

	Oxford Health Plans Liberty Platinum PPO 20/40 NG CNT		Oxford Health Plans Liberty Platinum PPO Flex 20/40 NG CNT		Oxford Health Plans Liberty Platinum PPO Flex 15/45 NG CNT		Oxford Health Plans Liberty Platinum EPO 15/40 NG CNT	
	In-Network	Out-Network	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		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	N/A	
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)	\$2,500/\$5,000	
Co-Insurance	0%	30%	0%	30%	0%	30%	0%	
Office Visits								
Primary Care	\$20	30% after ded	\$20	30% after ded	\$15	30% after ded	\$15	
Specialist	\$40	30% after ded	\$40	30% after ded	\$45	30% after ded	\$40	
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	\$250/day; \$1,250 max/admit; \$2,500 max/cont yr	
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	\$250/day; \$1,250 max/admit; \$2,500 max/cont yr	
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	Hosp-\$150; FS-\$40	
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	No charge	
Mental Health Outpatient	\$40	30% after ded	\$40	30% after ded	\$45	30% after ded	\$40	
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	\$100 (waived if admitted)	
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	\$5,116.60	5	\$5,057.89	5	\$5,050.15	5	\$4,942.22
Annual Cost		\$61,399.20		\$60,694.68		\$60,601.80		\$59,306.64

	Oxford Health Plans Liberty Gold PPO Flex 30/50 NG CNT		Oxford Health Plans Liberty Gold PPO Flex 25/40 \$2000 NG CNT		Oxford Health Plans Liberty Gold PPO Flex 25/40 \$1000 NG CNT		Oxford Health Plans Liberty Gold EPO 30/50 \$1000 NG CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/25/50		10/25/50		15/35/75		25/50/75	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000	\$4,000/\$8,000	\$2,000/\$4,000	\$4,000/\$8,000	\$1,000/\$2,000	\$3,000/\$6,000	\$1,000/\$2,000	
Individual/Family OOP Limit	\$3,250/\$6,500 (incl ded)	\$9,000/\$18,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$8,000/\$16,000 (incl ded)	\$3,500/\$7,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$3,500/\$7,000 (incl ded)	
Co-Insurance	20%	40%	20%	40%	20%	40%	20%	
Office Visits								
Primary Care	\$30 ded waived	40% after ded	\$25 ded waived	40% after ded	\$25 ded waived	40% after ded	\$30 ded waived	
Specialist	\$50 ded waived	40% after ded	\$40 ded waived	40% after ded	\$40 ded waived	40% after ded	\$50 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded; pre-auth req	40% after ded; pre-auth req	20% after ded; pre-auth req	40% after ded; pre-auth req	20% after ded; pre-auth req	40% after ded; pre-auth req	20% after ded	
Mental Health Inpatient	20% after ded; pre-auth req	40% after ded; pre-auth req	20% after ded; pre-auth req	40% after ded; pre-auth req	20% after ded; pre-auth req	40% after ded; pre-auth req	20% after ded	
Outpatient Services								
Outpatient Facility	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	Hosp-50% after ded; FS-20% after ded; pre-auth req	40% after ded; pre-auth req	Hosp-\$150 ded waived; FS-\$50 ded waived	
Lab/X-Ray	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	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	
Mental Health Outpatient	\$50 ded waived	40% after ded	\$40 ded waived	40% after ded	\$40 ded waived	40% after ded	\$50 ded waived	
Emergency Care								
Emergency Room	\$100 (waived if admitted) + 20% ded waived	Paid as in-network	\$100 (waived if admitted) + 20% ded waived	Paid as in-network	\$100 (waived if admitted) + 20% ded waived	Paid as in-network	\$100 (waived if admitted) + 20% 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	\$4,218.29	5	\$4,143.42	5	\$4,031.54	5	\$3,897.37
Annual Cost		\$50,619.48		\$49,721.04		\$48,378.48		\$46,768.44

