

	Oxford Health Plans GSP Platinum EPO 10/40 NG CNT		Oxford Health Plans GSP Platinum EPO 20/40 NG CNT		Oxford Health Plans GSP Gold EPO 25/50 \$1250 NG CNT		Oxford Health Plans GSP Gold Primary Advantage \$1000 25/50 NG CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/35/60/100 ded T2-3		5/35/60/100 ded T2-3		10/40/70/100 ded T2-3		10/40/70 IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$1,250/\$2,500		\$1,000/\$2,000	
Individual/Family OOP Limit	\$3,000/\$6,000		\$3,000/\$6,000		\$3,000/\$6,000 (incl ded)		\$3,000/\$6,000 (incl ded)	
Co-Insurance	0%		0%		20%		10%	
Office Visits								
Primary Care	\$10		\$20		\$25 ded waived		\$25 ded waived	
Specialist	\$40		\$40		\$50 ded waived		\$50 after ded	
Inpatient Services								
Inpatient Hospital	\$200/day; \$800 max/admit		\$250/day; \$1,000 max/admit		20% after ded		\$250/day after ded; \$1,250 max/admit; \$2,500 max/cont yr	
Mental Health Inpatient	\$200/day; \$800 max/admit		\$250/day; \$1,000 max/admit		20% after ded		\$250/day after ded; \$1,250 max/admit; \$2,500 max/cont yr	
Outpatient Services								
Outpatient Facility	Hosp-\$150; FS-\$50		Hosp-\$150; FS-\$50		Hosp-\$150 ded waived; FS-\$75 ded waived		Hosp-\$150 after ded; FS-\$75 after ded	
Lab/X-Ray	No charge		No charge		Lab-No charge; X-ray-20% after ded		Lab-\$50 after ded; X-ray-10% after ded	
Mental Health Outpatient	\$40		\$40		\$50 ded waived		\$50 after ded	
Emergency Care								
Emergency Room	\$100 (waived if admitted)		\$100 (waived if admitted)		\$100 (waived if admitted) + 20% after ded		\$100 (waived if admitted) + 10% after ded	
Urgent Care	\$50		\$50		\$50 ded waived		\$75 after ded	
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		Please refer to Employee Rate Breakdown Report for member level rates	
Monthly Cost	5	\$4,138.37	5	\$4,090.26	5	\$3,450.77	5	\$3,309.28
Annual Cost		\$49,660.44		\$49,083.12		\$41,409.24		\$39,711.36

	Oxford Health Plans GSP Gold EPO HSA \$1500 NG CNT		Oxford Health Plans GSP Gold EPO 25/50 \$500 NG CNT		Oxford Health Plans GSP Silver EPO 50/75 \$2000 NG CNT		Oxford Health Plans GSP Silver EPO 40/75 \$2000 NG CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/40/70 IntDed		10/40/70/100 ded T2-3		10/40/70/100 ded T2-3		10/40/70/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000		\$500/\$1,000		\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$4,750/\$9,500 (incl ded)		\$6,600/\$13,200 (incl ded)		\$6,850/\$13,700 (incl ded)	
Co-Insurance	0%		50%		30%		50%	
Office Visits								
Primary Care	0% after ded		\$25 ded waived		\$50 ded waived		\$40 ded waived	
Specialist	0% after ded		\$50 ded waived		\$75 ded waived		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	0% after ded		50% after ded		30% after ded		50% after ded	
Mental Health Inpatient	0% after ded		50% after ded		30% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	0% after ded		Hosp-\$250 ded waived; FS-\$125 ded waived		Hosp-50% after ded; FS-30% after ded		Hosp-50% after ded; FS-30% after ded	
Lab/X-Ray	0% after ded		Lab-No charge; X-ray-50% after ded		Lab-No charge; X-ray-30% after ded		Lab-No charge; X-ray-50% after ded	
Mental Health Outpatient	0% after ded		\$50 ded waived		\$50 ded waived		\$50 ded waived	
Emergency Care								
Emergency Room	0% after ded		\$100 (waived if admitted) + 50% after ded		\$100 (waived if admitted) + 30% after ded		50% after ded	
Urgent Care	0% after ded		\$50 ded waived		\$75 ded waived		\$75 ded waived	
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		Please refer to Employee Rate Breakdown Report for member level rates	
Monthly Cost	5	\$3,280.86	5	\$3,242.23	5	\$2,972.31	5	\$2,909.12
Annual Cost		\$39,370.32		\$38,906.76		\$35,667.76		\$34,909.44

