

	Oxford Health Plans Freedom Platinum PPO 20/40 NG CNT (PPO)		Oxford Health Plans Freedom Platinum PPO Flex 20/40 NG CNT (PPO)		Oxford Health Plans Freedom Platinum PPO Flex 15/45 NG CNT (PPO)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	5/25/50		5/25/50		5/25/50	
Cost Share Information						
Individual/Family Deductible	N/A	\$2,000/\$4,000	N/A	\$2,000/\$4,000	N/A	\$2,500/\$5,000
Individual/Family OOP Limit	\$2,000/\$4,000	\$5,000/\$10,000 (incl ded)	\$2,500/\$5,000	\$5,000/\$10,000 (incl ded)	\$2,500/\$5,000	\$6,250/\$12,500 (incl ded)
Co-Insurance	0%	30%	0%	30%	0%	30%
Office Visits						
Primary Care	\$20	30% after ded	\$20	30% after ded	\$15	30% after ded
Specialist	\$40	30% after ded	\$40	30% after ded	\$45	30% after ded
Maternity Prenatal/Postnatal Care	No charge; pre-auth req	30% after ded; pre-auth req	No charge; pre-auth req	30% after ded; pre-auth req	No charge; pre-auth req	30% after ded; pre-auth req
Chiropractic Care	\$30; 30 visits/cont yr; pre-auth req	30% after ded; 30 visits/cont yr; pre-auth req	\$30; 30 visits/cont yr; pre-auth req	30% after ded; 30 visits/cont yr; pre-auth req	\$30; 30 visits/cont yr; pre-auth req	30% after ded; 30 visits/cont yr; pre-auth req
Inpatient Services						
Inpatient Hospital	No charge; pre-auth req	30% after ded; pre-auth req	\$100/day; \$500 max/admit; \$1,000 max/cont yr; pre-auth req	30% after ded; pre-auth req	\$300/day; \$1,500 max/admit; \$3,000 max/cont yr; pre-auth req	30% after ded; pre-auth req
Mental Health Inpatient	No charge; pre-auth req	30% after ded; pre-auth req	\$100/day; \$500 max/admit; \$1,000 max/cont yr; pre-auth req	30% after ded; pre-auth req	\$300/day; \$1,500 max/admit; \$3,000 max/cont yr; pre-auth req	30% after ded; pre-auth req
Substance Abuse Inpatient	No charge; pre-auth req	30% after ded; pre-auth req	\$100/day; \$500 max/admit; \$1,000 max/cont yr; pre-auth req	30% after ded; pre-auth req	\$300/day; \$1,500 max/admit; \$3,000 max/cont yr; pre-auth req	30% after ded; pre-auth req
Outpatient Services						
Outpatient Facility	Hosp-\$150; FS-No charge; pre-auth req	30% after ded; pre-auth req	Hosp-\$150; FS-\$40; pre-auth req	30% after ded; pre-auth req	Hosp-\$150; FS-No charge; pre-auth req	30% after ded; pre-auth req
Lab/X-Ray	No charge; pre-auth req	30% after ded; pre-auth req	No charge; pre-auth req	30% after ded; pre-auth req	No charge; pre-auth req	30% after ded; pre-auth req
Advanced Radiology	Hosp-\$100; FS-\$50; pre-auth req	30% after ded; pre-auth req	Hosp-\$100; FS-\$50; pre-auth req	30% after ded; pre-auth req	Hosp-\$100; FS-\$50; pre-auth req	30% after ded; pre-auth req
Mental Health Outpatient	\$40	30% after ded	\$40	30% after ded	\$45	30% after ded
Substance Abuse Outpatient	\$40	30% after ded	\$40	30% after ded	\$45	30% after ded
Emergency Care						
Emergency Room	\$100 (waived if admitted)	Paid as in-network	\$100 (waived if admitted)	Paid as in-network	\$100 (waived if admitted)	Paid as in-network
Ambulance	No charge	Paid as in-network	No charge	Paid as in-network	No charge	Paid as in-network
Urgent Care	\$40	30% after ded	\$40	30% after ded	\$45	30% after ded
Recovery/Special Needs						
Home Health Care	No charge; 60 visits/cont yr; pre-auth req	30% after ded; 60 visits/cont yr; pre-auth req	No charge; 60 visits/cont yr; pre-auth req	30% after ded; 60 visits/cont yr; pre-auth req	No charge; 60 visits/cont yr; pre-auth req	30% after ded; 60 visits/cont yr; pre-auth req
Skilled Nursing	No charge; pre-auth req	30% after ded; 120 days/cont yr; pre-auth req	\$100/day; \$500 max/admit; \$1,000 max/cont yr; pre-auth req	30% after ded; 120 days/cont yr; pre-auth req	\$300/day; \$1,500 max/admit; \$3,000 max/cont yr; pre-auth req	30% after ded; 120 days/cont yr; pre-auth req
Durable Medical Equipment	No charge; pre-auth req	30% after ded; pre-auth req	No charge; pre-auth req	30% after ded; pre-auth req	No charge; pre-auth req	30% after ded; pre-auth req
Single EE with Spouse EE with Child(ren) Family	Please refer to Employee Rate Breakdown Report for member level rates		Please refer to Employee Rate Breakdown Report for member level rates		Please refer to Employee Rate Breakdown Report for member level rates	
Monthly Cost	5	\$5,270.29	5	\$5,209.98	5	\$5,201.64
Annual Cost		\$63,243.48		\$62,519.76		\$62,419.68

