

| | Oxford Metro P MTRO GT 15/30/100 EPO 21 CNT (EPO) (UCR=N/A) | | Oxford Metro G MTRO NG 25/40/1250/80 EPO ME 21 CNT (EPOc) (UCR=N/A) | | Oxford Metro G MTRO GT 25/40/1250/80 EPO 21 CNT (EPOc) (UCR=N/A) | | Oxford Metro S MTRO NG 50/100/100 EPO ZD 21 CNT (EPO) (UCR=N/A) | |
|-------------------------------|---|-------------|---|-------------|--|-------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | | | |
| Drug Card | 10/65/95/150 ded T2-3 | | 10/65/95/150 ded T2-3 | | 10/65/95/150 ded T2-3 | | 15/65/90/150 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | N/A | | \$1,250/\$2,500 | | \$1,250/\$2,500 | | N/A | |
| Individual/Family OOP Limit | \$3,000/\$6,000 | | \$5,500/\$11,000 (incl ded) | | \$5,500/\$11,000 (incl ded) | | \$8,550/\$17,100 | |
| Co-Insurance | 0% | | 20% | | 20% | | 0% | |
| Office Visits | | | | | | | | |
| Primary Care | \$15 | | \$25 ded waived | | \$25 ded waived | | \$50 | |
| Specialist | \$30 | | \$40 ded waived | | \$40 ded waived | | \$100 | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | \$200/day; \$800 max/admit | | 20% after ded | | 20% after ded | | \$1,000/admit | |
| Mental Health Inpatient | \$200/day; \$800 max/admit | | 20% after ded | | 20% after ded | | \$1,000/admit | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | Hosp-\$500; FS-\$100 | | Hosp-\$500 after ded; FS-\$200 after ded | | Hosp-\$500 after ded; FS-\$200 after ded | | Hosp-\$700; FS-\$500 | |
| Lab/X-Ray | Lab-\$15; X-ray-\$20 | | Lab-\$15 ded waived; X-ray-\$50 after ded | | Lab-\$15 ded waived; X-ray-\$50 after ded | | Lab-\$40; X-ray-\$150 | |
| Mental Health Outpatient | \$30 | | \$40 ded waived | | \$40 ded waived | | \$100 | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$250 (waived if admitted) | | \$500 (waived if admitted) ded waived | | \$500 (waived if admitted) ded waived | | \$1,350 (waived if admitted) | |
| Urgent Care | \$50 | | \$65 ded waived | | \$65 ded waived | | \$100 | |
| Single | 2 x \$997.90 | | 2 x \$860.71 | | 2 x \$838.83 | | 2 x \$805.17 | |
| EE with Spouse | 0 x \$1,995.79 | | 0 x \$1,721.42 | | 0 x \$1,677.65 | | 0 x \$1,610.35 | |
| EE with Child(ren) | 0 x \$1,696.42 | | 0 x \$1,463.20 | | 0 x \$1,426.00 | | 0 x \$1,368.80 | |
| Family | 0 x \$2,844.00 | | 0 x \$2,453.02 | | 0 x \$2,390.65 | | 0 x \$2,294.75 | |
| Monthly Cost | 2 \$1,995.80 | | 2 \$1,721.42 | | 2 \$1,677.66 | | 2 \$1,610.34 | |
| Annual Cost | \$23,949.60 | | \$20,657.04 | | \$20,131.92 | | \$19,324.08 | |

