

Oxford Health 1st qtr 2014

Benefits Proposal

*clifford grekin
Clifford Grekin Inc.
225 Wireless Blvd.
Hauppauge, NY 11788
Phone: (631)963-6020
Fax: (631)656-2512
Email: cgrekin91@aol.com
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	Oxford Freedom F Silver EPO 40/70 Non-Gated CNT (EPOc)		Oxford Freedom F Silver PPO 40/70 Non-Gated CNT (PPOc)		Oxford Freedom F Gold EPO 20/40 Non-Gated CNT (EPOc)		Oxford Freedom F Gold EPO \$50 Non-Gated CNT (EPOc)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Drug Card								
Prescription Card	15/35/75/100 T2-3	UCR=N/A	15/35/75/100 ded T2-3	UCR=140mc%	15/35/75/100 T2-3	UCR=N/A	15/35/75/100 T2-3	UCR=N/A
Major Medical								
Deductible Ind/Fam	\$2,000/\$4,000		\$2,000/\$4,000	\$4,000/\$8,000	\$1,250/\$2,500		\$750/\$1,500	
Co-Insurance	30%		30%	50%	10%		N/A	
Out-of-Pocket	\$6,350/\$12,700 (incl ded)		\$6,350/\$12,700 (incl ded)	\$10,000/\$20,000 (incl ded)	\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Office Co-pay	\$40 ded waived		\$40 ded waived	50% after ded	\$20 ded waived		\$50 ded waived	
DXL/Lab Fees	Lab-No charge; X-ray-30% after ded		Lab-No charge; X-ray-30% after ded	50% after ded	Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived	
Specialist Co-pay	\$70 ded waived		\$70 ded waived	50% after ded	\$40 ded waived		\$50 ded waived	
Lifetime Maximum	None		None	None	None		None	
Hospital Benefits								
Hospital In-Patient	30% after ded		30% after ded	50% after ded	10% after ded		\$250/day after ded; \$2,500 max/contr yr	
Emergency Room	30% after ded		30% after ded	30% after ded	\$200 (waived if admitted) ded waived		\$250 (waived if admitted) ded waived	
Surgical Benefits								
Surgical In-Patient	30% after ded		30% after ded	50% after ded	10% after ded		Included in Inpatient Hospital	
Mental Health								
Mental Nervous In-Patient	30% after ded		30% after ded	50% after ded	10% after ded		\$250/day after ded; \$2,500 max/contr yr	
Substance Abuse In-Patient	Rehab-30% after ded		Rehab-30% after ded	Rehab-50% after ded	Rehab-10% after ded		Rehab-\$250/day after ded; \$2,500 max/contr yr	
Single	1 x \$603.10		1 x \$653.89		1 x \$695.69		1 x \$700.65	
EE with Spouse	1 x \$1,206.20		1 x \$1,307.78		1 x \$1,391.38		1 x \$1,401.30	
EE with Child(ren)	1 x \$1,025.27		1 x \$1,111.61		1 x \$1,182.67		1 x \$1,191.11	
Family	1 x \$1,718.84		1 x \$1,863.59		1 x \$1,982.72		1 x \$1,996.85	
Medicare	0 \$0.00		0 \$0.00		0 \$0.00		0 \$0.00	
Monthly Cost	4 \$4,553.41		4 \$4,936.87		4 \$5,252.46		4 \$5,289.91	
Annual Cost	\$54,640.92		\$59,242.44		\$63,029.52		\$63,478.92	

