Prepared For: Oxford 2019 3rd qtr Metro Mid Hudson

Prepared By:

Delaware County, NY 12167

Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 07/01/2019

Prepared On: 04/10/2019

Report ID: 36348169 SIC: 0000

In-Network	Oxford Metro M Platinum EPO 15/30 Gated OHI CNT (EPO) (UCR=N/A)		Oxford Metro M Gold EPO 25/40 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Gold EPO 25/40 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Silver EPO 30/80 Non-Gated OHI CNT (EPOc) (UCR=N/A)	
Drug Card 10/65/90/100 ded T2-3 Cost Share Information Individual/Family Deductible Individual/Family OOP Limit \$2,500/\$5,000 Co-Insurance 0% Office Visits Primary Care \$15 Specialist \$30 Inpatient Services Inpatient Hospital \$200/day; \$800 max/admit Mental Health Inpatient \$200/day; \$800 max/admit Outpatient Services Outpatient Facility Hosp-\$500; FS-\$100 Lab/X-Ray Lab-\$15; X-ray-\$20 Mental Health Outpatient \$30 Emergency Care Emergency Room \$200 (waived if admitted) Urgent Care \$50 Single 1 x \$946.566	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	
Cost Share Information Individual/Family Deductible Individual/Family OOP Limit Co-Insurance Office Visits Primary Care Specialist Inpatient Services Inpatient Hospital Mental Health Inpatient Services Outpatient Services Outpatient Facility Lab/X-Ray Mental Health Outpatient Emergency Care Emergency Room Single N/A \$2,500/\$5,000 0% \$200/day;\$800 max/admit \$200/day;\$800 max/admit \$200/day;\$800 max/admit \$200/day;\$800 max/admit \$200/bay;\$800 max/admit \$200 (waived if admitted)								
Individual/Family Deductible Individual/Family OOP Limit Co-Insurance Office Visits Primary Care Specialist Inpatient Services Inpatient Hospital Mental Health Inpatient Outpatient Services Outpatient Facility Lab/X-Ray Mental Health Outpatient Emergency Care Emergency Room Single N/A \$2,500/\$5,000 0% 0% 0% \$200/day; \$800 max/admit \$200/day; \$800 max/admit \$400/day; \$800 max/admit \$200/day; \$800 max/admit		10/65/90/100 ded T2-3		10/65/90/100 ded T2-3		10/65/90/100 ded T2-3		
Individual/Family OOP Limit								
Individual/Family OOP Limit		\$1,250/\$2,500		\$1,250/\$2,500		\$3,000/\$6,000		
Office Visits Primary Care \$15 Specialist \$30 Inpatient Services Inpatient Hospital \$200/day; \$800 max/admit Mental Health Inpatient \$200/day; \$800 max/admit Outpatient Services Outpatient Facility Hosp-\$500; FS-\$100 Lab/X-Ray Lab-\$15; X-ray-\$20 Mental Health Outpatient \$30 Emergency Care Emergency Room \$200 (waived if admitted) Urgent Care \$50 Single 1 x \$946.566		\$5,000/\$10,000 (incl ded)		\$5,500/\$11,000 (incl ded)		\$7,900/\$15,800 (incl ded)		
Primary Care \$15 Specialist \$30 Inpatient Services Inpatient Hospital \$200/day; \$800 max/admit Mental Health Inpatient \$200/day; \$800 max/admit Outpatient Services Outpatient Facility Hosp-\$500; FS-\$100 Lab/X-Ray Lab-\$15; X-ray-\$20 Mental Health Outpatient \$30 Emergency Care Emergency Room \$200 (waived if admitted) Urgent Care \$50 Single 1 x \$946.566		20%		20%		30%		
