Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 07/01/2022 Prepared On: 04/14/2022

Report ID: 38638266

SIC: 0000

			JCR=N/A)	(UCR=I	N∕A)	(EPOc) (UC	R=N/A)
In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3	
I							
00/\$1,000 ,050/\$6,100 (incl ded)				N/A \$6,000/\$12,000		\$1,250/\$2,500 \$6,400/\$12,800 (incl ded)	
		10%		0%		0%	_
\$5 ded waived; ND-\$25 d waived		\$15 ded waived		\$25		\$30 ded waived	
\$35 ded waived; ND- 0 ded waived		\$30 ded waived		\$50		\$60 ded waived	
after ded		10% after ded		\$500/admit		\$500/day after ded; \$2,000 max/admit	
after ded		10% after ded		\$500/admit		\$500/day after ded; \$2,000 max/admit	
after ded		10% after ded		Hosp-\$500; FS-\$150		Hosp-\$250 after ded; FS- \$150 after ded	
after ded		10% after ded		Lab-\$20; X-ray-\$50		Lab-No charge; X-ray-\$35 after ded	
5 ded waived		\$30 ded waived		\$50		\$60 ded waived	
50 ded waived		50% after ded		\$750 (waived if admitted)		\$500 (waived if admitted) ded waived	
5 ded waived		\$30 ded waived		\$50		\$75 ded waived	
2 x \$1,315.73		2 x \$1,236.51		2 x \$1,215.06		2 x \$1,111.90	
0 x \$2,631.46		0 x \$2,473.02		0 x \$2,430.12		0 x \$2,223.80	
0 x \$2,236.74		0 x \$2,102.07		0 x \$2,065.60		0 x \$1,890.23	
0 x \$3,749.83		0 x \$3,524.05		0 x \$3,462.92		0 x \$3,168.92	
2 \$2,631.46 \$31.577.52		2 \$2,473.02 \$29.676.24		2 \$2,430.12 \$29,161,44		2 \$2,223.80 \$26,685,60	
0,0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0/\$1,000 050/\$6,100 (incl ded) 5 ded waived; ND-\$25 waived 35 ded waived; ND- ded waived after ded after ded after ded ded waived 0 ded waived 2 x \$1,315.73 0 x \$2,631.46 0 x \$2,236.74 0 x \$3,749.83	0/\$1,000 0/\$1,000 0/\$0/\$6,100 (incl ded) 5 ded waived; ND-\$25 waived 35 ded waived; ND- ded waived after ded after ded after ded after ded ded waived 0 ded waived 2 x \$1,315.73 0 x \$2,631.46 0 x \$3,749.83 2 \$2,631.46	0/\$1,000 \$250/\$500 $50/$6,100$ (incl ded) \$250/\$6,500 (incl ded) $10%$ 10% 5 ded waived; ND-\$25 \$15 ded waived 33 ded waived; ND- \$30 ded waived 35 ded waived; ND- \$10% after ded $after ded$ 10% after ded $after ded$ $50%$ after ded $after ded$ $50%$ after ded $after ded$ $10%$ after ded $after ded$ $0 x$ \$2,631.46 $0 x$ \$2,631.46 $0 x$ \$2,2102.07 $0 x$ \$3,749.83 $0 x$ \$3,524.05 2 \$2,631.46 2 \$2,473.02	0/\$1,000 \$250/\$500 \$250/\$500 0/\$50,\$6,100 (incl ded) \$250/\$500 \$3,250/\$5,500 (incl ded) 5,000 \$15 ded waived \$15 ded waived 5,000 \$15 ded waived \$30 ded waived 5,000 \$15 ded waived \$30 ded waived after ded 10% after ded 10% after ded after ded 10% after ded 10% after ded after ded 10% after ded 10% after ded after ded 10% after ded \$30 ded waived after ded 10% after ded \$30 ded waived 0 ded waived \$30 ded waived \$30 ded waived 2 x<\$1,315.73	Image: Constraint of the state of the s	Image: Note of the second s	No. S250/85.00 (incl ded) S250/85.00 (incl ded) NA S50.00 \$12.000 S1.250.52.500 S6.400 \$12.800 (incl ded) S6.400 \$12.800 (incl ded)