Prepared For: Oxford 2017 4th qtr region 1
 Bergen County, NJ 07010
 Prepared By: Clifford Grekin Inc. -
 (631)963-6020

Health Plan Comparison Report (3P)
 Effective Date: 10/01/2017
 Report ID: 33256287
 Prepared On: 08/01/2017
 SIC: 0000

	Oxford Health Plans Freedom Platinum EPO 15/40 NG CNT (EPO)		Oxford Health Plans Freedom Gold PPO Flex 30/50 NG CNT (PPOc)		Oxford Health Plans Freedom Gold PPO Flex 25/40 \$1000 NG CNT (PPOc)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	5/25/50		10/25/50		15/35/75	
Cost Share Information						
Individual/Family Deductible	N/A		\$1,500/\$3,000	\$4,000/\$8,000	\$1,000/\$2,000	\$3,000/\$6,000
Individual/Family OOP Limit	\$2,500/\$5,000		\$3,250/\$6,500 (incl ded)	\$9,000/\$18,000 (incl ded)	\$3,500/\$7,000 (incl ded)	\$7,500/\$15,000 (incl ded)
Co-Insurance	0%		20%	40%	20%	40%
Office Visits						
Primary Care	\$15		\$30 ded waived	40% after ded	\$25 ded waived	40% after ded
Specialist	\$40		\$50 ded waived	40% after ded	\$40 ded waived	40% after ded
Maternity Prenatal/Postnatal Care	No charge		No charge; pre-auth req	40% after ded; pre-auth req	No charge; pre-auth req	40% after ded; pre-auth req
Chiropractic Care	\$30; 30 visits/cont yr		\$30 ded waived; 30 visits/cont yr; pre-auth req	40% after ded; 30 visits/cont yr; pre-auth req	\$30 ded waived; 30 visits/cont yr; pre-auth req	40% after ded; 30 visits/cont yr; pre-auth req
Inpatient Services						
Inpatient Hospital	\$250/day; \$1,250 max/admit; \$2,500 max/cont yr		20% after ded; pre-auth req	40% after ded; pre-auth req	20% after ded; pre-auth req	40% after ded; pre-auth req
Mental Health Inpatient	\$250/day; \$1,250 max/admit; \$2,500 max/cont yr		20% after ded; pre-auth req	40% after ded; pre-auth req	20% after ded; pre-auth req	40% after ded; pre-auth req
Substance Abuse Inpatient	\$250/day; \$1,250 max/admit; \$2,500 max/cont yr		20% after ded; pre-auth req	40% after ded; pre-auth req	20% after ded; pre-auth req	40% after ded; pre-auth req
Outpatient Services						
Outpatient Facility	Hosp-\$150; FS-\$40		Hosp-50% after ded; FS-20% after ded; pre-auth req	40% after ded; pre-auth req	Hosp-50% after ded; FS-20% after ded; pre-auth req	40% after ded; pre-auth req
Lab/X-Ray	No charge		Lab-No charge; X-ray-20% after ded; pre-auth req	40% after ded; pre-auth req	Lab-No charge; X-ray-20% after ded; pre-auth req	40% after ded; pre-auth req
Advanced Radiology	Hosp-\$100; FS-\$50		Hosp-50% after ded; FS-\$100 after ded; pre-auth req	40% after ded; pre-auth req	Hosp-50% after ded; FS-\$100 after ded; pre-auth req	40% after ded; pre-auth req
Mental Health Outpatient	\$40		\$50 ded waived	40% after ded	\$40 ded waived	40% after ded
Substance Abuse Outpatient	\$40		\$50 ded waived	40% after ded	\$40 ded waived	40% after ded
Emergency Care						
Emergency Room	\$100 (waived if admitted)		\$100 (waived if admitted) + 20% ded waived	Paid as in-network	\$100 (waived if admitted) + 20% ded waived	Paid as in-network
Ambulance	No charge		20% after ded	Paid as in-network	20% after ded	Paid as in-network
Urgent Care	\$40		\$50 ded waived	40% after ded	\$50 ded waived	40% after ded
Recovery/Special Needs						
Home Health Care	\$40; 60 visits/cont yr		No charge; 60 visits/cont yr; pre-auth req	40% after ded; 60 visits/cont yr; pre-auth req	No charge; 60 visits/cont yr; pre-auth req	40% after ded; 60 visits/cont yr; pre-auth req
Skilled Nursing	\$250/day; \$1,250 max/admit; \$2,500 max/cont yr		20% after ded; pre-auth req	40% after ded; 120 days/cont yr; pre-auth req	20% after ded; pre-auth req	40% after ded; 120 days/cont yr; pre-auth req
Durable Medical Equipment	No charge		No charge; pre-auth req	40% after ded; pre-auth req	No charge; pre-auth req	40% after ded; pre-auth req
Single EE with Spouse EE with Child(ren) Family	Please refer to Employee Rate Breakdown Report for member level rates		Please refer to Employee Rate Breakdown Report for member level rates		Please refer to Employee Rate Breakdown Report for member level rates	
Monthly Cost	5	\$5,090.36	5	\$4,345.22	5	\$4,152.33
Annual Cost		\$61,084.32		\$52,142.64		\$49,827.96

