Prepared For: Oxford 2022 4th qtr Liberty Mid Hudson

Orange County, NY 10910

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

Health Plan Comparison Report (4L)

Effective Date: 10/01/2022 Prepared On: 07/15/2022

Report ID: 38689613

SIC: 0000

	Oxford Liberty NY P LBTY NG 5/35/500/100 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY P LBTY GT 15/30/250/90 EPO LA 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY G LBTY NG 25/50/100 EPO ZD 22 CNT (EPO) (UCR=N/A)		Oxford Liberty NY G LBTY GT 30/60/1250/100 EPO 22 CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible Individual/Family OOP Limit	\$500/\$1,000 \$3,050/\$6,100 (incl ded)		\$250/\$500 \$3,250/\$6,500 (incl ded)		N/A \$6,000/\$12,000		\$1,250/\$2,500 \$6,400/\$12,800 (incl ded)	
Co-Insurance Office Visits	0%		10%		0%		0%	
Primary Care	D-\$5 ded waived; ND-\$25 ded waived		\$15 ded waived		\$25		\$30 ded waived	
Specialist	D-\$35 ded waived; ND- \$70 ded waived		\$30 ded waived		\$50		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	0% after ded		10% after ded		\$500/admit		\$500/day after ded; \$2,000 max/admit	
Mental Health Inpatient	0% after ded		10% after ded		\$500/admit		\$500/day after ded; \$2,000 max/admit	
Outpatient Services	,							
Outpatient Facility	0% after ded		10% after ded		Hosp-\$500; FS-\$150		Hosp-\$250 after ded; FS- \$150 after ded	
Lab/X-Ray	0% after ded		10% after ded		Lab-\$20; X-ray-\$50		Lab-No charge; X-ray-\$35 after ded	
Mental Health Outpatient	\$35 ded waived		\$30 ded waived		\$50		\$60 ded waived	
Emergency Care								
Emergency Room	\$250 ded waived		50% after ded		\$750 (waived if admitted)		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$30 ded waived		\$50		\$75 ded waived	
Single	2 x \$1,391.40		2 x \$1,307.63		2 x \$1,284.95		2 x \$1,175.85	
EE with Spouse	0 x \$2,782.80		0 x \$2,615.26		0 x \$2,569.90		0 x \$2,351.70	
EE with Child(ren) Family	0 x \$2,365.38 0 x \$3,965.49		0 x \$2,222.97 0 x \$3,726.75		0 x \$2,184.42 0 x \$3,662.11		0 x \$1,998.95 0 x \$3,351.17	
Monthly Cost	2 \$2,782.80		2 \$2,615.26		2 \$2,569.90		2 \$2,351.70	
Annual Cost	\$33,393.60		\$31,383.12		\$30,838.80		\$28,220.40	

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	Oxford I NY G LBTY NG 1500/90 E (UCR:	PO HSAM 22 CNT (HSA)	Oxford NY G LBTY NG 20/40/: (EPOc) (L	2000/80 EPO 22 CNT	Oxford L NY G LBTY NG 30/60/20 (EPOc) (U	000/70 EPO 22 CNT	Oxford L NY S LBTY NG 50/100/100 (UCR=) EPÓ ZD 22 CNT (EPO)
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/90 IntDed		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/65/95/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible Individual/Family OOP Limit	\$1,500/\$3,000 \$5,500/\$11,000 (incl ded)		\$2,000/\$4,000 \$8,500/\$17,000 (incl ded)		\$2,000/\$4,000 \$8,400/\$16,800 (incl ded)		N/A \$8,700/\$17,400	
Co-Insurance Office Visits	10%		20%		30%		0%	
Primary Care	10% after ded		D-\$20 ded waived; ND- \$40 ded waived		\$30 ded waived		\$50	
Specialist	10% after ded		D-\$40 ded waived; ND- \$80 ded waived		\$60 ded waived		\$100	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		30% after ded		\$1,000/admit	
Mental Health Inpatient	10% after ded		20% after ded		30% after ded		\$1,000/admit	
Outpatient Services								
Outpatient Facility	10% after ded		20% after ded		30% after ded		Hosp-\$700; FS-\$500	
Lab/X-Ray	10% after ded		20% after ded		Lab-No charge; X-ray-30% after ded		Lab-\$40; X-ray-\$150	
Mental Health Outpatient	10% after ded		\$40 ded waived		\$60 ded waived		\$100	
Emergency Care								
Emergency Room	50% after ded		\$500 ded waived		\$500 (waived if admitted) ded waived		\$1,400 (waived if admitted)	
Urgent Care	10% after ded		\$75 ded waived		\$75 ded waived		\$100	
Single	2 x \$1,146.83		2 x \$1,144.64		2 x \$1,132.82		2 x \$1,125.04	
EE with Spouse	0 x \$2,293.66		0 x \$2,289.28		0 x \$2,265.64		0 x \$2,250.08	
EE with Child(ren)	0 x \$1,949.61		0 x \$1,945.89		0 x \$1,925.79		0 x \$1,912.57	
Family	0 x \$3,268.47		0 x \$3,262.22		0 x \$3,228.54		0 x \$3,206.36	
Monthly Cost	2 \$2,293.66		2 \$2,289.28		2 \$2,265.64		2 \$2,250.08	
Annual Cost	\$27,523.92		\$27,471.36		\$27,187.68		\$27,000.96	