Specialist \$30 Inpatient Services Inpatient Hospital \$200/day; \$800 max/admit Mental Health Inpatient \$200/day; \$800 max/admit Outpatient Services Outpatient Facility Hosp-\$500; FS-\$100 Lab/X-Ray Lab-\$15; X-ray-\$20 Mental Health Outpatient \$30 Emergency Care Emergency Room \$200 (waived if admitted) Urgent Care \$50 Single 1 x \$946.566								
Inpatient Services Inpatient Hospital \$200/day; \$800 max/admit Mental Health Inpatient \$200/day; \$800 max/admit Outpatient Services Outpatient Facility Hosp-\$500; FS-\$100 Lab/X-Ray Lab-\$15; X-ray-\$20 Mental Health Outpatient Emergency Care Emergency Room \$200 (waived if admitted) Urgent Care \$50 Single 1 x \$946.566		\$25 ded waived		\$25 ded waived		\$30 ded waived		
Inpatient Hospital \$200/day; \$800 max/admit Mental Health Inpatient \$200/day; \$800 max/admit Outpatient Services Outpatient Facility Hosp-\$500; FS-\$100 Lab/X-Ray Lab-\$15; X-ray-\$20 Mental Health Outpatient Emergency Care Emergency Room \$200 (waived if admitted) Urgent Care \$50 Single 1 x \$946.566		\$40 ded waived		\$40 ded waived		\$80 ded waived		
max/admit \$200/day; \$800 max/admit Outpatient Services Outpatient Facility Hosp-\$500; FS-\$100 Lab/X-Ray Lab-\$15; X-ray-\$20 Mental Health Outpatient Emergency Care Emergency Room \$200 (waived if admitted) Urgent Care \$50 Single 1 x \$946.56								
Max/admit Outpatient Services Outpatient Facility Hosp-\$500; FS-\$100 Lab/X-Ray Lab-\$15; X-ray-\$20 Mental Health Outpatient Emergency Care Emergency Room \$200 (waived if admitted) Urgent Care \$50 Single 1 x \$946.56		20% after ded		20% after ded		30% after ded		
Outpatient Facility Hosp-\$500; FS-\$100 Lab/X-Ray Lab-\$15; X-ray-\$20 Mental Health Outpatient Emergency Care Emergency Room \$200 (waived if admitted) Urgent Care \$50 Single 1 x \$946.566		20% after ded		20% after ded		30% after ded		
Lab/X-Ray Lab-\$15; X-ray-\$20 Mental Health Outpatient \$30 Emergency Care Emergency Room \$200 (waived if admitted) Urgent Care \$50 Single 1 x \$946.56								
Mental Health Outpatient \$30 Emergency Care Emergency Room \$200 (waived if admitted) Urgent Care \$50 Single 1 x \$946.56		Hosp-\$500 after ded; FS- \$200 after ded		Hosp-\$500 after ded; FS- \$200 after ded		30% after ded		
Emergency Care Emergency Room \$200 (waived if admitted) Urgent Care \$50 Single 1 x \$946.56		Lab-\$15 ded waived; X-ray-\$50 after ded		Lab-\$15 ded waived; X-ray-\$50 after ded		Lab-\$15 ded waived; X-ray-30% after ded		
Emergency Room \$200 (waived if admitted) Urgent Care \$50 Single 1 x \$946.56		\$40 ded waived		\$40 ded waived		\$80 ded waived		
Urgent Care \$50 Single 1 x \$946.56								
Single 1 x \$946.56	1)	\$400 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		30% after ded		
		\$65 ded waived		\$65 ded waived		\$80 ded waived		
	<u> </u>	1 x \$827.51		1 x \$794.39		1 x \$697.81		
,ooo		0 x \$1,655.03		0 x \$1,588.77		0 x \$1,395.63		
EE with Child(ren) 0 x \$1,609.16	16	0 x \$1,406.77		0 x \$1,350.46		0 x \$1,186.28		
Family 1 x \$2,697.71	71	1 x \$2,358.41		1 x \$2,264.01		1 x \$1,988.77		
Monthly Cost 2 \$3,644.27	27	2 \$3,185.92		2 \$3,058.40		2 \$2,686.58		
Annual Cost \$43,731.24	24	\$38,231.04		\$36,700.80		\$32,238.96		

