	
Mental Health Inpatient	10% after ded		10% after ded		\$250/day after ded; \$1,250 max/admit		\$1,000/admit after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		\$250 after ded		\$250 after ded		\$100 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived		Lab-\$50 after ded; X-ray- \$90 after ded		\$40 after ded	
Mental Health Outpatient	\$25 ded waived		\$40 ded waived		\$50 after ded		\$25 after ded	
Emergency Care								
Emergency Room	\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$250 (waived if admitted) after ded		\$150 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 after ded		\$60 after ded	
Single	1 x \$731.11		1 x \$712.97	I	1 x \$700.44		1 x \$695.36	
EE with Spouse	0 x \$1,462.22		0 x \$1,425.93		0 x \$1,400.88		0 x \$1,390.73	
EE with Child(ren)	0 x \$1,242.89		0 x \$1,212.04		0 x \$1,190.75		0 x \$1,182.12	
Family	1 x \$2,083.67		1 x \$2,031.96		1 x \$1,996.26		1 x \$1,981.79	
Monthly Cost	2 \$2,814.78		2 \$2,744.93		2 \$2,696.70		2 \$2,677.15	
Annual Cost	\$33,777.36		\$32,939.16		\$32,360.40		\$32,125.80	

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Health Plan Comparison Report (4L)