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	Oxford Liberty NY S LBTY NG 40/70/3000/65 EPO 22 CNT (EPOc) (UCR=N/A)		Oxford Liberty NY S LBTY NG 25/50/2500/80 EPO HSA 22 CNT (HSA) (UCR=N/A)		Oxford Liberty NY S LBTY NG 40/70/4500/60 EPO 22 CNT (EPOc (UCR=N/A)		Oxford Liberty c) NY S LBTY NG 30/75/3500/60 EPO 22 CNT (EPOc (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90/200 ded T2-3		10/50/50%to\$800/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible Individual/Family OOP Limit	\$3,000/\$6,000 \$8,700/\$17,400 (incl ded)		\$2,500/\$5,000 \$6,900/\$13,800 (incl ded)		\$4,500/\$9,000 \$8,700/\$17,400 (incl ded)		\$3,500/\$7,000 \$8,700/\$17,400 (incl ded)	
Co-Insurance	35%		20%		40%		40%	
Office Visits								
Primary Care	\$40 ded waived		\$25 after ded		\$40 ded waived		\$30 ded waived	
Specialist	\$70 ded waived		\$50 after ded		\$70 ded waived		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	35% after ded		20% after ded		40% after ded		40% after ded	
Mental Health Inpatient	35% after ded		20% after ded		40% after ded		40% after ded	
Outpatient Services								
Outpatient Facility	35% after ded		Hosp-\$250 after ded; FS- \$150 after ded		40% after ded		40% after ded	
Lab/X-Ray	Lab-\$25 ded waived; X-ray-35% after ded		Lab-20% after ded; X-ray- \$90 after ded		Lab-\$25 ded waived; X-ray-40% after ded		Lab-\$20 ded waived; X-ray-40% after ded	
Mental Health Outpatient	\$70 ded waived		\$50 after ded		\$70 ded waived		\$75 ded waived	
Emergency Care								
Emergency Room	50% after ded		\$500 (waived if admitted) after ded		50% after ded		\$600 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 after ded		\$75 ded waived		\$80 ded waived	
Single	2 x \$1,008.68		2 x \$1,007.81		2 x \$989.36		2 x \$987.74	
EE with Spouse	0 x \$2,017.36		0 x \$2,015.62		0 x \$1,978.72		0 x \$1,975.48	
EE with Child(ren)	0 x \$1,714.76		0 x \$1,713.28		0 x \$1,681.91		0 x \$1,679.16	
Family	0 x \$2,874.74		0 x \$2,872.26		0 x \$2,819.68		0 x \$2,815.06	
Monthly Cost	2 \$2,017.36		2 \$2,015.62		2 \$1,978.72		2 \$1,975.48	
Annual Cost	\$24,208.32		\$24,187.44		\$23,744.64		\$23,705.76	