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

Prepared For: Oxford 2017 4th qtr region 1
 Bergen County, NJ 07010
 Prepared By: Clifford Grekin Inc. -
 (631)963-6020

Health Plan Comparison Report (3P)
 Effective Date: 10/01/2017
 Report ID: 33256287
 Prepared On: 08/01/2017
 SIC: 0000

	Oxford Health Plans Freedom Gold EPO \$50 NG CNT (EPOc)		Oxford Health Plans Freedom Gold EPO \$50 G CNT (EPOc)		Oxford Health Plans Freedom Silver PPO Flex 50/75 NG CNT (PPOc)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	25/50/75		25/50/75		25/50/75	
Cost Share Information						
Individual/Family Deductible	\$600/\$1,200		\$600/\$1,200		\$2,500/\$5,000	\$5,000/\$10,000
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$6,250/\$12,500 (incl ded)	\$12,500/\$25,000 (incl ded)
Co-Insurance	0%		0%		30%	50%
Office Visits						
Primary Care	\$50 ded waived		\$50 ded waived		\$50 ded waived	50% after ded
Specialist	\$50 ded waived		\$50 ded waived		\$75 ded waived	50% after ded
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge; pre-auth req	50% after ded; pre-auth req
Chiropractic Care	\$30 ded waived; 30 visits/cont yr		\$30 ded waived; 30 visits/cont yr		\$30 ded waived; 30 visits/cont yr; pre-auth req	50% after ded; 30 visits/cont yr; pre-auth req
Inpatient Services						
Inpatient Hospital	\$500/day ded waived; \$2,500 max/admit; \$5,000 max/cont yr		\$500/day ded waived; \$2,500 max/admit; \$5,000 max/cont yr		30% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Inpatient	\$500/day ded waived; \$2,500 max/admit; \$5,000 max/cont yr		\$500/day ded waived; \$2,500 max/admit; \$5,000 max/cont yr		30% after ded; pre-auth req	50% after ded; pre-auth req
Substance Abuse Inpatient	\$500/day ded waived; \$2,500 max/admit; \$5,000 max/cont yr		\$500/day ded waived; \$2,500 max/admit; \$5,000 max/cont yr		30% after ded; pre-auth req	50% after ded; pre-auth req
Outpatient Services						
Outpatient Facility	Hosp-50% ded waived; FS-\$50 ded waived		Hosp-50% ded waived; FS-\$50 ded waived		Hosp-50% after ded; FS-30% after ded; pre-auth req	50% after ded; pre-auth req
Lab/X-Ray	No charge		No charge		Lab-No charge; X-ray-30% after ded; pre-auth req	50% after ded; pre-auth req
Advanced Radiology	Hosp-50% after ded; FS-\$100 after ded		Hosp-50% after ded; FS-\$100 after ded		Hosp-50% after ded; FS-\$100 after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Outpatient	\$50 ded waived		\$50 ded waived		\$50 ded waived	50% after ded
Substance Abuse Outpatient	\$50 ded waived		\$50 ded waived		\$50 ded waived	50% after ded
Emergency Care						
Emergency Room	\$100 (waived if admitted) ded waived		\$100 (waived if admitted) ded waived		\$100 (waived if admitted) + 30% ded waived	Paid as in-network
Ambulance	0% after ded		0% after ded		30% after ded	Paid as in-network
Urgent Care	\$50 ded waived		\$50 ded waived		\$75 ded waived	50% after ded
Recovery/Special Needs						
Home Health Care	\$50 ded waived; 60 visits/cont yr		\$50 ded waived; 60 visits/cont yr		No charge; 60 visits/cont yr; pre-auth req	50% after ded; 60 visits/cont yr; pre-auth req
Skilled Nursing	\$500/day ded waived; \$2,500 max/admit; \$5,000 max/cont yr		\$500/day ded waived; \$2,500 max/admit; \$5,000 max/cont yr		30% after ded; pre-auth req	50% after ded; 120 days/cont yr; pre-auth req
Durable Medical Equipment	No charge		No charge		No charge; pre-auth req	50% after ded; pre-auth req
Single EE with Spouse EE with Child(ren) Family	Please refer to Employee Rate Breakdown Report for member level rates		Please refer to Employee Rate Breakdown Report for member level rates		Please refer to Employee Rate Breakdown Report for member level rates	
Monthly Cost	5	\$3,826.95	5	\$3,673.86	5	\$3,587.21
Annual Cost		\$45,923.40		\$44,086.32		\$43,046.52