	Oxford Health Plans GSP Silver EPO 50/75 \$2000 G CNT		Oxford Health Plans GSP Silver Primary Advantage \$2000 40/60 NG CNT		Oxford Health Plans GSP Silver EPO HSA \$2000 25/50 NG CNT		Oxford Health Plans GSP Bronze EPO HSA \$3000 NG CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/40/70/100 ded T2-3		25/50/75 IntDed T2-3		10/40/70 IntDed		50%/50%/50% IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000		\$2,000/\$4,000		\$2,000/\$4,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$6,600/\$13,200 (incl ded)		\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	30%		10%		20%		50%	
Office Visits								
Primary Care	\$50 ded waived		\$40 ded waived		\$25 after ded		\$10 after ded	
Specialist	\$75 ded waived		\$60 after ded		\$50 after ded		\$70 after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		\$500/day after ded; \$2,500 max/admit; \$5,000 max/cont yr		20% after ded		\$50/day after ded; \$250 max/admit; \$500 max/cont yr	
Mental Health Inpatient	30% after ded		\$500/day after ded; \$2,500 max/admit; \$5,000 max/cont yr		20% after ded		\$50/day after ded; \$250 max/admit; \$500 max/cont yr	
Outpatient Services								
Outpatient Facility	Hosp-50% after ded; FS-30% after ded		Hosp-\$300 after ded; FS- \$100 after ded		Hosp-\$500 after ded; FS- \$150 after ded		50% after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded		Lab-\$60 after ded; X-ray-10% after ded		20% after ded		50% after ded	
Mental Health Outpatient	\$50 ded waived		\$50 after ded		\$50 after ded		\$50 after ded	
Emergency Care								
Emergency Room	\$100 (waived if admitted) + 30% after ded		\$100 (waived if admitted) + 10% after ded		\$100 (waived if admitted) after ded		50% after ded	
Urgent Care	\$75 ded waived		\$60 after ded		\$75 after ded		50% after ded	
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		Please refer to Employee Rate Breakdown Report for member level rates	
Monthly Cost	5	\$2,853.69	5	\$2,701.68	5	\$2,634.55	5	\$2,461.27
Annual Cost		\$34,244.28		\$32,420.16		\$31,614.60		\$29,535.24

Prepared For: **Oxford 2017 4th qtr region 1**

Bergen County, NJ 07010

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

Health Plan Comparison Report (4L)

Effective Date: 10/01/2017

Prepared On: 08/01/2017

Report ID: 33256368

SIC: 0000

Oxford Health Plans		
GSP Bronze EPO HSA \$3000 50% NG CNT		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	50%/50%/50% IntDed	
Cost Share Information		
Individual/Family Deductible	\$3,000/\$6,000	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)	
Co-Insurance	50%	
Office Visits		
Primary Care	50% after ded	
Specialist	50% after ded	
Inpatient Services		
Inpatient Hospital	\$100/day after ded; \$500 max/admit; \$1,000 max/cont yr	
Mental Health Inpatient	\$100/day after ded; \$500 max/admit; \$1,000 max/cont yr	
Outpatient Services		
Outpatient Facility	50% after ded	
Lab/X-Ray	50% after ded	
Mental Health Outpatient	50% after ded	
Emergency Care		
Emergency Room	50% after ded	
Urgent Care	50% after ded	
Single EE with Spouse EE with Child(ren) Family	Please refer to Employee Rate Breakdown Report for member level rates	
Monthly Cost	5	\$2,184.68
Annual Cost		\$26,216.16