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	Oxford Li NY S LBTY NG 25/45/5000/ (UCR=I	50 EPO 22 CNT (EPOc)	Oxford L NY S LBTY GT 25/50/4500 (UCR=	0/50 EPO 22 CNT (EPOc)	Oxford Li NY S LBTY NG 4000/80 EF (UCR=	PO HSAM 22 CNT (HSA)		
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	\$5,000/\$10,000 \$8,700/\$17,400 (incl ded)		\$4,500/\$9,000 \$8,700/\$17,400 (incl ded)		\$4,000/\$8,000 \$7,050/\$14,100 (incl ded)		\$6,750/\$13,500 \$7,050/\$14,100 (incl ded)	\$10,000/\$20,000 \$25,000/\$50,000 (incl ded)
Co-Insurance	50%		50%		20%		20%	20%
Office Visits								I
Primary Care	D-\$25 ded waived; ND- \$45 ded waived		\$25 ded waived		20% after ded		\$30 after ded	20% after ded
Specialist	D-\$45 ded waived; ND- \$75 ded waived		\$50 ded waived		20% after ded		\$60 after ded	20% after ded
Inpatient Services								
npatient Hospital	50% after ded		50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req
Mental Health Inpatient	50% after ded		50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req
Outpatient Services								
Outpatient Facility	50% after ded		50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req
Lab/X-Ray	50% after ded		Lab-\$15 ded waived; X-ray-50% after ded		20% after ded		20% after ded	Lab-Not covered; X-ray-20% after ded
Mental Health Outpatient	\$45 ded waived		\$50 ded waived		20% after ded		\$60 after ded	20% after ded
Emergency Care								
Emergency Room	50% after ded		50% after ded		50% after ded		50% after ded	Paid as in-network
Urgent Care	\$75 ded waived		\$80 ded waived		20% after ded		20% after ded	20% after ded
Single	2 x \$978.30		2 x \$969.05		2 x \$947.59		2 x \$925.75	
EE with Spouse	0 x \$1,956.60		0 x \$1,938.10		0 x \$1,895.18		0 x \$1,851.50	
EE with Child(ren)	0 x \$1,663.11		0 x \$1,647.39		0 x \$1,610.90		0 x \$1,573.78	
Family	0 x \$2,788.16		0 x \$2,761.79		0 x \$2,700.63		0 x \$2,638.39	
Monthly Cost	2 \$1,956.60		2 \$1,938.10		2 \$1,895.18		2 \$1,851.50	
Annual Cost	\$23,479.20		\$23,257.20		\$22,742.16		\$22,218.00	