	Oxford Health Plans Liberty Gold EPO 25/40 NG CNT		Oxford Health Plans Liberty Gold EPO 30/60 NG CNT		Oxford Health Plans Liberty Gold EPO 30/50 \$1000 G CNT		Oxford Health Plans Liberty Gold EPO 30/50 \$2000 NG CNT	
	In-Network	Out-Network	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		15/35/75	
Cost Share Information								
Individual/Family Deductible	\$1,250/\$2,500		\$2,000/\$4,000		\$1,000/\$2,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$3,750/\$7,500 (incl ded)		\$3,500/\$7,000 (incl ded)		\$3,500/\$7,000 (incl ded)		\$5,000/\$10,000 (incl ded)	
Co-Insurance	20%		50%		20%		30%	
Office Visits								
Primary Care	\$25 ded waived		\$30 ded waived		\$30 ded waived		\$30 ded waived	
Specialist	\$40 ded waived		\$60 ded waived		\$50 ded waived		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded		50% after ded		20% after ded		30% after ded	
Mental Health Inpatient	20% after ded		50% after ded		20% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$150 ded waived; FS-\$40 ded waived		Hosp-\$250 ded waived; FS-\$150 ded waived		Hosp-\$150 ded waived; FS-\$50 ded waived		Hosp-\$150 ded waived; FS-\$50 ded waived	
Lab/X-Ray	Lab-No charge; X-ray-20% after ded		Lab-No charge; X-ray-50% after ded		Lab-No charge; X-ray-20% after ded		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$40 ded waived		\$50 ded waived		\$50 ded waived		\$50 ded waived	
Emergency Care								
Emergency Room	\$100 (waived if admitted) + 20% ded waived		\$100 (waived if admitted) + 50% ded waived		\$100 (waived if admitted) + 20% ded waived		\$100 (waived if admitted) + 30% 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	\$3,890.63	5	\$3,813.07	5	\$3,741.49	5	\$3,734.76
Annual Cost		\$46,687.56		\$45,756.84		\$44,897.88		\$44,817.12

	Oxford Health Plans Liberty Gold EPO 25/50 NG CNT		Oxford Health Plans Liberty Gold EPO \$50 NG CNT		Oxford Health Plans Liberty Gold EPO \$50 G CNT		Oxford Health Plans Liberty Silver PPO Flex 50/75 NG CNT	
	In-Network	Out-Network	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		25/50/75	
Cost Share Information								
Individual/Family Deductible	\$750/\$1,500		\$600/\$1,200		\$600/\$1,200		\$2,500/\$5,000	\$5,000/\$10,000
Individual/Family OOP Limit	\$4,500/\$9,000 (incl ded)		\$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	50%		0%		0%		30%	50%
Office Visits								
Primary Care	\$25 ded waived		\$50 ded waived		\$50 ded waived		\$50 ded waived	50% after ded
Specialist	\$50 ded waived		\$50 ded waived		\$50 ded waived		\$75 ded waived	50% after ded
Inpatient Services								
Inpatient Hospital	50% after ded		\$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	50% after ded		\$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-\$150 ded waived; FS-\$75 ded waived		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	Lab-No charge; X-ray-50% after ded		No charge		No charge		Lab-No charge; X-ray-30% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Outpatient	\$50 ded waived		\$50 ded waived		\$50 ded waived		\$50 ded waived	50% after ded
Emergency Care								
Emergency Room	\$100 (waived if admitted) + 50% ded waived		\$100 (waived if admitted) ded waived		\$100 (waived if admitted) ded waived		\$100 (waived if admitted) + 30% ded waived	Paid as in-network
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	\$3,722.39	5	\$3,715.15	5	\$3,566.52	5	\$3,482.57
Annual Cost		\$44,668.68		\$44,581.80		\$42,798.24		\$41,790.84

