New York County, NY 10001

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

## Health Plan Comparison Report (4L)

Effective Date: 10/01/2016 Prepared On: 07/05/2016

Report ID: 31112252

SIC: 0000

CN In-Network	T Out-Network \$3,000/\$6,000 \$7,500/\$15,000 (incl ded)	In-Network 5/30/60/100 ded T2-3 N/A \$3,000/\$6,000	Non-Gated OHI CNT Out-Network \$2,000/\$4,000 \$5,000/\$10,000 (incl ded)	<b>In-Network</b> 5/30/60/100 ded T2-3	Out-Network	F Platinum EPO 5/15 N In-Network	on-Gated OHI CNT Out-Network
0/60/100 ded T2-3	\$3,000/\$6,000 \$7,500/\$15,000 (incl ded)	5/30/60/100 ded T2-3 N/A \$3,000/\$6,000	\$2,000/\$4,000	5/30/60/100 ded T2-3	Out-Network		Out-Network
A 000/\$6,000 A	\$3,000/\$6,000 \$7,500/\$15,000 (incl ded)	N/A \$3,000/\$6,000				5/30/60/100 ded T2-3	
A 000/\$6,000 A	\$3,000/\$6,000 \$7,500/\$15,000 (incl ded)	N/A \$3,000/\$6,000				5/30/60/100 ded T2-3	
000/\$6,000 A D	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000					
000/\$6,000 A D	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000					
A			\$5,000/\$10,000 (incl.ded)	N/A	\$3,000/\$6,000	N/A	
0	20%			\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	
		N/A	30%	N/A	30%	N/A	
	20% after ded	\$5	30% after ded	\$20	30% after ded	\$5	
0	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
ľ			'		'	· · · · · · · · · · · · · · · · · · ·	
00/admit	20% after ded	\$150/admit	30% after ded	\$500/admit	30% after ded	\$150/admit	
00/admit	20% after ded	\$150/admit	30% after ded	\$500/admit	30% after ded	\$150/admit	
sp-\$300 FS-\$100	20% after ded	Hosp-\$100 FS-\$50	30% after ded	Hosp-\$300 FS-\$100	30% after ded	Hosp-\$100 FS-\$50	
b-No charge; X-ray-\$90	20% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	
0	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
			1		1		
00 (waived if admitted)	Paid as in-network	\$100 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$100 (waived if admitted)	
D	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
1 x \$1,180.41		1 x \$1,055.32		1 x \$1,026.45		1 x \$967.33	
0 x \$2,360.82		0 x \$2,110.64		0 x \$2,052.89		0 x \$1,934.66	
0 x \$2,006.69		0 x \$1,794.04		0 x \$1,744.96		0 x \$1,644.46	
1 x \$3,364.17		1 x \$3,007.67		1 x \$2,925.38		1 x \$2,756.88	
2 \$4,544.58		2 \$4,062.99		2 \$3,951.83		2 \$3,724.21	
\$54,534.96		\$48,755.88		\$47,421.96		\$44,690.52	
b-N D D0 ( D D C C	lo charge; X-ray-\$90 (waived if admitted) 1 x \$1,180.41 0 x \$2,360.82 0 x \$2,006.69 1 x \$3,364.17 2 \$4,544.58	Io charge; X-ray-\$90       20% after ded         20% after ded       20% after ded         (waived if admitted)       Paid as in-network         20% after ded       20% after ded         1 x       \$1,180.41         0 x       \$2,360.82         0 x       \$2,006.69         1 x       \$3,364.17         2       \$4,544.58	Io charge; X-ray-\$90       20% after ded       Lab-No charge; X-ray-\$90         20% after ded       \$15         (waived if admitted)       Paid as in-network       \$100 (waived if admitted)         20% after ded       \$50         1 x       \$1,180.41       1 x       \$1,055.32         0 x       \$2,360.82       0 x       \$2,110.64         0 x       \$2,006.69       0 x       \$1,794.04         1 x       \$3,364.17       1 x       \$3,007.67         2       \$4,544.58       2       \$4,062.99	Io charge; X-ray-\$90       20% after ded       Lab-No charge; X-ray-\$90       30% after ded         20% after ded       \$15       30% after ded         (waived if admitted)       Paid as in-network       \$100 (waived if admitted)       Paid as in-network         20% after ded       \$50       30% after ded         1 x       \$1,180.41       1 x       \$1,055.32         0 x       \$2,360.82       0 x       \$2,110.64         0 x       \$2,006.69       0 x       \$1,794.04         1 x       \$3,364.17       1 x       \$3,007.67         2       \$4,544.58       2       \$4,062.99	Io charge; X-ray-\$90       20% after ded       Lab-No charge; X-ray-\$90       30% after ded       Lab-No charge; X-ray-\$90         20% after ded       \$15       30% after ded       \$40         (waived if admitted)       Paid as in-network       \$100 (waived if admitted)       Paid as in-network       \$200 (waived if admitted)         20% after ded       \$50       30% after ded       \$50         1 x       \$1,180.41       1 x       \$1,055.32         20% after ded       \$50       30% after ded       \$50         1 x       \$1,180.41       1 x       \$1,055.32         0 x       \$2,360.82       0 x       \$2,110.64       0 x       \$2,052.89         0 x       \$2,066.69       0 x       \$1,794.04       0 x       \$1,744.96         1 x       \$3,364.17       1 x       \$3,007.67       1 x       \$2,925.38         2       \$4,544.58       2       \$4,062.99       2       \$3,951.83	No charge; X-ray-\$90       20% after ded       Lab-No charge; X-ray-\$90       30% after ded       Lab-No charge; X-ray-\$90       30% after ded       Paid as in-network       Paid as in-network       Paid as in-network       30% after ded       30% after ded <td< td=""><td><math display="block"> \begin{array}{c c c c c c c c c c c c c c c c c c c </math></td></td<>	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $

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	Oxford Freedom		Oxford Freedom		Oxford Freedom		Oxford Freedom	
	F Platinum EPO 20/40	Non-Gated OHI CNT	F Gold PPO 25/40 N	Non-Gated OHI CNT	F Gold EPO 15/30 No	on-Gated OHI CNT	F Gold EPO 25/40 No	n-Gated OHI CNT
Prescription Drugs	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Drug Card	5/30/60/100 ded T2-3		10/35/75/100 ded T2-3		10/35/75/100 ded T2-3		10/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible Individual/Family OOP Limit	N/A \$3,000/\$6,000		\$1,000/\$2,000 \$4,000/\$8,000 (incl ded)	\$3,000/\$6,000 \$7,500/\$15,000 (incl ded)	\$800/\$1,600 \$4,000/\$8,000 (incl ded)		\$1,250/\$2,500 \$5,000/\$10,000 (incl ded)	
Co-Insurance Office Visits	N/A		20%	40%	10%		20%	
Primary Care Specialist	\$20 \$40		\$25 ded waived \$40 ded waived	40% after ded 40% after ded	\$15 ded waived \$30 ded waived		\$25 ded waived \$40 ded waived	
Inpatient Services	¢E00/admit		200% offer ded	40% offer ded	10% offer ded		20% offer ded	
Inpatient Hospital	\$500/admit		20% after ded	40% after ded	10% after ded		20% after ded	
Mental Health Inpatient	\$500/admit		20% after ded	40% after ded	10% after ded		20% after ded	
Outpatient Services				1				
Outpatient Facility	Hosp-\$300 FS-\$100		Hosp-\$250 after ded FS- \$150 after ded	40% after ded	Hosp-\$250 after ded FS- \$150 after ded		Hosp-\$250 after ded FS- \$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-20% after ded	40% after ded	Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived	
Mental Health Outpatient	\$40		\$40 ded waived	40% after ded	\$30 ded waived		\$40 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$300 (waived if admitted) ded waived	Paid as in-network	\$300 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived	
Urgent Care	\$50		\$75 ded waived	40% after ded	\$75 ded waived		\$75 ded waived	
Single	1 x \$944.19		1 x \$889.68		1 x \$829.90		1 x \$796.30	
EE with Spouse	0 x \$1,888.39		0 x \$1,779.36		0 x \$1,659.80		0 x \$1,592.60	
EE with Child(ren)	0 x \$1,605.13		0 x \$1,512.46		0 x \$1,410.84		0 x \$1,353.71	
Family	1 x \$2,690.96		1 x \$2,535.59		1 x \$2,365.22		1 x \$2,269.46	
Monthly Cost	2 \$3,635.15		2 \$3,425.27		2 \$3,195.12		2 \$3,065.76	
Annual Cost	\$43,621.80		\$41,103.24		\$38,341.44		\$36,789.12	
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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