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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Cost Share InformationImage: State InformationST.050/\$11,500Individual/Family Deductible Individual/Family OOP Limit\$5,750/\$11,500 \$7,050/\$14,100 (incl ded)\$7,050/\$14,100 (incl ded)Co-Insurance Office Visits30%0%0%Primary Care\$25 after ded0% after dedSpecialist\$75 after ded0% after dedInpatient ServicesImage: State ded0% after dedInpatient Hospital30% after ded0% after dedOutpatient ServicesImage: State ded0% after dedOutpatient Facility30% after ded0% after dedOutpatient Facility30% after ded0% after dedLab/X-Ray30% after ded0% after dedMental Health Outpatient Emergency Care57 after ded0% after dedEmergency Room50% after ded0% after dedInpatient ServicesImage: State ded0% after dedOutpatient Facility30% after ded0% after dedImage: State ded0% after ded <td< th=""><th></th><th>Oxford Li NY B LBTY NG 25/75/5750 (HSA) (UC</th><th>70 EPO HSA 22 CNT</th><th colspan="4">Oxford Liberty NY B LBTY NG 7000/100 EPO HSA 22 CNT (HSA) (UCR=N/A)</th></td<>		Oxford Li NY B LBTY NG 25/75/5750 (HSA) (UC	70 EPO HSA 22 CNT	Oxford Liberty NY B LBTY NG 7000/100 EPO HSA 22 CNT (HSA) (UCR=N/A)			
Drug Card 30%30%30% IntDed 0%/0%/0% IntDed Cost Share Information 57.000%11.000 Individual/Family Deductible Individual/Family OOP Limit \$57.500%14.100 (incl ded) S7.050%14.100 (incl ded) \$7.050%14.100 (incl ded) Co-Insurance 0% Office Visits 0% Primary Care \$25 after ded 0% after ded Specialist \$75 after ded 0% after ded Inpatient Services 0% after ded 0% after ded Outpatient Facility 30% after ded 0% after ded Outpatient Facility 30% after ded 0% after ded Outpatient Facility 30% after ded 0% after ded Urgent Care 50% after ded 0% after ded Urgent Care 30% after ded 0% after ded Single 2 x \$887.95 2 x \$887.28 Et with Spouse 0 x \$1,775.90 0 x \$1,508.38 Family 0 x \$1,509.52 0 x \$1,508.38 Outpht/Qest 2 \$1,774.56		In-Network	Out-Network	In-Network	Out-Network		
Cost Share InformationImage: State	Prescription Drugs						
Individual/Family Deductible Individual/Family OOP Limit $\$5,750/\$11,500$ $\$7,050/\$14,100$ (incl ded) $\$7,050/\$14,100$ (incl ded)Co-Insurance Office Visits 30% 0% Primary Care $\$25$ after ded 0% after dedSpecialist $\$75$ after ded 0% after dedInpatient Services 0% after ded 0% after dedInpatient Hospital 30% after ded 0% after dedMental Health Inpatient 30% after ded 0% after dedOutpatient Facility 30% after ded 0% after dedLab/X-Ray 30% after ded 0% after dedLab/X-Ray 30% after ded 0% after dedUrgent Care $$57$ safter ded 0% after dedUrgent Care 30% after ded 0% after dedSingle $2 \times \$887.95$ $2 \times \$887.28$ $0 \times \$1,509.52$ Ein with Child(ren) $0 \times \$1,509.52$ $0 \times \$1,509.53$ Monthly Cost $2 \$1,775.90$ $2 \$1,775.90$	Drug Card	30%/30%/30% IntDed		0%/0%/0% IntDed			
Individual/Family OOP Limit \$7,050/\$14,100 (incl ded) \$7,050/\$14,100 (incl ded) Co-Insurance 30% 0% 0% Office Visits 0% after ded 0% after ded Primary Care \$25 after ded 0% after ded 0% after ded Specialist \$75 after ded 0% after ded 0% after ded Inpatient Services 0% after ded 0% after ded 0% after ded Mental Health Inpatient 30% after ded 0% after ded 0% after ded Outpatient Facility 30% after ded 0% after ded 0% after ded Mental Health Outpatient \$75 after ded 0% after ded 0% after ded Lab/X-Ray 30% after ded 0% after ded 0% after ded 0% after ded Itager Care \$75 after ded 0% after ded 0 % after d	Cost Share Information						