	Oxford Health Plans Liberty Silver EPO 40/75 \$2500 NG CNT		Oxford Health Plans Liberty Silver Primary Advantage 30/60 NG CNT		Oxford Health Plans Liberty Silver EPO HSA \$2000 \$30/\$50 NG CNT		Oxford Health Plans Liberty 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	25/50/75		10/40/70 IntDed T2-3		25/50/75 IntDed		50%/50%/50% IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,500/\$5,000		\$2,000/\$4,000		\$2,000/\$4,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$6,850/\$13,700 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	50%		10%		20%		50%	
Office Visits								
Primary Care	\$40 ded waived		\$30 ded waived		\$30 after ded		\$10 after ded	
Specialist	\$75 ded waived		\$60 after ded		\$50 after ded		\$70 after ded	
Inpatient Services								
Inpatient Hospital	50% after ded		\$250/day after ded; \$1,250 max/admit; \$2,500 max/cont yr		\$500/day after ded; \$1,500 max/cont yr		\$50/day after ded; \$250 max/admit; \$500 max/cont yr	
Mental Health Inpatient	50% after ded		\$250/day after ded; \$1,250 max/admit; \$2,500 max/cont yr		\$500/day after ded; \$1,500 max/cont yr		\$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-0% after ded		50% after ded	
Lab/X-Ray	Lab-No charge; X-ray-50% 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) + 50% ded waived		\$100 (waived if admitted) + 10% after ded		\$100 (waived if admitted) 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	\$3,288.09	5	\$3,260.75	5	\$3,134.32	5	\$2,829.20
Annual Cost		\$39,457.08		\$39,129.00		\$37,611.84		\$33,950.40

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: 33256342

SIC: 0000

Oxford Health Plans		
Liberty 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	
Single EE with Spouse EE with Child(ren) Family	Please refer to Employee Rate Breakdown Report for member level rates	
Monthly Cost	5	\$2,516.70
Annual Cost		\$30,200.40

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: 33256343 SIC: 0000

Plan	Oxford Health Plans Liberty Platinum PPO 20/40 NG CNT (PPO)		Oxford Health Plans Liberty Platinum PPO Flex 20/40 NG CNT (PPO)		Oxford Health Plans Liberty 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	In Network	N/A	In Network	N/A
	Out Network	\$2,000/\$4,000	Out Network	\$2,000/\$4,000	Out Network	\$2,500/\$5,000
Co-Insurance	In Network	0%	In Network	0%	In Network	0%
	Out Network	30%	Out Network	30%	Out Network	30%
Individual/Family OOP Limit	In Network	\$2,000/\$4,000	In Network	\$2,500/\$5,000	In Network	\$2,500/\$5,000
	Out Network	\$5,000/\$10,000 (incl ded)	Out Network	\$5,000/\$10,000 (incl ded)	Out Network	\$6,250/\$12,500 (incl ded)
Primary Care	In Network	\$20	In Network	\$20	In Network	\$15
	Out Network	30% after ded	Out Network	30% after ded	Out Network	30% after ded
Specialist	In Network	\$40	In Network	\$40	In Network	\$45
	Out Network	30% after ded	Out Network	30% after ded	Out Network	30% after ded
Emergency Room	In Network	\$100 (waived if admitted)	In Network	\$100 (waived if admitted)	In Network	\$100 (waived if admitted)
	Out Network	Paid as in-network	Out Network	Paid as in-network	Out Network	Paid as in-network
Inpatient Hospital	In Network	No charge; pre-auth req	In Network	\$100/day; \$500 max/admit; \$1,000	In Network	\$300/day; \$1,500 max/admit; \$3,000
	Out Network	30% after ded; pre-auth req	Out Network	30% after ded; pre-auth req	Out Network	30% after ded; pre-auth req
Name	Sex	Tier	DOB	Med		
Employee 01	M	EE	8/1/1992	S	\$760.31	\$751.59
Employee 02	M	EE	8/1/1982	S	\$822.35	\$812.92
Employee 03	M	EE	8/1/1972	S	\$919.07	\$908.52
Employee 04	M	EE	8/1/1962	S	\$1,228.06	\$1,213.96
Employee 05	M	EE	8/1/1952	P	\$1,386.81	\$1,370.90
					\$5,116.60	\$5,057.89
						\$5,050.15