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Drug Card		Oxford L Gold EPO 30/60 G (UCR:	Sated CNT (EPOc)		Liberty on-Gated CNT (PPOc) 40mc%)	I .		Oxford I L Silver EPO 40/70 No (UCR:	n-Gated CNT (EPOc)
Drug Card 15/35/75/100 ded T2-3 15/35/75/100 1		In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Cost Share Information							I		
Individual/Family Deductible \$1,000\\$2,000 \$2,000\\$4,000 \$2,000\\$4,000 \$2,000\\$4,000 \$2,000\\$4,000 \$2,000\\$4,000 \$2,000\\$4,000 \$3,000\\$5,000 \$2,000\\$4,000 \$3,000\\$5,000 \$2,000\\$4,000 \$3,000\\$5,000	_	15/35/75/100 ded 12-3		15/35/75/100 ded 12-3		10/35/70		15/35/75/100 12-3	
Individual/Family OOP Limit \$4,000/\$8,000 (incl ded) \$6,350/\$12,700 (incl ded) \$10,000/\$20,000 (incl ded) \$5,500/\$\$11,000 (incl ded) \$6,350/\$\$12,700 (incl ded) \$6,350/\$\$12,700 (incl ded) \$6,350/\$\$12,700 (incl ded) \$7,500/\$\$15,000 (incl ded) \$6,350/\$\$12,700 (incl ded) \$7,500/\$\$15,000 (incl ded) \$7,500/\$\$15,000 (incl ded) \$7,500/\$\$15,000 (incl ded) \$8,350/\$\$12,700 (incl ded) \$1,000/\$\$20,000 (incl ded) \$7,500/\$\$15,000 (incl ded) \$7,500/\$\$15,000 (incl ded) \$8,350/\$\$12,700 (incl ded) \$1,000/\$\$15,000 \$1,000/\$\$15,					1		l		
Co-Insurance 0% 30% 50% 30	=			'				· · · ·	
Office Visits Primary Care \$30 ded walved \$40 ded waived 50% after ded \$30 after ded 30% after ded \$40 ded waived Specialist \$60 ded walved \$70 ded waived \$50% after ded 30% after ded 30% after ded \$70 ded waived Inpatient Services Inpatient Hospital \$500/day after ded; \$2,000 max/admit 30% after ded \$1,500/admit after ded 30% after ded	Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,350/\$12,700 (incl ded)		\$5,500/\$11,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$6,350/\$12,700 (incl ded)	
Primary Care \$30 ded walved \$40 ded walved \$70 de	Co-Insurance	0%		30%	50%	30%	30%	30%	
Specialist S60 ded waived S70 ded	Office Visits								
Inpatient Services Inpatient Hospital \$500/day after ded; \$2,000 max/admit \$30% after ded \$50% after ded \$1,500/admit after ded \$30% after ded \$250 after ded \$250 after ded \$30% after ded	Primary Care	\$30 ded waived		\$40 ded waived	50% after ded	\$30 after ded	30% after ded	\$40 ded waived	
Inpatient Hospital \$500/day after ded; \$2,000 max/admit \$500/day after ded \$1,500/admit after ded \$0% after ded \$1,500/admit after ded \$0% after ded	Specialist	\$60 ded waived		\$70 ded waived	50% after ded	\$50 after ded	30% after ded	\$70 ded waived	
S2,000 max/admit S500/day after ded S500/day after ded S500/day after ded S1,500/admit after ded S0% after ded S1,500/admit after ded S0% after ded S1,500/admit after ded S250 after ded S2	Inpatient Services								
S2,000 max/admit S2,000 max/admit S2,000 max/admit S250 after ded S250 after ded S100 after ded S100 after ded S250 after ded	Inpatient Hospital			30% after ded	50% after ded	\$1,500/admit after ded	30% after ded	30% after ded	
Outpatient Facility Freestanding-\$150 after ded OP Hosp-\$250 after ded \$250 after ded 50% after ded \$100 after ded 30% after ded \$250 after ded Lab/X-Ray Lab-No charge; X-ray-\$35 ded waived; \$500 max/contr yr Lab-No charge; X-ray-30% after ded \$50 after ded \$50 after ded 30% after ded Lab-No charge; X-ray-30% after ded Mental Health Outpatient \$60 ded waived \$70 ded waived 50% after ded \$30 after ded 30% after ded \$70 ded waived Emergency Care Emergency Room \$200 (waived if admitted) ded waived 30% after ded \$150 (waived if admitted) after ded 30% after ded 30% after ded \$75 ded waived \$75 ded waived </td <td>Mental Health Inpatient</td> <td></td> <td></td> <td>30% after ded</td> <td>50% after ded</td> <td>\$1,500/admit after ded</td> <td>30% after ded</td> <td>30% after ded</td> <td></td>	Mental Health Inpatient			30% after ded	50% after ded	\$1,500/admit after ded	30% after ded	30% after ded	
Lab-No charge; X-ray-\$35 Lab-No charge; X-ray-\$35 Lab-No charge; X-ray-\$30% after ded S50 after ded S55 after ded	Outpatient Services								
Mental Health Outpatient \$60 ded waived \$70 ded waived \$70 ded waived \$70 ded waived \$30 after ded \$30 after ded \$70 ded waived \$150 (waived if admitted) after ded \$150 (waived if admitted) after ded \$75 ded waived \$75 ded waived \$75 ded waived \$75 ded waived \$70 after ded \$70 after ded \$75 ded waived \$75 ded	Outpatient Facility	ded OP Hosp-\$250 after		\$250 after ded	50% after ded	\$100 after ded	30% after ded	\$250 after ded	
Emergency Care Emergency Care S200 (waived if admitted) 30% after ded	Lab/X-Ray	ded waived; \$500			50% after ded	\$50 after ded	30% after ded		
Emergency Room \$200 (waived if admitted) ded waived \$30% after ded \$30% after ded \$30% after ded \$150 (waived if admitted) \$15	Mental Health Outpatient	\$60 ded waived		\$70 ded waived	50% after ded	\$30 after ded	30% after ded	\$70 ded waived	
Urgent Care \$75 ded waived \$75 ded	Emergency Care								
Single 1 x \$693.80 1 x \$677.35 1 x \$653.04 1 x \$618.11 EE with Spouse 0 x \$1,387.60 0 x \$1,354.70 0 x \$1,306.07 0 x \$1,236.22 EE with Child(ren) 0 x \$1,179.46 0 x \$1,151.50 0 x \$1,110.16 0 x \$1,050.79 Family 1 x \$1,977.33 1 x \$1,930.44 1 x \$1,861.15 1 x \$1,761.61	Emergency Room			30% after ded	30% after ded			30% after ded	
EE with Spouse 0 x \$1,387.60 0 x \$1,354.70 0 x \$1,306.07 0 x \$1,236.22 EE with Child(ren) 0 x \$1,179.46 0 x \$1,151.50 0 x \$1,110.16 0 x \$1,050.79 Family 1 x \$1,977.33 1 x \$1,930.44 1 x \$1,861.15 1 x \$1,761.61	Urgent Care	\$75 ded waived		\$75 ded waived	50% after ded	\$70 after ded	30% after ded	\$75 ded waived	
EE with Spouse 0 x \$1,387.60 0 x \$1,354.70 0 x \$1,306.07 0 x \$1,236.22 EE with Child(ren) 0 x \$1,179.46 0 x \$1,151.50 0 x \$1,110.16 0 x \$1,050.79 Family 1 x \$1,977.33 1 x \$1,930.44 1 x \$1,861.15 1 x \$1,761.61	Single	1 x \$693.80		1 x \$677.35		1 x \$653.04		1 x \$618.11	
Family 1 x \$1,977.33 1 x \$1,930.44 1 x \$1,861.15 1 x \$1,761.61		1		, , , , , ,		*			
	EE with Child(ren)	0 x \$1,179.46		0 x \$1,151.50		0 x \$1,110.16		0 x \$1,050.79	
Marship Cons. 20 #2 074 42 20 #2 077 72	Family	1 x \$1,977.33		1 x \$1,930.44		1 x \$1,861.15		1 x \$1,761.61	
MONTRIIV COST	Monthly Cost	2 \$2,671.13		2 \$2,607.79		2 \$2,514.19		2 \$2,379.72	
Annual Cost \$32,053.56 \$31,293.48 \$30,170.28 \$28,556.64	Annual Cost	\$32,053.56		\$31,293.48		\$30,170.28		\$28,556.64	