	Oxford Freedom F Gold EPO 15/25 Non-Gated CNT (EPOc)		Oxford Freedom F Gold PPO 25/40 Non-Gated CNT (PPOc)		Oxford Freedom F Platinum EPO 20/30 Non-Gated CNT (EPO)		Oxford Freedom F Platinum EPO 10/20 Non-Gated CNT (EPO)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Drug Card								
Prescription Card	15/35/75/100 T2-3	UCR=N/A	15/35/75/100 T2-3	UCR=140mc%	10/30/60/100 ded T2-3	UCR=N/A	10/30/60/100 ded T2-3	UCR=N/A
Major Medical								
Deductible Ind/Fam	\$800/\$1,600		\$1,000/\$2,000	\$2,000/\$4,000	N/A		N/A	
Co-Insurance	10%		20%	40%	N/A		N/A	
Out-of-Pocket	\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)	\$5,000/\$10,000 Incl ded)	\$3,000/\$6,000 (incl ded)		\$3,000/\$6,000 (incl ded)	
Office Co-pay	\$15 ded waived		\$25 ded waived	40% after ded	\$20		\$10	
DXL/Lab Fees	Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-20% after ded	40% after ded	Lab-No charge; X-ray-\$90		Lab-No charge; X-ray-\$90	
Specialist Co-pay	\$25 ded waived		\$40 ded waived	40% after ded	\$30		\$20	
Lifetime Maximum	None		None	None	None		None	
Hospital Benefits								
Hospital In-Patient	10% after ded		20% after ded	40% after ded	\$500/admit		\$150/admit	
Emergency Room	\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived	\$200 (waived if admitted) ded waived	\$150 (waived if admitted)		\$100 (waived if admitted)	
Surgical Benefits								
Surgical In-Patient	10% after ded		20% after ded	40% after ded	Included in Inpatient Hospital		Included in Inpatient Hospital	
Mental Health								
Mental Nervous In-Patient	10% after ded		20% after ded	40% after ded	\$500/admit		\$150/admit	
Substance Abuse In-Patient	Rehab-10% after ded		Rehab-20% after ded	Rehab-40% after ded	Rehab-\$500/admit		Rehab-\$150/admit	
Single	1 x	\$713.40	1 x	\$753.05	1 x	\$815.73	1 x	\$831.67
EE with Spouse	1 x	\$1,426.80	1 x	\$1,506.10	1 x	\$1,631.46	1 x	\$1,663.34
EE with Child(ren)	1 x	\$1,212.78	1 x	\$1,280.19	1 x	\$1,386.74	1 x	\$1,413.84
Family	1 x	\$2,033.19	1 x	\$2,146.19	1 x	\$2,324.83	1 x	\$2,370.26
Medicare	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00
Monthly Cost	4	\$5,386.17	4	\$5,685.53	4	\$6,158.76	4	\$6,279.11
Annual Cost		\$64,634.04		\$68,226.36		\$73,905.12		\$75,349.32

	Oxford Freedom F Platinum PPO 20/30 Non-Gated CNT (PPO)		Oxford Freedom F Platinum PPO 10/20 Non-Gated CNT (PPO)		Oxford Freedom F Bronze EPO HSA \$5000 Non-Gated CNT (HSA)		Oxford Freedom F Silver EPO HSA \$2,000 Non-Gated CNT (HSA)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Drug Card								
Prescription Card	10/30/60/100 ded T2-3	UCR=140mc%	10/30/60/100 ded T2-3	UCR=140mc%	20/40/80 IntDed	UCR=N/A	15/35/75 IntDed	UCR=N/A
Major Medical								
Deductible Ind/Fam	N/A	\$1,000/\$2,000	N/A	\$1,000/\$2,000	\$5,000/\$10,000		\$2,000/\$4,000	
Co-Insurance	N/A	30%	N/A	30%	20%		20%	
Out-of-Pocket	\$3,000/\$6,000 (incl ded)	\$2,500/\$5,000 (incl ded)	\$3,000/\$6,000 (incl ded)	\$2,500/\$5,000 (incl ded)	\$6,350/\$12,700 (incl ded)		\$6,000/\$12,000 (incl ded)	
Office Co-pay	\$20	30% after ded	\$10	30% after ded	20% after ded		20% after ded	
DXL/Lab Fees	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	30% after ded	20% after ded		20% after ded	
Specialist Co-pay	\$30	30% after ded	\$20	30% after ded	20% after ded		20% after ded	
Lifetime Maximum	None	None	None	None	None		None	
Hospital Benefits								
Hospital In-Patient	\$500/admit	30% after ded	\$150/admit	30% after ded	20% after ded		20% after ded	
Emergency Room	\$150 (waived if admitted)	\$150 (waived if admitted) ded waived	\$100 (waived if admitted)	\$100 (waived if admitted) ded waived	20% after ded		20% after ded	
Surgical Benefits								
Surgical In-Patient	Included in Inpatient Hospital	30% after ded	Included in Inpatient Hospital	30% after ded	20% after ded		20% after ded	
Mental Health								
Mental Nervous In-Patient	\$500/admit	30% after ded	\$150/admit	30% after ded	20% after ded		20% after ded	
Substance Abuse In-Patient	Rehab-\$500/admit	Rehab-30% after ded	Rehab-\$150/admit	Rehab-30% after ded	Rehab-20% after ded		Rehab-20% after ded	
Single	1 x	\$878.39	1 x	\$900.88	1 x	\$460.71	1 x	\$553.84
EE with Spouse	1 x	\$1,756.78	1 x	\$1,801.76	1 x	\$921.42	1 x	\$1,107.68
EE with Child(ren)	1 x	\$1,493.26	1 x	\$1,531.50	1 x	\$783.21	1 x	\$941.53
Family	1 x	\$2,503.41	1 x	\$2,567.51	1 x	\$1,313.02	1 x	\$1,578.44
Medicare	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00
Monthly Cost	4	\$6,631.84	4	\$6,801.65	4	\$3,478.36	4	\$4,181.49
Annual Cost		\$79,582.08		\$81,619.80		\$41,740.32		\$50,177.88