Office VisitsvvvPrimary Care $$25 after ded$ $0\% after ded$ $0\% after ded$ Specialist $$75 after ded$ $0\% after ded$ $0\% after ded$ Inpatient Services v v v Mental Health Inpatient $30\% after ded$ $0\% after ded$ $0\% after ded$ Outpatient Services v v v Outpatient Services v v v Uupatient Facility $30\% after ded$ $0\% after ded$ $0\% after ded$ Outpatient Facility $30\% after ded$ $0\% after ded$ $0\% after ded$ Lab/X-Ray $30\% after ded$ $0\% after ded$ $0\% after ded$ Lab/X-Ray $30\% after ded$ $0\% after ded$ $0\% after ded$ Urgent Care $50\% after ded$ $0\% after ded$ $0\% after ded$ Urgent Care $30\% after ded$ $0\% after ded$ $0\% after ded$ Single $2 x 887.95 $2 x 887.28 EE with Spouse $0 x $1,775.90$ $0 x $1,774.56$ EE with Child(ren) $0 x $1,509.52$ $0 x $1,508.38$ p anily $0 x $2,530.66$ $0 x $2,528.75$ Monthly Cost $2 $1,775.90$ $2 $1,774.56$							
Primary Care $$25 after ded$ 0% after dedSpecialist $$75 after ded$ 0% after dedInpatient Services $$75 after ded$ 0% after dedInpatient Hospital 30% after ded0% after dedMental Health Inpatient 30% after ded0% after dedOutpatient Services $$75$ $$75$ Outpatient Facility 30% after ded0% after dedOutpatient Facility 30% after ded0% after dedJab/X-Ray 30% after ded0% after dedMental Health Outpatient Emergency Care $$75 after ded$ 0% after dedEmergency Care $$15\%$ after ded0% after dedUrgent Care $$0\%$ after ded0% after dedSingle E with Spouse $$2 \times 887.95 $$1,509.52$ $$2 \times 887.28 		30%		0%			
Specialist $$75 after ded$ $0\% after ded$ $0\% after ded$ Inpatient Services $0\% after ded$ $0\% after ded$ $0\% after ded$ Inpatient Hospital $30\% after ded$ $0\% after ded$ $0\% after ded$ Mental Health Inpatient $30\% after ded$ $0\% after ded$ $0\% after ded$ Outpatient Services $0\% after ded$ $0\% after ded$ $0\% after ded$ Outpatient Facility $30\% after ded$ $0\% after ded$ $0\% after ded$ Stafter ded $0\% after ded$ $0\% after ded$ $0\% after ded$ Lab/X-Ray $30\% after ded$ $0\% after ded$ $0\% after ded$ Mental Health Outpatient Emergency Care $$75 after ded$ $0\% after ded$ $0\% after ded$ Urgent Care $30\% after ded$ $0\% after ded$ $0\% after ded$ $0\% after ded$ Single E with Spouse E with Child(ren) $0 \times $1,509.52$ $2 \times 887.28 $0 \times $1,508.38$ $0 \times $1,508.38$ $0 \times $2,528.61$ $2 \times $1,774.56$ Monthly Cost $2 \ $1,775.90$ $2 \ $1,774.56$ $2 \ $1,774.56$	Office Visits						
Inpatient ServicesImpatient ServicesImpa	Primary Care	\$25 after ded		0% after ded			
Inpatient Hospital 30% after ded 0% after ded 0% after dedMental Health Inpatient 30% after ded 0% after ded 0% after dedOutpatient Services U U U Outpatient Services 0% after ded 0% after dedOutpatient Facility 30% after ded 0% after ded 0% after dedSubscription 30% after ded 0% after ded 0% after dedMental Health Outpatient Emergency Care 575 after ded 0% after ded 0% after dedUrgent Care 30% after ded 0% after ded 0% after dedSingle E with Spouse E with Child(ren) Family $2x$ $$887.95$ $0x$ $2x$ $$887.28$ $0x$ 0% $$1,775.90$ Monthly Cost 2 $$1,775.90$ $0x$ $$1,774.56$ $0x$ $0x$ $$1,774.56$	Specialist	\$75 after ded		0% after ded			
Mental Health Inpatient30% after ded0% after dedOutpatient ServicesOutpatient Services0% after dedOutpatient Facility30% after ded0% after dedLab/X-Ray30% after ded0% after dedMental Health Outpatient\$75 after ded0% after dedEmergency Care0% after dedUrgent Care30% after ded0% after dedSingle2 x \$887.952 x \$887.28EE with Spouse0 x \$1,775.900 x \$1,774.56EE with Child(ren)0 x \$1,509.520 x \$1,508.38Pamily0 x \$2,530.660 x \$1,508.38Monthly Cost2 \$1,775.902 \$1,774.56	Inpatient Services						