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	Oxford L NY G LBTY NG 1500/90 EI (UCR=	PO HSAM 22 CNT (HSA)	Oxford I NY G LBTY NG 20/40/2 (EPOc) (U	2000/80 EPO 22 CNT	Oxford Li NY G LBTY NG 30/60/20 (EPOc) (UC	000/70 EPO 22 CNT	Oxford L NY S LBTY NG 50/100/100 (UCR=	EPO ZD 22 CNT (EPO)
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/90 IntDed		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/65/95/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible Individual/Family OOP Limit	\$1,500/\$3,000 \$5,500/\$11,000 (incl ded)		\$2,000/\$4,000 \$8,500/\$17,000 (incl ded)		\$2,000/\$4,000 \$8,400/\$16,800 (incl ded)		N/A \$8,700/\$17,400	
Co-Insurance	10%		20%		30%		0%	
Office Visits								
Primary Care	10% after ded		D-\$20 ded waived; ND- \$40 ded waived		\$30 ded waived		\$50	
Specialist	10% after ded		D-\$40 ded waived; ND- \$80 ded waived		\$60 ded waived		\$100	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		30% after ded		\$1,000/admit	
Mental Health Inpatient	10% after ded		20% after ded		30% after ded		\$1,000/admit	
Outpatient Services								
Outpatient Facility	10% after ded		20% after ded		30% after ded		Hosp-\$700; FS-\$500	
Lab/X-Ray	10% after ded		20% after ded		Lab-No charge; X-ray-30% after ded		Lab-\$40; X-ray-\$150	
Mental Health Outpatient	10% after ded		\$40 ded waived		\$60 ded waived		\$100	
Emergency Care								
Emergency Room	50% after ded		\$500 ded waived		\$500 (waived if admitted) ded waived		\$1,400 (waived if admitted)	
Urgent Care	10% after ded		\$75 ded waived		\$75 ded waived		\$100	
Single	2 x \$1,084.45		2 x \$1,082.39		2 x \$1,071.21		2 x \$1,063.85	
EE with Spouse	0 x \$2,168.90		0 x \$2,164.78		0 x \$2,142.42		0 x \$2,127.70	
EE with Child(ren)	0 x \$1,843.57		0 x \$1,840.06		0 x \$1,821.06		0 x \$1,808.55	
Family	0 x \$3,090.68		0 x \$3,084.81		0 x \$3,052.95		0 x \$3,031.97	
Monthly Cost	2 \$2,168.90		2 \$2,164.78		2 \$2,142.42		2 \$2,127.70	
Annual Cost	\$26,026.80		\$25,977.36		\$25,709.04		\$25,532.40	

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	Oxford Li NY S LBTY NG 40/70/3000 (UCR=	/65 EPO 22 CNT (EPOc)	Oxford Li NY S LBTY NG 25/50/2500 (HSA) (UC	/80 EPO HSA 22 CNT	Oxford Lil NY S LBTY NG 40/70/4500/ (UCR=N	60 EPO 22 CNT (EPOc	Oxford Li) NY S LBTY NG 30/75/3500/ (UCR=I	60 EPO 22 CNT (EPO
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90/200 ded T2-3		10/50/50%to\$800/200 ded T2-3	
Cost Share Information								
ndividual/Family Deductible Individual/Family OOP Limit	\$3,000/\$6,000 \$8,700/\$17,400 (incl ded)		\$2,500/\$5,000 \$6,900/\$13,800 (incl ded)		\$4,500/\$9,000 \$8,700/\$17,400 (incl ded)		\$3,500/\$7,000 \$8,700/\$17,400 (incl ded)	
Co-Insurance Office Visits	35%		20%		40%		40%	
Primary Care	\$40 ded waived		\$25 after ded		\$40 ded waived		\$30 ded waived	
Specialist	\$70 ded waived		\$50 after ded		\$70 ded waived		\$75 ded waived	
Inpatient Services								
npatient Hospital	35% after ded		20% after ded		40% after ded		40% after ded	
Mental Health Inpatient	35% after ded		20% after ded		40% after ded		40% after ded	
Outpatient Services								
Outpatient Facility	35% after ded		Hosp-\$250 after ded; FS- \$150 after ded		40% after ded		40% after ded	
Lab/X-Ray	Lab-\$25 ded waived; X-ray-35% after ded		Lab-20% after ded; X-ray- \$90 after ded		Lab-\$25 ded waived; X-ray-40% after ded		Lab-\$20 ded waived; X-ray-40% after ded	
Mental Health Outpatient Emergency Care	\$70 ded waived		\$50 after ded		\$70 ded waived		\$75 ded waived	
Emergency Room	50% after ded		\$500 (waived if admitted) after ded		50% after ded		\$600 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 after ded		\$75 ded waived		\$80 ded waived	
Single	2 x \$953.82		2 x \$953.00		2 x \$935.55		2 x \$934.02	
EE with Spouse	0 x \$1,907.64		0 x \$1,906.00		0 x \$1,871.10		0 x \$1,868.04	
EE with Child(ren)	0 x \$1,621.49		0 x \$1,620.10		0 x \$1,590.44		0 x \$1,587.83	
Family	0 x \$2,718.39		0 x \$2,716.05		0 x \$2,666.32		0 x \$2,661.96	
Monthly Cost Annual Cost	2 \$1,907.64 \$22,891.68		2 \$1,906.00 \$22,872.00		2 \$1,871.10 \$22,453.20		2 \$1,868.04 \$22,416.48	