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: 33256369 SIC: 0000

Plan		Oxford Health Plans GSP Platinum EPO 10/40 NG CNT (EPO)	Oxford Health Plans GSP Platinum EPO 20/40 NG CNT (EPO)	Oxford Health Plans GSP Gold EPO 25/50 \$1250 NG CNT (EPOc)			
Prescription		5/35/60/100 ded T2-3	5/35/60/100 ded T2-3	10/40/70/100 ded T2-3			
Individual/Family Deductible	In Network Out Network	N/A	N/A	\$1,250/\$2,500			
Co-Insurance	In Network Out Network	0%	0%	20%			
Individual/Family OOP Limit	In Network Out Network	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000 (incl ded)			
Primary Care	In Network Out Network	\$10	\$20	\$25 ded waived			
Specialist	In Network Out Network	\$40	\$40	\$50 ded waived			
Emergency Room	In Network Out Network	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted) + 20% after ded			
Inpatient Hospital	In Network Out Network	\$200/day; \$800 max/admit	\$250/day; \$1,000 max/admit	20% after ded			
Name	Sex	Tier	DOB	Med			
Employee 01	M	EE	8/1/1992	S	\$614.95	\$607.80	\$512.78
Employee 02	M	EE	8/1/1982	S	\$665.13	\$657.40	\$554.62
Employee 03	M	EE	8/1/1972	S	\$743.35	\$734.71	\$619.84
Employee 04	M	EE	8/1/1962	S	\$993.27	\$981.72	\$828.23
Employee 05	M	EE	8/1/1952	P	\$1,121.67	\$1,108.63	\$935.30
					\$4,138.37	\$4,090.26	\$3,450.77

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: 33256369 SIC: 0000

Plan		Oxford Health Plans GSP Gold Primary Advantage \$1000 25/50 NG CNT (EPOc)	Oxford Health Plans GSP Gold EPO HSA \$1500 NG CNT (HSA)	Oxford Health Plans GSP Gold EPO 25/50 \$500 NG CNT (EPOc)			
Prescription		10/40/70 IntDed T2-3	15/40/70 IntDed	10/40/70/100 ded T2-3			
Individual/Family Deductible	In Network Out Network	\$1,000/\$2,000	\$1,500/\$3,000	\$500/\$1,000			
Co-Insurance	In Network Out Network	10%	0%	50%			
Individual/Family OOP Limit	In Network Out Network	\$3,000/\$6,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$4,750/\$9,500 (incl ded)			
Primary Care	In Network Out Network	\$25 ded waived	0% after ded	\$25 ded waived			
Specialist	In Network Out Network	\$50 after ded	0% after ded	\$50 ded waived			
Emergency Room	In Network Out Network	\$100 (waived if admitted) + 10% after ded	0% after ded	\$100 (waived if admitted) + 50% after ded			
Inpatient Hospital	In Network Out Network	\$250/day after ded; \$1,250 max/admit;	0% after ded	50% after ded			
Name	Sex	Tier	DOB	Med			
Employee 01	M	EE	8/1/1992	S	\$491.75	\$487.53	\$481.79
Employee 02	M	EE	8/1/1982	S	\$531.88	\$527.31	\$521.10
Employee 03	M	EE	8/1/1972	S	\$594.43	\$589.32	\$582.38
Employee 04	M	EE	8/1/1962	S	\$794.27	\$787.45	\$778.18
Employee 05	M	EE	8/1/1952	P	\$896.95	\$889.25	\$878.78
					\$3,309.28	\$3,280.86	\$3,242.23

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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: 33256369 SIC: 0000