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Health Plan Comparison Report (4L)

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	Oxford I L Silver Prim Adv EPO CNT (EPOc)	O \$1,500 Non-Gated	Oxford I L Silver EPO 25/50 ((UCR:	Sated CNT (EPOc)	Oxford L L Silver Standard EPC (EPOc) (U	30/50 Gated CAL	Oxford I L Bronze Standard EF (EPOc) (U	O \$3000 Gated CAL
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75 IntDed T2-3		10/65/50%to\$800		10/35/70		10/35/70 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000		\$2,000/\$4,000		\$2,000/\$4,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$5,600/\$11,200 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,350/\$12,700 (incl ded)	
Co-Insurance	N/A		30%		30%		50%	
Office Visits								
Primary Care	\$25 ded waived		\$25 ded waived		\$30 after ded		50% after ded	
Specialist	\$50 after ded		\$50 ded waived		\$50 after ded		50% after ded	
Inpatient Services								
Inpatient Hospital	\$250/day after ded; \$1,250 max/admit		30% after ded		\$1,500/admit after ded		50% after ded	
Mental Health Inpatient	\$250/day after ded; \$1,250 max/admit		30% after ded		\$1,500/admit after ded		50% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		30% after ded		\$100 after ded		50% after ded	
Lab/X-Ray	Lab-\$50 after ded; X-ray- \$90 after ded		Lab-\$100 ded waived; X-ray-30% after ded		\$50 after ded		50% after ded	
Mental Health Outpatient	\$50 after ded		\$50 ded waived		\$30 after ded		50% after ded	
Emergency Care								
Emergency Room	\$250 (waived if admitted) after ded		30% after ded		\$150 (waived if admitted) after ded		50% after ded	
Urgent Care	\$75 after ded		\$80 ded waived		\$70 after ded		50% after ded	
Single	1 x \$609.18		1 x \$601.41		1 x \$588.21		1 x \$487.85	
EE with Spouse	0 x \$1,218.36		0 x \$1,202.82		0 x \$1,176.43		0 x \$975.70	
EE with Child(ren)	0 x \$1,035.61		0 x \$1,022.39		0 x \$999.96		0 x \$829.34	
Family	1 x \$1,736.16		1 x \$1,714.01		1 x \$1,676.40		1 x \$1,390.37	
Monthly Cost	2 \$2,345.34		2 \$2,315.42		2 \$2,264.61		2 \$1,878.22	
Annual Cost	\$28,144.08		\$27,785.04		\$27,175.32		\$22,538.64	