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Prepared For: **Oxford 2017 4th qtr region 1**
 Bergen County, NJ 07010
 Prepared By: Clifford Grekin Inc. - (631)963-6020

Employee Rate Breakdown Report

Effective Date: 10/01/2017 Prepared On: 08/01/2017
 Report ID: 33256288 SIC: 0000

Plan		Oxford Health Plans Freedom Platinum PPO 20/40 NG CNT (PPO)	Oxford Health Plans Freedom Platinum PPO Flex 20/40 NG CNT (PPO)	Oxford Health Plans Freedom Platinum PPO Flex 15/45 NG CNT (PPO)			
Prescription		5/25/50	5/25/50	5/25/50			
Individual/Family Deductible							
	In Network	N/A	N/A	N/A			
	Out Network	\$2,000/\$4,000	\$2,000/\$4,000	\$2,500/\$5,000			
Co-Insurance							
	In Network	0%	0%	0%			
	Out Network	30%	30%	30%			
Individual/Family OOP Limit							
	In Network	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000			
	Out Network	\$5,000/\$10,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$6,250/\$12,500 (incl ded)			
Primary Care							
	In Network	\$20	\$20	\$15			
	Out Network	30% after ded	30% after ded	30% after ded			
Specialist							
	In Network	\$40	\$40	\$45			
	Out Network	30% after ded	30% after ded	30% after ded			
Emergency Room							
	In Network	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)			
	Out Network	Paid as in-network	Paid as in-network	Paid as in-network			
Inpatient Hospital							
	In Network	No charge; pre-auth req	\$100/day; \$500 max/admit; \$1,000	\$300/day; \$1,500 max/admit; \$3,000			
	Out Network	30% after ded; pre-auth req	30% after ded; pre-auth req	30% after ded; pre-auth req			
Name	Sex	Tier	DOB	Med			
Employee 01	M	EE	8/1/1992	S	\$783.15	\$774.19	\$772.95
Employee 02	M	EE	8/1/1982	S	\$847.06	\$837.36	\$836.02
Employee 03	M	EE	8/1/1972	S	\$946.67	\$935.84	\$934.34
Employee 04	M	EE	8/1/1962	S	\$1,264.94	\$1,250.47	\$1,248.47
Employee 05	M	EE	8/1/1952	P	\$1,428.47	\$1,412.12	\$1,409.86
					\$5,270.29	\$5,209.98	\$5,201.64

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

Prepared For: **Oxford 2017 4th qtr region 1**
 Bergen County, NJ 07010
 Prepared By: Clifford Grekin Inc. - (631)963-6020

Employee Rate Breakdown Report
 Effective Date: 10/01/2017 Prepared On: 08/01/2017
 Report ID: 33256288 SIC: 0000