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	Oxford Metro M Silver EPO 30/80 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Silver EPO HSA \$1500 35/50 Gated OHI CNT (HSA) (UCR=N/A)		Oxford Metro M Silver EPO Prim Adv \$3000 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Bronze EPO HSA \$5500 Gated OHI CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/65/90/100 ded T2-3		10/65/50%to\$800 IntDed		5/65/90 IntDed T2-3		10/65/90 IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000		\$1,500/\$3,000		\$3,000/\$6,000		\$5,500/\$11,000	
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)		\$6,550/\$13,100 (incl ded)		\$7,900/\$15,800 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance Office Visits	30%		30%		30%		30%	
Primary Care	\$30 ded waived		\$35 after ded		\$15 ded waived		30% after ded	
Specialist	\$80 ded waived		\$50 after ded		\$70 after ded		30% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		30% after ded		\$400/day after ded; \$1,600 max/admit		30% after ded	
Mental Health Inpatient	30% after ded		30% after ded		\$400/day after ded; \$1,600 max/admit		30% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		Hosp-\$750 after ded; FS- \$300 after ded		Hosp-\$500 after ded; FS- \$250 after ded		30% after ded	
Lab/X-Ray	Lab-\$15 ded waived; X-ray-30% after ded		Lab-\$15 after ded; X-ray- \$50 after ded		\$15 after ded		Lab-\$15 after ded; X-ray-30% after ded	
Mental Health Outpatient	\$80 ded waived		\$50 after ded		\$70 ded waived		30% after ded	
Emergency Care			, and the second second					
Emergency Room	30% after ded		\$500 (waived if admitted) after ded		50% after ded		30% after ded	
Urgent Care	\$80 ded waived		\$80 after ded		\$70 ded waived		30% after ded	
Single	1 x \$674.32		1 x \$672.77		1 x \$642.55		1 x \$560.36	
EE with Spouse	0 x \$1,348.64		0 x \$1,345.54		0 x \$1,285.11		0 x \$1,120.72	
EE with Child(ren)	0 x \$1,146.34		0 x \$1,143.71		0 x \$1,092.34		0 x \$952.61	
Family	1 x \$1,921.81		1 x \$1,917.40		1 x \$1,831.28		1 x \$1,597.02	
Monthly Cost Annual Cost	2 \$2,596.13 \$31,153.56		2 \$2,590.17 \$31,082.04		2 \$2,473.83 \$29,685.96		2 \$2,157.38 \$25,888.56	

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	Oxford M Bronze EPO HSA \$575 (HSA) (U	0 40/75 Gated OHI CNT	Oxford Metro M Bronze EPO HSA \$6550 100% Gated OHI CNT (HSA) (UCR=N/A)			
	In-Network	Out-Network	In-Network	Out-Network		
Prescription Drugs						
Drug Card	10/65/90 IntDed		0%/0%/0% IntDed			
Cost Share Information						
Individual/Family Deductible	\$5,750/\$11,500		\$6,550/\$13,100			
Individual/Family OOP Limit	\$6,700/\$13,400 (incl ded)		\$6,700/\$13,400 (incl ded)			
Co-Insurance	50%		0%			
Office Visits						
Primary Care	\$40 after ded		0% after ded			
Specialist	\$75 after ded		0% after ded			
Inpatient Services						
Inpatient Hospital	50% after ded		0% after ded			
Mental Health Inpatient	50% after ded		0% after ded			
Outpatient Services						
Outpatient Facility	Hosp-\$1,000 after ded; FS-\$500 after ded		0% after ded			
Lab/X-Ray	Lab-\$15 after ded; X-ray-50% after ded		0% after ded			
Mental Health Outpatient	\$75 after ded		0% after ded			
Emergency Care						
Emergency Room	\$500 (waived if admitted) after ded		0% after ded			
Urgent Care	\$80 after ded		0% after ded			
Single	1 x \$555.26		1 x \$554.81			
EE with Spouse	0 x \$1,110.52		0 x \$1,109.63			
EE with Child(ren)	0 x \$943.95		0 x \$943.19			
Family	1 x \$1,582.50		1 x \$1,581.22			
Monthly Cost	2 \$2,137.76		2 \$2,136.03			
Annual Cost	\$25,653.12		\$25,632.36			

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