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: 33256343 SIC: 0000

Plan	Oxford Health Plans Liberty Platinum EPO 15/40 NG CNT (EPO)		Oxford Health Plans Liberty Gold PPO Flex 30/50 NG CNT (PPOc)		Oxford Health Plans Liberty Gold PPO Flex 25/40 \$2000 NG CNT (PPOc)	
Prescription	5/25/50		10/25/50		10/25/50	
Individual/Family Deductible	N/A		\$1,500/\$3,000 \$4,000/\$8,000		\$2,000/\$4,000 \$4,000/\$8,000	
	In Network					
	Out Network					
Co-Insurance	0%		20%		20%	
	In Network					
	Out Network					
Individual/Family OOP Limit	\$2,500/\$5,000		\$3,250/\$6,500 (incl ded) \$9,000/\$18,000 (incl ded)		\$4,000/\$8,000 (incl ded) \$8,000/\$16,000 (incl ded)	
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	
Emergency Room	\$100 (waived if admitted)		\$100 (waived if admitted) + 20% ded Paid as in-network		\$100 (waived if admitted) + 20% ded Paid as in-network	
Inpatient Hospital	\$250/day; \$1,250 max/admit; \$2,500		20% after ded; pre-auth req 40% after ded; pre-auth req		20% after ded; pre-auth req 40% after ded; pre-auth req	
	In Network					
	Out Network					
Name	Sex	Tier	DOB	Med		
Employee 01	M	EE	8/1/1992	S	\$734.40	\$615.70
Employee 02	M	EE	8/1/1982	S	\$794.33	\$665.94
Employee 03	M	EE	8/1/1972	S	\$887.74	\$744.26
Employee 04	M	EE	8/1/1962	S	\$1,186.20	\$994.48
Employee 05	M	EE	8/1/1952	P	\$1,339.55	\$1,123.04
					\$4,942.22	\$4,143.42

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: 33256343 SIC: 0000

Plan		Oxford Health Plans Liberty Gold PPO Flex 25/40 \$1000 NG CNT (PPOc)	Oxford Health Plans Liberty Gold EPO 30/50 \$1000 NG CNT (EPOc)	Oxford Health Plans Liberty Gold EPO 25/40 NG CNT (EPOc)			
Prescription		15/35/75	25/50/75	25/50/75			
Individual/Family Deductible							
	In Network	\$1,000/\$2,000	\$1,000/\$2,000	\$1,250/\$2,500			
	Out Network	\$3,000/\$6,000					
Co-Insurance							
	In Network	20%	20%	20%			
	Out Network	40%					
Individual/Family OOP Limit							
	In Network	\$3,500/\$7,000 (incl ded)	\$3,500/\$7,000 (incl ded)	\$3,750/\$7,500 (incl ded)			
	Out Network	\$7,500/\$15,000 (incl ded)					
Primary Care							
	In Network	\$25 ded waived	\$30 ded waived	\$25 ded waived			
	Out Network	40% after ded					
Specialist							
	In Network	\$40 ded waived	\$50 ded waived	\$40 ded waived			
	Out Network	40% after ded					
Emergency Room							
	In Network	\$100 (waived if admitted) + 20% ded	\$100 (waived if admitted) + 20% ded	\$100 (waived if admitted) + 20% ded			
	Out Network	Paid as in-network					
Inpatient Hospital							
	In Network	20% after ded; pre-auth req	20% after ded	20% after ded			
	Out Network	40% after ded; pre-auth req					
Name	Sex	Tier	DOB	Med			
Employee 01	M	EE	8/1/1992	S	\$599.08	\$579.14	\$578.14
Employee 02	M	EE	8/1/1982	S	\$647.96	\$626.40	\$625.31
Employee 03	M	EE	8/1/1972	S	\$724.16	\$700.06	\$698.85
Employee 04	M	EE	8/1/1962	S	\$967.63	\$935.42	\$933.81
Employee 05	M	EE	8/1/1952	P	\$1,092.71	\$1,056.35	\$1,054.52
					\$4,031.54	\$3,897.37	\$3,890.63