| | Oxford Metro S MTRO NG 30/80/3500/70 EPO ME 21 CNT (EPOc) (UCR=N/A) | | Oxford Metro S MTRO GT 30/80/3500/70 EPO 21 CNT (EPOc) (UCR=N/A) | | Oxford Metro S MTRO GT 35/50/3500/70 EPO HSA 21 CNT (HSA) (UCR=N/A) | | Oxford Metro B MTRO GT 40/75/6500/50 EPO HSA 21 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 | 10/65/95/150 ded T2-3 | | 10/65/95/150 ded T2-3 | | 10/65/50%to\$800 IntDed | | 10/65/95 IntDed | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$3,500/\$7,000 | | \$3,500/\$7,000 | | \$3,500/\$7,000 | | \$6,500/\$13,000 | |
| Individual/Family OOP Limit | \$8,550/\$17,100 (incl ded) | | \$8,550/\$17,100 (incl ded) | | \$6,750/\$13,500 (incl ded) | | \$7,000/\$14,000 (incl ded) | |
| Co-Insurance | 30% | | 30% | | 30% | | 50% | |
| Office Visits | | | | | | | | |
| Primary Care | \$30 ded waived | | \$30 ded waived | | \$35 after ded | | \$40 after ded | |
| Specialist | \$80 ded waived | | \$80 ded waived | | \$50 after ded | | \$75 after ded | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 30% after ded | | 30% after ded | | 30% after ded | | 50% after ded | |
| Mental Health Inpatient | 30% after ded | | 30% after ded | | 30% after ded | | 50% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | 30% after ded | | 30% after ded | | Hosp-\$750 after ded; FS-\$300 after ded | | Hosp-\$1,000 after ded; FS-\$500 after ded | |
| Lab/X-Ray | Lab-\$20 ded waived; X-ray-30% after ded | | Lab-\$20 ded waived; X-ray-30% after ded | | Lab-\$15 after ded; X-ray-\$50 after ded | | Lab-\$15 after ded; X-ray-50% after ded | |
| Mental Health Outpatient | \$80 ded waived | | \$80 ded waived | | \$50 after ded | | \$75 after ded | |
| Emergency Care | | | | | | | | |
| Emergency Room | 50% after ded | | 50% after ded | | \$500 (waived if admitted) after ded | | \$500 (waived if admitted) after ded | |
| Urgent Care | \$80 ded waived | | \$80 ded waived | | \$80 after ded | | \$80 after ded | |
| Single | 2 x \$705.79 | | 2 x \$687.85 | | 2 x \$649.41 | | 2 x \$589.57 | |
| EE with Spouse | 0 x \$1,411.58 | | 0 x \$1,375.70 | | 0 x \$1,298.82 | | 0 x \$1,179.14 | |
| EE with Child(ren) | 0 x \$1,199.85 | | 0 x \$1,169.34 | | 0 x \$1,104.00 | | 0 x \$1,002.27 | |
| Family | 0 x \$2,011.50 | | 0 x \$1,960.38 | | 0 x \$1,850.82 | | 0 x \$1,680.27 | |
| Monthly Cost | 2 \$1,411.58 | | 2 \$1,375.70 | | 2 \$1,298.82 | | 2 \$1,179.14 | |
| Annual Cost | \$16,938.96 | | \$16,508.40 | | \$15,585.84 | | \$14,149.68 | |

Prepared For: **Oxford 2021 1st qtr Metro Nassau Suffolk**

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

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SIC: 0000

| Oxford Metro B MTRO GT 7000/100 EPO HSA 21 CNT (HSA) (UCR=N/A) | | |
|---|-----------------------------|--------------------|
| | In-Network | Out-Network |
| Prescription Drugs | | |
| Drug Card | 0%/0%/0% IntDed | |
| Cost Share Information | | |
| Individual/Family Deductible | \$7,000/\$14,000 | |
| Individual/Family OOP Limit | \$7,000/\$14,000 (incl ded) | |
| Co-Insurance | 0% | |
| Office Visits | | |
| Primary Care | 0% after ded | |
| Specialist | 0% after ded | |
| Inpatient Services | | |
| Inpatient Hospital | 0% after ded | |
| Mental Health Inpatient | 0% after ded | |
| Outpatient Services | | |
| Outpatient Facility | 0% after ded | |
| Lab/X-Ray | 0% after ded | |
| Mental Health Outpatient | 0% after ded | |
| Emergency Care | | |
| Emergency Room | 0% after ded | |
| Urgent Care | 0% after ded | |
| Single | 2 x | \$584.97 |
| EE with Spouse | 0 x | \$1,169.95 |
| EE with Child(ren) | 0 x | \$994.46 |
| Family | 0 x | \$1,667.17 |
| Monthly Cost | 2 | \$1,169.94 |
| Annual Cost | | \$14,039.28 |

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