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Health Plan Comparison Report (4L)

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	Oxford Liberty L Silver EPO HSA \$2,000 25/50 Non-Gated CNT (HSA) (UCR=N/A)		Oxford I L Silver EPO HSA \$2, (HSA) (U	000 Non-Gated CNT	Oxford Liberty L Bronze PPO HSA \$3750 Non-Gated CNT (HSA) (UCR=140mc%) Oxford Liberty L Bronze EPO HSA \$3500 40/79 CNT (HSA) (UCR=N/		500 40/75 Non-Gated	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75 IntDed		15/35/75 IntDed		20/40/80 IntDed		20/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000		\$2,000/\$4,000		\$3,750/\$7,500	\$6,000/\$12,000	\$3,500/\$7,000	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,350/\$12,700 (incl ded)	\$15,000/\$30,000 (incl ded)	\$6,350/\$12,700 (incl ded)	
Co-Insurance	20%		20%		20%	40%	50%	
Office Visits								
Primary Care	\$25 after ded		20% after ded		20% after ded	40% after ded	\$40 after ded	
Specialist	\$50 after ded		20% after ded		20% after ded	40% after ded	\$75 after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		20% after ded		20% after ded	40% after ded	50% after ded	
Mental Health Inpatient	20% after ded		20% after ded		20% after ded	40% after ded	50% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		20% after ded		20% after ded	40% after ded	\$250 after ded	
Lab/X-Ray	Lab-20% after ded; X-ray- \$100 after ded		20% after ded		20% after ded	40% after ded	50% after ded	
Mental Health Outpatient	\$50 after ded		20% after ded		20% after ded	40% after ded	\$75 after ded	
Emergency Care								
Emergency Room	\$250 (waived if admitted) after ded		20% after ded		20% after ded	20% after ded	\$250 after ded	
Urgent Care	\$75 after ded		20% after ded		20% after ded	40% after ded	\$100 after ded	
Single	1 x \$577.69		1 x \$567.68		1 x \$535.05		1 x \$486.68	
EE with Spouse	0 x \$1,155.39		0 x \$1,135.36		0 x \$1,070.10		0 x \$973.36	
EE with Child(ren)	0 x \$982.08		0 x \$965.06		0 x \$909.59		0 x \$827.35	
Family	1 x \$1,646.42		1 x \$1,617.88		1 x \$1,524.90		1 x \$1,387.04	
Monthly Cost	2 \$2,224.11		2 \$2,185.56		2 \$2,059.95		2 \$1,873.72	
Annual Cost	\$26,689.32		\$26,226.72		\$24,719.40		\$22,484.64	

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	Oxford Liberty L Bronze EPO HSA \$5000 Non-Gated CNT (HSA) (UCR=N/A)						
	In-Ne	twork	Out-Network				
Prescription Drugs							
Drug Card	20/40/80 Intl	Ded					
Cost Share Information							
Individual/Family Deductible	\$5,000/\$10,0	000					
Individual/Family OOP Limit	\$6,350/\$12,7	700 (incl ded)					
Co-Insurance	20%						
Office Visits							
Primary Care	20% after de	ed					
Specialist	20% after de	ed					
Inpatient Services							
Inpatient Hospital	20% after de	ed					
Mental Health Inpatient	20% after de	ed					
Outpatient Services							
Outpatient Facility	20% after de	ed					
Lab/X-Ray	20% after de	ed					
Mental Health Outpatient	20% after de	ed					
Emergency Care							
Emergency Room	20% after de	ed					
Urgent Care	20% after de	ed					
Single	1 x	\$463.70					
EE with Spouse	0 x	\$927.40					
EE with Child(ren)	0 x	\$788.29					
Family	1 x	\$1,321.54					
Monthly Cost	2	\$1,785.24					
Annual Cost		\$21,422.88					

Health Plan Comparison Report (4L)

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