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: 33256343 SIC: 0000

Plan		Oxford Health Plans Liberty Gold EPO 30/60 NG CNT (EPOc)	Oxford Health Plans Liberty Gold EPO 30/50 \$1000 G CNT (EPOc)	Oxford Health Plans Liberty Gold EPO 30/50 \$2000 NG CNT (EPOc)			
Prescription		25/50/75	25/50/75	15/35/75			
Individual/Family Deductible							
	In Network	\$2,000/\$4,000	\$1,000/\$2,000	\$2,000/\$4,000			
	Out Network						
Co-Insurance							
	In Network	50%	20%	30%			
	Out Network						
Individual/Family OOP Limit							
	In Network	\$3,500/\$7,000 (incl ded)	\$3,500/\$7,000 (incl ded)	\$5,000/\$10,000 (incl ded)			
	Out Network						
Primary Care							
	In Network	\$30 ded waived	\$30 ded waived	\$30 ded waived			
	Out Network						
Specialist							
	In Network	\$60 ded waived	\$50 ded waived	\$50 ded waived			
	Out Network						
Emergency Room							
	In Network	\$100 (waived if admitted) + 50% ded	\$100 (waived if admitted) + 20% ded	\$100 (waived if admitted) + 30% ded			
	Out Network						
Inpatient Hospital							
	In Network	50% after ded	20% after ded	30% after ded			
	Out Network						
Name	Sex	Tier	DOB	Med			
Employee 01	M	EE	8/1/1992	S	\$566.61	\$555.98	\$554.98
Employee 02	M	EE	8/1/1982	S	\$612.85	\$601.34	\$600.26
Employee 03	M	EE	8/1/1972	S	\$684.92	\$672.06	\$670.85
Employee 04	M	EE	8/1/1962	S	\$915.19	\$898.01	\$896.40
Employee 05	M	EE	8/1/1952	P	\$1,033.50	\$1,014.10	\$1,012.27
					\$3,813.07	\$3,741.49	\$3,734.76

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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: 33256343 SIC: 0000

Plan		Oxford Health Plans Liberty Gold EPO 25/50 NG CNT (EPOc)	Oxford Health Plans Liberty Gold EPO \$50 NG CNT (EPOc)	Oxford Health Plans Liberty Gold EPO \$50 G CNT (EPOc)			
Prescription		25/50/75	25/50/75	25/50/75			
Individual/Family Deductible	In Network Out Network	\$750/\$1,500	\$600/\$1,200	\$600/\$1,200			
Co-Insurance	In Network Out Network	50%	0%	0%			
Individual/Family OOP Limit	In Network Out Network	\$4,500/\$9,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$4,000/\$8,000 (incl ded)			
Primary Care	In Network Out Network	\$25 ded waived	\$50 ded waived	\$50 ded waived			
Specialist	In Network Out Network	\$50 ded waived	\$50 ded waived	\$50 ded waived			
Emergency Room	In Network Out Network	\$100 (waived if admitted) + 50% ded	\$100 (waived if admitted) ded waived	\$100 (waived if admitted) ded waived			
Inpatient Hospital	In Network Out Network	50% after ded	\$500/day ded waived; \$2,500 max/admit;	\$500/day ded waived; \$2,500 max/admit;			
Name	Sex	Tier	DOB	Med			
Employee 01	M	EE	8/1/1992	S	\$553.14	\$552.06	\$529.98
Employee 02	M	EE	8/1/1982	S	\$598.27	\$597.11	\$573.22
Employee 03	M	EE	8/1/1972	S	\$668.63	\$667.33	\$640.63
Employee 04	M	EE	8/1/1962	S	\$893.43	\$891.69	\$856.02
Employee 05	M	EE	8/1/1952	P	\$1,008.92	\$1,006.96	\$966.67
					\$3,722.39	\$3,715.15	\$3,566.52

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Prepared For: **Oxford 2017 4th qtr region 1**
 Bergen County, NJ 07010
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Employee Rate Breakdown Report

Effective Date: 10/01/2017 Prepared On: 08/01/2017
 Report ID: 33256343 SIC: 0000