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	Oxford Fr	reedom	Oxford	Freedom	Oxford F	reedom	Oxford	Freedom
	F Gold EPO \$50 Nor	n-Gated OHI CNT	F Gold PPO HSA \$1 Cl	500 Non-Gated OHI NT	F Gold EPO HSA \$15 CN		F Silver PPO 40/70	Non-Gated OHI CNT
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75/100 ded T2-3		10/35/75 IntDed		10/35/75 IntDed		15/45/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible Individual/Family OOP Limit	\$750/\$1,500 \$4,000/\$8,000 (incl ded)		\$1,500/\$3,000 \$2,000/\$4,000 (incl ded)	\$3,000/\$6,000 \$7,500/\$15,000 (incl ded)	\$1,500/\$3,000 \$2,000/\$4,000 (incl ded)		\$2,000/\$4,000 \$6,600/\$13,200 (incl ded)	\$4,000/\$8,000 \$10,000/\$20,000 (incl ded)
Co-Insurance	10%		10%	40%	10%		30%	50%
Office Visits								·
Primary Care Specialist Inpatient Services	\$50 ded waived \$50 ded waived		10% after ded 10% after ded	40% after ded 40% after ded	10% after ded 10% after ded		\$40 ded waived \$70 ded waived	50% after ded 50% after ded
Inpatient Hospital	\$250/day after ded; \$2,500 max/contr yr		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
Mental Health Inpatient	\$250/day after ded; \$2,500 max/contr yr		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
Outpatient Services								
Outpatient Facility	Hosp-\$250 after ded FS- \$150 after ded		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
Lab/X-Ray	Lab-No charge; X-ray-\$90 ded waived		10% after ded	40% after ded	10% after ded		Lab-No charge; X-ray-30% after ded	50% after ded
Mental Health Outpatient	\$50 ded waived		10% after ded	40% after ded	10% after ded		\$70 ded waived	50% after ded
Emergency Care								
Emergency Room	\$300 (waived if admitted) ded waived		10% after ded	Paid as in-network	10% after ded		\$500 (waived if admitted) ded waived	Paid as in-network
Urgent Care	\$75 ded waived		10% after ded	40% after ded	10% after ded		\$75 ded waived	50% after ded
Single	1 x \$814.59		1 x \$856.89		1 x \$783.34		1 x \$767.71	
EE with Spouse	0 x \$1,629.17		0 x \$1,713.77		0 x \$1,566.67		0 x \$1,535.42	
EE with Child(ren)	0 x \$1,384.80		0 x \$1,456.71		0 x \$1,331.67		0 x \$1,305.10	
Family	1 x \$2,321.57		1 x \$2,442.12		1 x \$2,232.51		1 x \$2,187.97	
Monthly Cost	2 \$3,136.16		2 \$3,299.01		2 \$3,015.85		2 \$2,955.68	
Annual Cost	\$37,633.92		\$39,588.12		\$36,190.20		\$35,468.16	

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	Oxford F	reedom	Oxford I	Freedom	Oxford F	reedom	Oxford F	reedom
	F Silver EPO 40/70 Non-Gated OHI CNT		F Silver PPO HSA \$2000 30/60 Non-Gated OHI CNT		F Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT		F Silver EPO HSA \$2000 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				1				
Drug Card	15/45/75/100 ded T2-3		15/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000		\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000		\$2,000/\$4,000	
ndividual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$4,500/\$9,000 (incl ded)		\$6,400/\$12,800 (incl ded)	
Co-Insurance	30%		10%	50%	20%		30%	
Office Visits								
Primary Care	\$40 ded waived		\$30 after ded	50% after ded	\$25 after ded		30% after ded	
Specialist	\$70 ded waived		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Inpatient Services	1 			1				
Inpatient Hospital	30% after ded		10% after ded	50% after ded	20% after ded		30% after ded	
Mental Health Inpatient	30% after ded		10% after ded	50% after ded	20% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		Hosp-\$250 after ded FS- \$150 after ded	50% after ded	Hosp-\$250 after ded FS- \$150 after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded		10% after ded	50% after ded	Lab-20% after ded; X-ray- \$90 after ded		30% after ded	
Mental Health Outpatient	\$70 ded waived		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Emergency Care				1				
Emergency Room	\$500 (waived if admitted) ded waived		10% after ded	Paid as in-network	\$250 (waived if admitted) after ded		30% after ded	
Urgent Care	\$75 ded waived		\$75 after ded	50% after ded	\$75 after ded		30% after ded	
Single	1 x \$694.19		1 x \$734.05		1 x \$673.20		1 x \$622.17	
EE with Spouse	0 x \$1,388.37		0 x \$1,468.11		0 x \$1,346.39		0 x \$1,244.33	
EE with Child(ren)	0 x \$1,180.12		0 x \$1,247.89		0 x \$1,144.43		0 x \$1,057.68	
Family	1 x \$1,978.43		1 x \$2,092.05		1 x \$1,918.61		1 x \$1,773.18	
Monthly Cost	2 \$2,672.62		2 \$2,826.10		2 \$2,591.81		2 \$2,395.35	
Annual Cost	\$32,072.02		\$33,913.20		\$31,101.72		\$28,744.20	
	φ32,071.44		φ33,313.20		φ <b>31,101.7</b> 2		φ20,/44.20	

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	F Bronze	EPO HSA \$5 CN	reedom i000 Non-Gated OHI			
	In-Ne	twork	Out-Network			
Prescription Drugs						
Drug Card	10/40/80 Intl	Ded				
Cost Share Information						
ndividual/Family Deductible	\$5,000/\$10,0	000				
ndividual/Family OOP Limit	\$6,350/\$12,	700 (incl ded)				
Co-Insurance	20%					
Office Visits		,				
Primary Care	20% after de	ed				
Specialist	20% after de	ed				
Inpatient Services						
npatient 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	\$532.69				
EE with Spouse	0 x	\$1,065.37				
EE with Child(ren)	0 x	\$905.57				
Family	1 x	\$1,518.16				
Monthly Cost	2	\$2,050.85				
Annual Cost		\$24,610.20				

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