Prepared For: Oxford 2017 2nd qtr Metro Mid

Delaware County, NY 12167

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2017

Prepared On: 01/23/2017

SIC: 0000

Report ID: 32450530

M Platinum EPO 15/30 Gated OHI CNT	Oxford Metro	
Prescription Drugs	ted OHI CNT	
Drug Card	Out-Network	
Cost Share Information		
Individual/Family Deductible Individual/Family Deductible Individual/Family DOP Limit S3,000/\$6,000 S1,250/\$2,500 S5,000/\$10,000 (Incl ded) S4,000/\$8,000 (Incl ded) S25 ded waived S25 ded waived S40 ded waived S50 (waived if admitted) S40 (waived if admitted) S40 (waived if admitted) S65 ded waived S65		
Individual/Family OOP Limit \$3,000/\$6,000 \$5,000/\$10,000 (incl ded) \$4,000/\$8,000 (incl ded) \$4,000/\$8,000 (incl ded) \$4,000/\$8,000 (incl ded) \$4,000/\$8,000 (incl ded) \$2,00% \$20%		
Individual/Family OOP Limit \$3,000/\$6,000 \$5,000/\$10,000 (incl ded) \$4,000/\$8,000 (incl ded) \$4,000/\$8,000 (incl ded) \$4,000/\$8,000 (incl ded) \$4,000/\$8,000 (incl ded) \$2,00% \$20%		
Office Visits Primary Care \$15 \$25 ded waived \$15 ded waived \$25 ded waived \$25 ded waived \$25 ded waived \$30 leadingt \$40 ded waived \$65 ded waived \$65 ded waived \$65 ded waived \$65 ded waived		
Primary Care \$15 \$25 ded waived \$15 ded waived \$25 ded waived \$30 ded waived \$30 ded waived \$40 ded waived		
Specialist \$30		
Inpatient Services Compatient Hospital \$200/day; \$800 max/admit 20% after ded 20% after ded; FS-\$200 after ded; FS-\$200 after ded; FS-\$200 after ded 20% after ded 20% after ded 20% after ded 20% after ded; FS-\$200 after ded; FS-\$200 after ded 20% after ded 20% after ded 20% after ded 20% after ded; FS-\$200 after ded; FS-\$200 after ded 20% afte		
Mental Health Inpatient \$200/day; \$800 max/admit \$20% after ded \$20% after ded; \$20% after ded; \$20% after ded \$20% after ded \$20% after ded \$20% after ded; \$20% after ded \$20% after ded; \$20% after ded \$20% aft		
Outpatient Services Outpatient Facility Hosp-\$500; FS-\$100 Hosp-\$500 after ded; FS-\$200 after ded; FS-\$200 after ded Hosp-\$500 after ded; FS-\$200 after ded; FS-\$200 after ded Hosp-\$500 after ded Hosp-\$500 after ded; FS-\$200 after ded Hosp-\$500 after ded; FS-\$200 after ded Hosp-\$500 after ded Lab-No charge; X-ray-\$50 after ded Lab-No charge; X-ray-\$50 after ded Lab-No charge; X-ray-\$50 after ded \$30 ded waived \$40 ded waived \$500 (waived if admitted) ded waived \$500 (waived if admitted) ded waived \$500 (waived if admitted) ded waived \$65		
Outpatient Facility Hosp-\$500; FS-\$100 Hosp-\$500 after ded; FS-\$200 after ded; FS-\$200 after ded Hosp-\$500 after ded; FS-\$200 after ded; FS-\$200 after ded Lab-No charge; X-ray-\$50 after ded; FS-\$200 after ded Add-No charge; X-ray-\$50 after ded Add-No charge; X-ray-\$50 after ded; FS-\$200 after ded Add-No charge; X-ray-\$50 after ded; FS-\$200 after ded Add-No charge; X-ray-\$50 after ded Add-No charge; X-ray-\$50 after ded Add-No charge; X-ray-\$50 after ded Add-		
Sub-No charge; X-ray-\$20		
Angle Angl		
Emergency Care \$200 (waived if admitted) \$400 (waived if admitted) \$400 (waived if admitted) \$500 (waived if admitted) \$65 ded waived		
Solution		
Urgent Care \$50 \$65 ded waived \$65 ded waived \$65 ded waived \$65 ded waived Single 1 x \$884.23 1 x \$783.42 1 x \$768.60 1 x \$746.92 EE with Spouse 0 x \$1,768.46 0 x \$1,566.84 0 x \$1,537.20 0 x \$1,493.84 EE with Child(ren) 0 x \$1,503.19 0 x \$1,331.81 0 x \$1,306.62 0 x \$1,269.76		
Single 1 x \$884.23 1 x \$783.42 1 x \$768.60 1 x \$746.92 EE with Spouse 0 x \$1,768.46 0 x \$1,566.84 0 x \$1,537.20 0 x \$1,493.84 EE with Child(ren) 0 x \$1,503.19 0 x \$1,331.81 0 x \$1,306.62 0 x \$1,269.76		
EE with Spouse 0 x \$1,768.46 0 x \$1,566.84 0 x \$1,537.20 0 x \$1,493.84 EE with Child(ren) 0 x \$1,503.19 0 x \$1,331.81 0 x \$1,306.62 0 x \$1,269.76		
EE with Child(ren) 0 x \$1,503.19 0 x \$1,331.81 0 x \$1,306.62 0 x \$1,269.76		
Family 1 x \$2,520.06 1 x \$2,232.75 1 x \$2,190.51 1 x \$2,128.72		
Monthly Cost 2 \$3,404.29 2 \$3,016.17 2 \$2,959.11 2 \$2,875.64		
Annual Cost \$40,851.48 \$36,194.04 \$35,509.32 \$34,507.68		