Plan	Oxford Health Plans GSP Silver EPO 50/75 \$2000 NG CNT (EPOc)	Oxford Health Plans GSP Silver EPO 40/75 \$2000 NG CNT (EPOc)	Oxford Health Plans GSP Silver EPO 50/75 \$2000 G CNT (EPOc)				
Prescription	10/40/70/100 ded T2-3	10/40/70/100 ded T2-3	10/40/70/100 ded T2-3				
Individual/Family Deductible	In Network Out Network	\$2,000/\$4,000	\$2,000/\$4,000				
Co-Insurance	In Network Out Network	30%	50%				
Individual/Family OOP Limit	In Network Out Network	\$6,600/\$13,200 (incl ded)	\$6,850/\$13,700 (incl ded)				
Primary Care	In Network Out Network	\$50 ded waived	\$40 ded waived				
Specialist	In Network Out Network	\$75 ded waived	\$75 ded waived				
Emergency Room	In Network Out Network	\$100 (waived if admitted) + 30% after ded	50% after ded				
Inpatient Hospital	In Network Out Network	30% after ded	50% after ded				
Name	Sex	Tier	DOB	Med			
Employee 01	M	EE	8/1/1992	S	\$441.68	\$432.29	\$424.05
Employee 02	M	EE	8/1/1982	S	\$477.72	\$467.56	\$458.65
Employee 03	M	EE	8/1/1972	S	\$533.90	\$522.55	\$512.59
Employee 04	M	EE	8/1/1962	S	\$713.39	\$698.23	\$684.93
Employee 05	M	EE	8/1/1952	P	\$805.62	\$788.49	\$773.47
					\$2,972.31	\$2,909.12	\$2,853.69

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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: 33256369 SIC: 0000

Plan	Oxford Health Plans GSP Silver Primary Advantage \$2000 40/60 NG CNT (EPOc)	Oxford Health Plans GSP Silver EPO HSA \$2000 25/50 NG CNT (HSA)	Oxford Health Plans GSP Bronze EPO HSA \$3000 NG CNT (HSA)				
Prescription	25/50/75 IntDed T2-3	10/40/70 IntDed	50%/50%/50% IntDed				
Individual/Family Deductible	In Network Out Network	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000			
Co-Insurance	In Network Out Network	10%	20%	50%			
Individual/Family OOP Limit	In Network Out Network	\$6,600/\$13,200 (incl ded)	\$6,550/\$13,100 (incl ded)	\$6,550/\$13,100 (incl ded)			
Primary Care	In Network Out Network	\$40 ded waived	\$25 after ded	\$10 after ded			
Specialist	In Network Out Network	\$60 after ded	\$50 after ded	\$70 after ded			
Emergency Room	In Network Out Network	\$100 (waived if admitted) + 10% after ded	\$100 (waived if admitted) after ded	50% after ded			
Inpatient Hospital	In Network Out Network	\$500/day after ded; \$2,500 max/admit;	20% after ded	\$50/day after ded; \$250 max/admit; \$500			
Name	Sex	Tier	DOB	Med			
Employee 01	M	EE	8/1/1992	S	\$401.46	\$391.49	\$365.74
Employee 02	M	EE	8/1/1982	S	\$434.22	\$423.43	\$395.58
Employee 03	M	EE	8/1/1972	S	\$485.29	\$473.23	\$442.10
Employee 04	M	EE	8/1/1962	S	\$648.44	\$632.33	\$590.74
Employee 05	M	EE	8/1/1952	P	\$732.27	\$714.07	\$667.11
					\$2,701.68	\$2,634.55	\$2,461.27

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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: 33256369 SIC: 0000

Plan	Oxford Health Plans GSP Bronze EPO HSA \$3000 50% NG CNT (HSA)				
Prescription	50%/50%/50% IntDed				
Individual/Family Deductible	In Network \$3,000/\$6,000 Out Network				
Co-Insurance	In Network 50% Out Network				
Individual/Family OOP Limit	In Network \$6,550/\$13,100 (incl ded) Out Network				
Primary Care	In Network 50% after ded Out Network				
Specialist	In Network 50% after ded Out Network				
Emergency Room	In Network 50% after ded Out Network				
Inpatient Hospital	In Network \$100/day after ded; \$500 max/admit; Out Network				
Name	Sex	Tier	DOB	Med	
Employee 01	M	EE	8/1/1992	S	\$324.64
Employee 02	M	EE	8/1/1982	S	\$351.13
Employee 03	M	EE	8/1/1972	S	\$392.42
Employee 04	M	EE	8/1/1962	S	\$524.35
Employee 05	M	EE	8/1/1952	P	\$592.14
					\$2,184.68

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