Bergen C	017 4th qtr region 1 ounty, NJ 07010 rekin Inc -6020			Effective Date: 10/01/2 Report ID: 33256287		parison Report (3P) ared On: 08/01/2017 SIC: 0000	
	Oxford Hea Freedom Platinum F (PF	PO 20/40 NG CNT	Oxford He Freedom Platinum F CNT		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				1		1	
Drug Card	5/25/50		5/25/50		5/25/50		
Cost Share Information		1		1		1	
Individual/Family Deductible Individual/Family OOP Limit	N/A \$2,000/\$4,000	\$2,000/\$4,000 \$5,000/\$10,000 (incl ded)	N/A \$2,500/\$5,000	\$2,000/\$4,000 \$5,000/\$10,000 (incl ded)	N/A \$2,500/\$5,000	\$2,500/\$5,000 \$6,250/\$12,500 (incl ded)	
Co-Insurance Office Visits	0%	30%	0%	30%	0%	30%	
	¢00	2004 - ft-railed	¢20	2004 - 4	¢15	2004 - 6 1	
Primary Care Specialist Maternity Prenatal/Postnatal Care	\$20 \$40 No charge; pre-auth req	30% after ded 30% after ded 30% after ded; pre-auth req	\$20 \$40 No charge; pre-auth req	30% after ded 30% after ded 30% after ded; pre-auth req	\$15 \$45 No charge; pre-auth req	30% after ded 30% after ded 30% after ded; pre-auth rec	
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/cor yr; pre-auth req	
Innotions Convines							
Inpatient Services	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 rec	
Advanced Radiology	Hosp-\$100; FS-\$50; pre-auth req	30% after ded; pre-auth req	Hosp-\$100; FS-\$50; 30% after ded; pre-auth req pre-auth req		Hosp-\$100; FS-\$50; pre-auth req	30% after ded; pre-auth rec	
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 Urgent Care	No charge \$40	Paid as in-network 30% after ded	No charge \$40	Paid as in-network 30% after ded	No charge \$45	Paid as in-network 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/con 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 Emplo Report for mer	vee Rate Breakdown nber level rates	Please refer to Emplo Report for mer	vee Rate Breakdown nber level rates	Please refer to Emplo Report for mer	vee Rate Breakdown nber level rates	
Monthly Cost Annual Cost	5 \$5,270.29 \$63,243.48		5 \$5,209.98 \$62,519.76		5 \$5,201.64 \$62,419.68		

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

Bergen C Prepared By: Clifford G	017 4th qtr region 1 ounty, NJ 07010 rekin Inc		Health Plan Comparison Report (3P)Effective Date: 10/01/2017Prepared On: 08/01/2017Report ID: 33256287SIC: 0000				
(031)903-	000 Oxford Health Plans Freedom Platinum EPO 15/40 NG CNT (EPO)		Oxford He Freedom Gold PPO (PP		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				1		1	
Drug Card	5/25/50		10/25/50		15/35/75		
Cost Share Information				1		1	
Individual/Family Deductible Individual/Family OOP Limit	N/A \$2,500/\$5,000		\$1,500/\$3,000 \$3,250/\$6,500 (incl ded)	\$4,000/\$8,000 \$9,000/\$18,000 (incl ded)	\$1,000/\$2,000 \$3,500/\$7,000 (incl ded)	\$3,000/\$6,000 \$7,500/\$15,000 (incl ded)	
Co-Insurance	0%		20%	40%	20%	40%	
Office Visits							
Primany Caro	\$15		\$30 ded waived	40% after ded	\$25 ded waived	40% after ded	
Primary Care Specialist Maternity Prenatal/Postnatal Care	\$40 No charge		\$50 ded waived \$50 ded waived No charge; pre-auth req	40% after ded 40% after ded; pre-auth req	\$40 ded waived No charge; pre-auth req	40% after ded 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/con yr; pre-auth req	
Inpatient Services				I		1	
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				1			
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 Urgent Care	No charge \$40		20% after ded \$50 ded waived	Paid as in-network 40% after ded	20% after ded \$50 ded waived	Paid as in-network 40% after ded	
Recovery/Special Needs				1		I	
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/con 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 Employ Report for mem		Please refer to Emplo Report for mer	vee Rate Breakdown nber level rates	Please refer to Emplo Report for mer	vee Rate Breakdown nber level rates	
Monthly Cost Annual Cost	5 \$5,090.36 \$61,084.32		5 \$4,345.22 \$52,142.64		5 \$4,152.33 \$49,827.96		
The rates and benefits in this report are			 id without approval from the in	ouronoo corrioro Final ratoo		arrian applicantion and final	