	Oxford Freedom F Silver EPO HSA \$2,000 25/50 Non-Gated CNT (EPOc)		Oxford Freedom F Silver PPO HSA \$2,000 30/60 Non-Gated CNT (HSA)		Oxford Freedom F Gold EPO HSA \$1,500 Non-Gated CNT (HSA)		Oxford Freedom F Gold PPO HSA \$1,500 Non-Gated CNT (HSA)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Drug Card								
Prescription Card	15/35/75 IntDed	UCR=N/A	15/35/75 IntDed	UCR=140mc%	15/35/75 IntDed	UCR=N/A	15/35/75 IntDed	UCR=140mc%
Major Medical								
Deductible Ind/Fam	\$2,000/\$4,000		\$2,000/\$4,000	\$4,000/\$8,000	\$1,500/\$3,000		\$1,500/\$3,000	\$3,000/\$6,000
Co-Insurance	20%		10%	50%	10%		10%	40%
Out-of-Pocket	\$5,500/\$11,000 (incl ded)		\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$2,000/\$4,000 (incl ded)		\$2,000/\$4,000 (incl ded)	\$7,500/\$15,000 (incl ded)
Office Co-pay	\$25 after ded		\$30 after ded	50% after ded	10% after ded		10% after ded	40% after ded
DXL/Lab Fees	Lab-20% after ded; X-ray-\$100 after ded		10% after ded	50% after ded	10% after ded		10% after ded	40% after ded
Specialist Co-pay	\$50 after ded		\$60 after ded	40% after ded	10% after ded		10% after ded	40% after ded
Lifetime Maximum	None		None	None	None		None	None
Hospital Benefits								
Hospital In-Patient	20% after ded		10% after ded	50% after ded	10% after ded		10% after ded	40% after ded
Emergency Room	\$250 (waived if admitted) after ded		10% after ded	10% after ded	10% after ded		10% after ded	10% after ded
Surgical Benefits								
Surgical In-Patient	20% after ded		10% after ded	50% after ded	10% after ded		10% after ded	40% after ded
Mental Health								
Mental Nervous In-Patient	20% after ded		10% after ded	50% after ded	10% after ded		10% after ded	40% after ded
Substance Abuse In-Patient	Rehab-20% after ded		Rehab-10% after ded	Rehab-50% after ded	Rehab-10% after ded		Rehab-10% after ded	Rehab-40% after ded
Single	1 x \$563.62		1 x \$613.79		1 x \$677.68		1 x \$729.72	
EE with Spouse	1 x \$1,127.24		1 x \$1,227.58		1 x \$1,355.36		1 x \$1,459.44	
EE with Child(ren)	1 x \$958.15		1 x \$1,043.44		1 x \$1,152.06		1 x \$1,240.52	
Family	1 x \$1,606.32		1 x \$1,749.30		1 x \$1,931.39		1 x \$2,079.70	
Medicare	0 \$0.00		0 \$0.00		0 \$0.00		0 \$0.00	
Monthly Cost	4 \$4,255.33		4 \$4,634.11		4 \$5,116.49		4 \$5,509.38	
Annual Cost	\$51,063.96		\$55,609.32		\$61,397.88		\$66,112.56	

FootNote Report

Disclosure

NY Commission Disclosure

New York Regulation 194 (11 NYCRR 30)) requires disclosure of the compensation a licensed agent or broker (producer) receives from your purchase or renewal of health coverage. Compensation may be in the form of a commission, fee(s), or possibly other valuable consideration, or a combination of all three. Total commission levels per carrier are as follows: Aetna HMO - 4%, Non-HMO business -Based on a tiered per employee, per month (PEPM) model, ranging from \$24-\$30 PEPM. ; Emblem/HIP 3%-4% depending on selected plan, %6 for HIP EPO/PPO; 4%; HealthPass -same as commission paid by carrier; Oxford -4%. An additional override will be paid to a general agent if they are involved in the sale; this amount may vary based on carrier and plan design. The commissions do not directly affect the premium paid for the plan and no plan can be purchased through another distributor or from the carrier directly with a different commission amount or at a lower cost. Final commission dollar amounts cannot be determined until enrollment is complete and is subject to change based on the number of members covered each month.

Oxford Freedom

Rx Tier Structure Description

Effective 1/1/2007, Pharmacy copayments are based on the following tier structure Tier 1 lowest copay, Tier 2 middle copay and Tier 3 highest copay. Please contact the carrier for additional information.

Rider Specification

When selecting the Mental Health 30/20 Bio Rider (MH IP 30V / OP 20V BIO), the Mental Health 30/20 Non-Bio Rider (MH IP 30V / OP 20V NON-BIO) rider must be selected as well