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	Oxford Metro M Silver EPO 30/60 Non-Gated OHI CNT		Oxford Metro M Silver EPO 30/60 Gated OHI CNT		Oxford Metro M Silver EPO Prim Adv \$2000 Gated OHI CNT		Oxford Metro M Silver EPO HSA \$2000 35/50 Gated OH CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/65/90/100 ded T2-3		10/65/50%to\$800		10/65/50%to\$800 IntDed T2-3		10/65/50%to\$800 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,500/\$5,000		\$2,500/\$5,000		\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$6,850/\$13,700 (incl ded)		\$6,850/\$13,700 (incl ded)		\$6,500/\$13,000 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance Office Visits	30%		30%		30%		30%	
Primary Care	\$30 ded waived		\$30 ded waived		\$30 ded waived		\$35 after ded	
Specialist	\$60 ded waived		\$60 ded waived		\$60 after ded		\$50 after ded	
Inpatient Services	voo ded warved		voo dod warrod		goo unor uou		goo and add	
Inpatient Hospital	30% after ded		30% after ded		\$400/day after ded; \$1,600 max/admit		30% after ded	
Mental Health Inpatient	30% after ded		30% after ded		\$400/day after ded; \$1,600 max/admit		30% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		30% after ded		Hosp-\$750 after ded; FS- \$300 after ded		Hosp-\$750 after ded; FS- \$300 after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded		Lab-No charge; X-ray-30% after ded		Lab-\$60 after ded; X-ray- \$50 after ded		Lab-30% after ded; X-ray- \$50 after ded	
Mental Health Outpatient	\$60 ded waived		\$60 ded waived		\$60 ded waived		\$50 after ded	
Emergency Care								
Emergency Room	30% after ded		30% after ded		\$500 (waived if admitted) after ded		\$500 (waived if admitted) after ded	
Urgent Care	\$80 ded waived		\$80 ded waived		\$80 after ded		\$80 after ded	
Single	1 x \$680.61		1 x \$646.92		1 x \$640.10		1 x \$612.42	
EE with Spouse	0 x \$1,361.22		0 x \$1,293.84		0 x \$1,280.20		0 x \$1,224.84	
EE with Child(ren)	0 x \$1,157.04		0 x \$1,099.76		0 x \$1,088.17		0 x \$1,041.11	
Family	1 x \$1,939.74		1 x \$1,843.72		1 x \$1,824.29		1 x \$1,745.40	
Monthly Coat	2 \$2,620.35		2 \$2,490.64		2 \$2,464.39		2 \$2,357.82	
Monthly Cost Annual Cost	\$2,620.35		2 \$2,490.64 \$29,887.68		2 \$2,464.39 \$29,572.68		2 \$2,357.82 \$28,293.84	
Aimual Cost	φυ1,444.20		Ψ23,007.00		φ23,372.00		Ψ20,233.04	

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	Oxford Metro		Oxford Metro		Oxford Metro		Oxford Metro	
					M Bronze EPO HSA \$	3200 Gated OHI CNT	M Bronze EPO HSA \$	5500 Gated OHI CNT
	CN	1	CI	N I				
		0.411.4				0.414		
Prescription Drugs	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Drug Card	10/65/50%to\$800 IntDed		0%/0%/0% IntDed T2-3		50%/50%/50% IntDed T2-3		10/65/50%to\$800 IntDed	
Cost Share Information								
Individual/Family Deductible Individual/Family OOP Limit	\$5,750/\$11,500 \$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 \$6,550/\$13,100 (incl ded)		\$3,200/\$6,400 \$6,550/\$13,100 (incl ded)		\$5,500/\$11,000 \$6,550/\$13,100 (incl ded)	
Co-Insurance	50%		0%		50%		30%	
Office Visits								
Primary Care Specialist	\$40 after ded \$75 after ded		0% after ded 0% after ded		50% after ded 50% after ded		30% after ded 30% after ded	
Inpatient Services				ı				
Inpatient Hospital	50% after ded		0% after ded		\$250/day after ded; \$1,250 max/admit		30% after ded	
Mental Health Inpatient	50% after ded		0% after ded		\$250/day after ded; \$1,250 max/admit		30% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$1,000 after ded; FS-\$500 after ded		0% after ded		50% after ded		30% after ded	
Lab/X-Ray	50% after ded		0% after ded		50% after ded		30% after ded	
Mental Health Outpatient	\$75 after ded		0% after ded		50% after ded		30% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) after ded		0% after ded		50% after ded		30% after ded	
Urgent Care	\$80 after ded		0% after ded		50% after ded		30% after ded	
Single	1 x \$526.03		1 x \$519.73		1 x \$524.34		1 x \$525.59	
EE with Spouse	0 x \$1,052.06		0 x \$1,039.46		0 x \$1,048.68		0 x \$1,051.18	
EE with Child(ren)	0 x \$894.25		0 x \$883.54		0 x \$891.38		0 x \$893.50	
Family	1 x \$1,499.19		1 x \$1,481.23		1 x \$1,494.37		1 x \$1,497.93	
Monthly Cost	2 \$2,025.22		2 \$2,000.96		2 \$2,018.71		2 \$2,023.52	
Annual Cost	\$24,302.64		\$24,011.52		\$24,224.52		\$24,282.24	