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

Bergen (017 4th qtr region 1 County, NJ 07010 Grekin Inc 3-6020		Health Plan Comparison Report (3P)Effective Date: 10/01/2017Prepared On: 08/01/2017Report ID: 33256287SIC: 0000				
	Oxford Health P Freedom Gold EPO \$50 N		Oxford Hea Freedom Gold EPO		Oxford Health Plans Freedom Silver PPO Flex 50/75 NG CNT (PPOc)		
	In-Network C	Out-Network	In-Network	Out-Network	In-Network	Out-Network	
Prescription Drugs						1	
Drug Card	25/50/75		25/50/75		25/50/75		
Cost Share Information						1	
Individual/Family Deductible Individual/Family OOP Limit	\$600/\$1,200 \$4,000/\$8,000 (incl ded)		\$600/\$1,200 \$4,000/\$8,000 (incl ded)		\$2,500/\$5,000 \$6,250/\$12,500 (incl ded)	\$5,000/\$10,000 \$12,500/\$25,000 (incl ded)	
Co-Insurance Office Visits	0%		0%		30%	50%	
Primary Care Specialist Maternity Prenatal/Postnatal Care	\$50 ded waived \$50 ded waived No charge		\$50 ded waived \$50 ded waived No charge		\$50 ded waived \$75 ded waived No charge; pre-auth req	50% after ded 50% after ded 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/con 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 rec	
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						1	
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/cor 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 Ra Report for member le		Please refer to Employ Report for men	yee Rate Breakdown nber level rates	Please refer to Emplo Report for mer	yee Rate Breakdown nber level rates	
Monthly Cost Annual Cost	5 \$3,826.95 \$45,923.40		5 \$3,673.86 \$44,086.32		5 \$3,587.2 \$43,046.52		

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		gion 1				• •	ate Breakdown Report
	Bergen County						e Date: 10/01/2017	Prepared On: 08/01/2017
Prepared By:	Clifford Grekin	Inc (631)9	63-6020			Report I	ID: 33256288	SIC: 0000
Plan					Oxford Health Plans	Oxford Health Plans	Oxford Health F	lans
				Freedo	om Platinum PPO 20/40 NG	Freedom Platinum PPO Flex 20/40	Freedom Platinum PPC	
					CNT (PPO)	NG CNT (PPO)	NG CNT (PF	'O)
Prescription					5/25/50	5/25/50	5/25/50	
Individual/Fami	ily Deductible	In Notwo			N/A	N/A	N/A	
		In Netwo Out Netw			\$2,000/\$4,000	N/A \$2,000/\$4,000	N/A \$2,500/\$5,00	0
Co-Insurance		00111011	UIK			· · · · · · · · · · · ·	· , ,	
		In Netwo	vrk		0%	0%	0%	
		Out Netw	vork		30%	30%	30%	
Individual/Fami	ily OOP Limit							
		In Netwo			\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,00	
		Out Netw	/ork		\$5,000/\$10,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$6,250/\$12,500 (ir	icl ded)
Primary Care		- Netwo						
		In Netwo Out Netw			\$20 30% after ded	\$20 30% after ded	\$15 30% after de	d
Specialist		Outnetw	JUIK					u
Specialist		In Netwo			\$40	\$40	\$45	
		Out Netw			30% after ded	30% after ded	30% after de	d
Emergency Ro	om							
		In Netwo	rk		\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if ad	mitted)
		Out Netw	vork		Paid as in-network	Paid as in-network	Paid as in-netw	/ork
Inpatient Hospi	ital							
		In Netwo			No charge; pre-auth req	\$100/day; \$500 max/admit; \$1,000	\$300/day; \$1,500 max/a	
	0	Out Netw			30% after ded; pre-auth req	30% after ded; pre-auth req	30% after ded; pre-a	auth req
Name	Sex	C Tier	DOB	Med				
Employee 01	М	EE	8/1/1992	S	\$783.15	\$774.19	\$772.95	
Employee 02	М	EE	8/1/1982	S	\$847.06	\$837.36	\$836.02	
Employee 03	М	EE	8/1/1972	S	\$946.67	\$935.84	\$934.34	
Employee 04	Μ	EE	8/1/1962	S	\$1,264.94	\$1,250.47	\$1,248.47	
Employee 05	М	EE	8/1/1952	Р	\$1,428.47	\$1,412.12	\$1,409.86	
					\$5,270.29	\$5,209.98	\$5,201.64	