Plan		Oxford Health Plans Freedom Platinum EPO 15/40 NG CNT (EPO)	Oxford Health Plans Freedom Gold PPO Flex 30/50 NG CNT (PPOc)	Oxford Health Plans Freedom Gold PPO Flex 25/40 \$1000 NG CNT (PPOc)			
Prescription		5/25/50	10/25/50	15/35/75			
Individual/Family Deductible							
	In Network	N/A	\$1,500/\$3,000	\$1,000/\$2,000			
	Out Network		\$4,000/\$8,000	\$3,000/\$6,000			
Co-Insurance							
	In Network	0%	20%	20%			
	Out Network		40%	40%			
Individual/Family OOP Limit							
	In Network	\$2,500/\$5,000	\$3,250/\$6,500 (incl ded)	\$3,500/\$7,000 (incl ded)			
	Out Network		\$9,000/\$18,000 (incl ded)	\$7,500/\$15,000 (incl ded)			
Primary Care							
	In Network	\$15	\$30 ded waived	\$25 ded waived			
	Out Network		40% after ded	40% after ded			
Specialist							
	In Network	\$40	\$50 ded waived	\$40 ded waived			
	Out Network		40% after ded	40% after ded			
Emergency Room							
	In Network	\$100 (waived if admitted)	\$100 (waived if admitted) + 20% ded	\$100 (waived if admitted) + 20% ded			
	Out Network		Paid as in-network	Paid as in-network			
Inpatient Hospital							
	In Network	\$250/day; \$1,250 max/admit; \$2,500	20% after ded; pre-auth req	20% after ded; pre-auth req			
	Out Network		40% after ded; pre-auth req	40% after ded; pre-auth req			
Name	Sex	Tier	DOB	Med			
Employee 01	M	EE	8/1/1992	S	\$756.41	\$645.69	\$617.03
Employee 02	M	EE	8/1/1982	S	\$818.14	\$698.38	\$667.37
Employee 03	M	EE	8/1/1972	S	\$914.35	\$780.51	\$745.86
Employee 04	M	EE	8/1/1962	S	\$1,221.76	\$1,042.91	\$996.62
Employee 05	M	EE	8/1/1952	P	\$1,379.70	\$1,177.73	\$1,125.45
					\$5,090.36	\$4,345.22	\$4,152.33

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

Prepared For: **Oxford 2017 4th qtr region 1**
 Bergen County, NJ 07010
 Prepared By: Clifford Grekin Inc. - (631)963-6020

Employee Rate Breakdown Report
 Effective Date: 10/01/2017 Prepared On: 08/01/2017
 Report ID: 33256288 SIC: 0000

Plan		Oxford Health Plans Freedom Gold EPO \$50 NG CNT (EPOc)	Oxford Health Plans Freedom Gold EPO \$50 G CNT (EPOc)	Oxford Health Plans Freedom Silver PPO Flex 50/75 NG CNT (PPOc)			
Prescription		25/50/75	25/50/75	25/50/75			
Individual/Family Deductible	In Network Out Network	\$600/\$1,200	\$600/\$1,200	\$2,500/\$5,000 \$5,000/\$10,000			
Co-Insurance	In Network Out Network	0%	0%	30% 50%			
Individual/Family OOP Limit	In Network Out Network	\$4,000/\$8,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$6,250/\$12,500 (incl ded) \$12,500/\$25,000 (incl ded)			
Primary Care	In Network Out Network	\$50 ded waived	\$50 ded waived	\$50 ded waived 50% after ded			
Specialist	In Network Out Network	\$50 ded waived	\$50 ded waived	\$75 ded waived 50% after ded			
Emergency Room	In Network Out Network	\$100 (waived if admitted) ded waived	\$100 (waived if admitted) ded waived	\$100 (waived if admitted) + 30% ded Paid as in-network			
Inpatient Hospital	In Network Out Network	\$500/day ded waived; \$2,500 max/admit;	\$500/day ded waived; \$2,500 max/admit;	30% after ded; pre-auth req 50% after ded; pre-auth req			
Name	Sex	Tier	DOB	Med			
Employee 01	M	EE	8/1/1992	S	\$568.68	\$545.93	\$533.05
Employee 02	M	EE	8/1/1982	S	\$615.08	\$590.47	\$576.55
Employee 03	M	EE	8/1/1972	S	\$687.41	\$659.91	\$644.35
Employee 04	M	EE	8/1/1962	S	\$918.52	\$881.78	\$860.98
Employee 05	M	EE	8/1/1952	P	\$1,037.26	\$995.77	\$972.28
					\$3,826.95	\$3,673.86	\$3,587.21

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