Plan		Oxford Health Plans Liberty Silver PPO Flex 50/75 NG CNT (PPOc)	Oxford Health Plans Liberty Silver EPO 40/75 \$2500 NG CNT (EPOc)	Oxford Health Plans Liberty Silver Primary Advantage 30/60 NG CNT (EPOc)			
Prescription		25/50/75	25/50/75	10/40/70 IntDed T2-3			
Individual/Family Deductible							
	In Network	\$2,500/\$5,000	\$2,500/\$5,000	\$2,000/\$4,000			
	Out Network	\$5,000/\$10,000					
Co-Insurance							
	In Network	30%	50%	10%			
	Out Network	50%					
Individual/Family OOP Limit							
	In Network	\$6,250/\$12,500 (incl ded)	\$6,850/\$13,700 (incl ded)	\$5,500/\$11,000 (incl ded)			
	Out Network	\$12,500/\$25,000 (incl ded)					
Primary Care							
	In Network	\$50 ded waived	\$40 ded waived	\$30 ded waived			
	Out Network	50% after ded					
Specialist							
	In Network	\$75 ded waived	\$75 ded waived	\$60 after ded			
	Out Network	50% after ded					
Emergency Room							
	In Network	\$100 (waived if admitted) + 30% ded	\$100 (waived if admitted) + 50% ded	\$100 (waived if admitted) + 10% after ded			
	Out Network	Paid as in-network					
Inpatient Hospital							
	In Network	30% after ded; pre-auth req	50% after ded	\$250/day after ded; \$1,250 max/admit;			
	Out Network	50% after ded; pre-auth req					
Name	Sex	Tier	DOB	Med			
Employee 01	M	EE	8/1/1992	S	\$517.50	\$488.60	\$484.54
Employee 02	M	EE	8/1/1982	S	\$559.73	\$528.47	\$524.08
Employee 03	M	EE	8/1/1972	S	\$625.55	\$590.62	\$585.71
Employee 04	M	EE	8/1/1962	S	\$835.87	\$789.19	\$782.62
Employee 05	M	EE	8/1/1952	P	\$943.92	\$891.21	\$883.80
					\$3,482.57	\$3,288.09	\$3,260.75

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Prepared For: **Oxford 2017 4th qtr region 1**
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Employee Rate Breakdown Report
 Effective Date: 10/01/2017 Prepared On: 08/01/2017
 Report ID: 33256343 SIC: 0000

Plan	Oxford Health Plans Liberty Silver EPO HSA \$2000 \$30/ \$50 NG CNT (HSA)		Oxford Health Plans Liberty Bronze EPO HSA \$3000 NG CNT (HSA)		Oxford Health Plans Liberty Bronze EPO HSA \$3000 50% NG CNT (HSA)	
Prescription	25/50/75 IntDed		50%/50%/50% IntDed		50%/50%/50% IntDed	
Individual/Family Deductible	In Network Out Network	\$2,000/\$4,000	\$3,000/\$6,000		\$3,000/\$6,000	
Co-Insurance	In Network Out Network	20%	50%		50%	
Individual/Family OOP Limit	In Network Out Network	\$6,550/\$13,100 (incl ded)	\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Primary Care	In Network Out Network	\$30 after ded	\$10 after ded		50% after ded	
Specialist	In Network Out Network	\$50 after ded	\$70 after ded		50% after ded	
Emergency Room	In Network Out Network	\$100 (waived if admitted) after ded	50% after ded		50% after ded	
Inpatient Hospital	In Network Out Network	\$500/day after ded; \$1,500 max/cont yr	\$50/day after ded; \$250 max/admit; \$500		\$100/day after ded; \$500 max/admit;	
Name	Sex	Tier	DOB	Med		
Employee 01	M	EE	8/1/1992	S	\$465.75	\$373.98
Employee 02	M	EE	8/1/1982	S	\$503.76	\$404.49
Employee 03	M	EE	8/1/1972	S	\$563.00	\$452.06
Employee 04	M	EE	8/1/1962	S	\$752.28	\$604.04
Employee 05	M	EE	8/1/1952	P	\$849.53	\$682.13
					\$3,134.32	\$2,516.70

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