Outpatient Services I I Outpatient Facility 30% after ded 0% after ded 0% after dedLab/X-Ray 30% after ded 0% after ded 0% after dedMental Health Outpatient Emergency Care $$75$ after ded 0% after dedEmergency Room 50% after ded 0% after dedUrgent Care 30% after ded 0% after dedSingle $2 \times$ $$887.95$ $2 \times$ E with Spouse $0 \times$ $$1,775.90$ $0 \times$ E with Child(ren) $0 \times$ $$1,509.52$ $0 \times$ $0 \times$ $$2,530.66$ $0 \times$ $$1,508.38$ Monthly Cost 2 $$1,775.90$ 2 2 $$1,775.90$ $0 \times$ $$2,528.75$	Inpatient Hospital	30% after ded		0% after ded			
Outpatient Facility30% after ded0% after dedLab/X-Ray30% after ded0% after dedMental Health Outpatient Emergency Care\$75 after ded0% after dedEmergency Room50% after ded0% after dedUrgent Care30% after ded0% after dedSingle E with Spouse E with Child(ren) Family2 x \$887.95 0 x \$1,775.902 x \$887.28 0 x \$1,509.52Monthly Cost2 \$1,775.900 x \$1,508.38 0 x \$2,530.66	Mental Health Inpatient	30% after ded		0% after ded			
Lab/X-Ray30% after ded0% after dedMental Health Outpatient Emergency Care\$75 after ded0% after dedEmergency Room50% after ded0% after dedVirgent Care30% after ded0% after dedSingle2 x\$887.952 xEE with Spouse0 x\$1,775.90EE with Child(ren)0 x\$1,509.52Family0 x\$2,530.66Monthly Cost2\$1,775.90Monthly Cost2\$1,775.90Lab2\$1,775.90Lab2\$1,775.90Lab0 x\$2,530.66Lab0 x\$2,528.75Lab2\$1,774.56Lab2\$1,775.90Lab2\$1,774.56Lab2\$1,775.90Lab2\$1,775.90Lab2\$1,775.90Lab2\$1,775.90Lab2\$1,775.90Lab2\$1,775.90Lab2\$1,774.56Lab2\$1,775.90Lab2\$1,774.56Lab2\$1,774.56Lab2\$1,774.56Lab2\$1,774.56Lab2\$1,774.56Lab2\$1,774.56Lab2\$1,774.56Lab2\$1,774.56Lab2\$1,774.56Lab2\$1,774.56Lab2\$1,774.56Lab2\$1,774.56Lab2<	Outpatient Services						
Mental Health Outpatient Emergency Care \$75 after ded 0% after ded Emergency Room 50% after ded 0% after ded 0% after ded Urgent Care 30% after ded 0% after ded 0% after ded Single 2 x \$887.95 0% after ded EE with Spouse 0 x \$1,775.90 0 x \$1,509.52 Family 0 x \$2,530.66 0 x \$2,528.75 Monthly Cost 2 \$1,775.90 2 \$1,774.56	Outpatient Facility	30% after ded		0% after ded			
Emergency CareS0% after dedO% after dedEmergency Room50% after ded0% after dedUrgent Care30% after ded0% after dedSingle2 x \$887.952 x \$887.28EE with Spouse0 x \$1,775.900 x \$1,774.56EE with Child(ren)0 x \$1,509.520 x \$1,508.38Family2 \$1,775.902 \$1,774.56Monthly Cost2 \$1,775.902 \$1,774.56	Lab/X-Ray	30% after ded		0% after ded			
Urgent Care 30% after ded 0% after ded Single 2 x \$887.95 2 x \$887.28 EE with Spouse 0 x \$1,775.90 0 x \$1,774.56 EE with Child(ren) 0 x \$1,509.52 0 x \$1,508.38 Family 0 x \$2,530.66 0 x \$2,528.75 Monthly Cost 2 \$1,775.90 2 \$1,774.56	•	\$75 after ded		0% after ded			
Single 2 x \$887.95 2 x \$887.28 EE with Spouse 0 x \$1,775.90 0 x \$1,774.56 EE with Child(ren) 0 x \$1,509.52 0 x \$1,508.38 Family 0 x \$2,530.66 0 x \$2,528.75 Monthly Cost 2 \$1,775.90 2 \$1,774.56		50% after ded		0% after ded			
EE with Spouse 0 x \$1,775.90 0 x \$1,774.56 EE with Child(ren) 0 x \$1,509.52 0 x \$1,508.38 Family 0 x \$2,530.66 0 x \$2,528.75 Monthly Cost 2 \$1,775.90 2 \$1,774.56	Urgent Care	30% after ded		0% after ded			
EE with Child(ren) 0 x \$1,509.52 0 x \$1,508.38 Family 0 x \$2,530.66 0 x \$2,528.75 Monthly Cost 2 \$1,775.90 2 \$1,774.56	Single	2 x \$887.95		2 x \$887.28			
Family 0 x \$2,530.66 0 x \$2,528.75 Monthly Cost 2 \$1,775.90 2 \$1,774.56	EE with Spouse	0 x \$1,775.90		0 x \$1,774.56			
Monthly Cost 2 \$1,775.90 2 \$1,774.56	EE with Child(ren)	0 x \$1,509.52		0 x \$1,508.38			
	Family	0 x \$2,530.66		0 x \$2,528.75			
Annual Cost \$21,310.80 \$21,294.72	Monthly Cost	2 \$1,775.90		2 \$1,774.56			
	Annual Cost	\$21,310.80		\$21,294.72			

Health Plan Comparison Report (4L)

Effective Date: 10/01/2022	Prepared On: 07/15/2022
Report ID: 38689613	SIC: 0000