Prepared For:	Oxford 201	=	-				• •	Rate Breakdown Report
	Bergen Count						e Date: 10/01/2017	Prepared On: 08/01/2017
Prepared By:	Clifford Greki	n Inc (631)9	963-6020			Report I	D: 33256288	SIC: 0000
Plan					Oxford Health Plans m Platinum EPO 15/40 NG CNT (EPO)	Oxford Health Plans Freedom Gold PPO Flex 30/50 NG CNT (PPOc)	Oxford Health Freedom Gold PPO Fle NG CNT (Pl	ex 25/40 \$1000
Prescription					5/25/50	10/25/50	15/35/75	;
Individual/Fam	ily Deductible							
		In Netwo			N/A	\$1,500/\$3,000	\$1,000/\$2,0	
. .		Out Net	NOLK			\$4,000/\$8,000	\$3,000/\$6,0	00
Co-Insurance		In Netwo			0%	20%	20%	
		Out Net			070	40%	40%	
Individual/Fam	ily OOP Limit							
	,	In Netwo	ork		\$2,500/\$5,000	\$3,250/\$6,500 (incl ded)	\$3,500/\$7,000 (ii	
		Out Netv	work			\$9,000/\$18,000 (incl ded)	\$7,500/\$15,000 (ncl ded)
Primary Care								
		In Netwo Out Netw			\$15	\$30 ded waived 40% after ded	\$25 ded wai 40% after d	
Createlist		Out Net	NOIK				40 % aller u	Bu
Specialist		In Netwo	ork		\$40	\$50 ded waived	\$40 ded wai	ved
		Out Net			Q	40% after ded	40% after d	
Emergency Ro	om							
		In Netwo			\$100 (waived if admitted)	\$100 (waived if admitted) + 20% ded	\$100 (waived if admitte	d) + 20% ded
		Out Net	work			Paid as in-network	Paid as in-net	work
Inpatient Hosp	ital							
		In Netwo Out Netw		\$250/0	day; \$1,250 max/admit; \$2,500	20% after ded; pre-auth req 40% after ded; pre-auth reg	20% after ded; pre	
Marra	0.5			Mad		40% alter deu, pre-autri req	40% after ded; pre	aunreq
Name	Se	x Tier	DOB	Med				
Employee 01	Μ	EE	8/1/1992	S	\$756.41	\$645.69	\$617.03	
Employee 02	Μ	EE	8/1/1982	S	\$818.14	\$698.38	\$667.37	
Employee 03	Μ	EE	8/1/1972	S	\$914.35	\$780.51	\$745.86	
Employee 04	Μ	EE	8/1/1962	S	\$1,221.76	\$1,042.91	\$996.62	
Employee 05	Μ	EE	8/1/1952	Р	\$1,379.70	\$1,177.73	\$1,125.45	
					\$5,090.36	\$4,345.22	\$4,152.3	3

Prepared For:	Oxford 2017		gion 1			E#coti		Rate Breakdown Report
Prepared By:	Bergen County Clifford Grekin		62 6020				ve Date: 10/01/2017 ID: 33256288	Prepared On: 08/01/2017 SIC: 0000
Plepaleu by.		Inc (031)a	03-0020			Керон	ID. 33230200	510.0000
Plan					Dxford Health Plans n Gold EPO \$50 NG CNT (EPOc)	Oxford Health Plans Freedom Gold EPO \$50 G CNT (EPOc)	Oxford Health Freedom Silver PPO F CNT (PPC	lex 50/75 NG
Prescription					25/50/75	25/50/75	25/50/7	5
Individual/Fami	ily Deductible							
		In Netwo Out Netw			\$600/\$1,200	\$600/\$1,200	\$2,500/\$5,0 \$5,000/\$10,	
Co-Insurance			-			00/	000/	
		In Netwo Out Netw			0%	0%	30% 50%	
Individual/Fami	ily OOP Limit	Guindin	JOIN .					
marriadan am		In Netwo	rk	\$	64,000/\$8,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$6,250/\$12,500 (incl ded)
		Out Netw	vork		· ·		\$12,500/\$25,000	(incl ded)
Primary Care								
		In Netwo			\$50 ded waived	\$50 ded waived	\$50 ded wai	
0		Out Netw	/ork				50% after c	ed
Specialist		In Netwo	rk		\$50 ded waived	\$50 ded waived	\$75 ded wai	
		Out Netwo					50% after c	
Emergency Roo	om							
		In Netwo		\$100 (v	vaived if admitted) ded waived	\$100 (waived if admitted) ded waived	\$100 (waived if admitte	d) + 30% ded
		Out Netw	vork				Paid as in-net	work
Inpatient Hospi	tal							
		In Netwo Out Netw		\$500/day	ded waived; \$2,500 max/admit;	\$500/day ded waived; \$2,500 max/admi	it; 30% after ded; pre 50% after ded; pre	
Name	Sex	Tier	DOB	Med				
Employee 01	М	EE	8/1/1992	S	\$568.68	\$545.93	\$533.05	
Employee 02	M	EE	8/1/1982	S	\$615.08			
Employee 03	М	EE	8/1/1972	S	\$687.41	\$659.91	\$644.35	
Employee 04	М	EE	8/1/1962	S	\$918.52	\$881.78	\$860.98	
Employee 05	М	EE	8/1/1952	Р	\$1,037.26	\$995.77	\$972.28	
					\$3,826.95	\$3,673.86	\$3,587.2	1