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	Oxford Li NY S LBTY NG 25/45/5000 (UCR=	/50 EPO 22 CNT (EPOc)	Oxford L NY S LBTY GT 25/50/4500 (UCR=	/50 EPO 22 CNT (EPOc)	Oxford Li NY S LBTY NG 4000/80 EP (UCR=I	O HSAM 22 CNT (HSA)		
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/90/200 ded T2-3		10/50/90/200 ded T2-3		10/50/90 IntDed		10/50/90 IntDed	
Cost Share Information			I					1
Individual/Family Deductible Individual/Family OOP Limit	\$5,000/\$10,000 \$8,700/\$17,400 (incl ded)		\$4,500/\$9,000 \$8,700/\$17,400 (incl ded)		\$4,000/\$8,000 \$7,050/\$14,100 (incl ded)		\$6,750/\$13,500 \$7,050/\$14,100 (incl ded)	\$10,000/\$20,000 \$25,000/\$50,000 (incl ded)
Co-Insurance	50%		50%		20%		20%	20%
Office Visits								
Primary Care	D-\$25 ded waived; ND- \$45 ded waived		\$25 ded waived		20% after ded		\$30 after ded	20% after ded
Specialist	D-\$45 ded waived; ND- \$75 ded waived		\$50 ded waived		20% after ded		\$60 after ded	20% after ded
Inpatient Services								
Inpatient Hospital	50% after ded		50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req
Mental Health Inpatient	50% after ded		50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req
Outpatient Services								'
Outpatient Facility	50% after ded		50% after ded		20% after ded		20% after ded; pre-auth req	20% after ded; pre-auth req
Lab/X-Ray	50% after ded		Lab-\$15 ded waived; X-ray-50% after ded		20% after ded		20% after ded	Lab-Not covered; X-ray-20% after ded
Mental Health Outpatient	\$45 ded waived		\$50 ded waived		20% after ded		\$60 after ded	20% after ded
Emergency Care								
Emergency Room	50% after ded		50% after ded		50% after ded		50% after ded	Paid as in-network
Urgent Care	\$75 ded waived		\$80 ded waived		20% after ded		20% after ded	20% after ded
Single	2 x \$925.09		2 x \$916.35		2 x \$896.06		2 x \$875.40	1
EE with Spouse	0 x \$1,850.18		0 x \$1,832.70		0 x \$1,792.12		0 x \$1,750.80	
EE with Child(ren)	0 x \$1,572.65		0 x \$1,557.80		0 x \$1,523.30		0 x \$1,488.18	
Family	0 x \$2,636.51		0 x \$2,611.60		0 x \$2,553.77		0 x \$2,494.89	
Monthly Cost	2 \$1,850.18		2 \$1,832.70		2 \$1,792.12		2 \$1,750.80	
Annual Cost	\$22,202.16		\$21,992.40		\$21,505.44		\$21,009.60	

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Drug Card $30\%30\%30\%$ IntDed $0\%0\%0\%$ IntDed $0\%0\%0\%$ IntDedCost Share Information\$7,000/\$14,000\$7,050/\$14,100 (incl ded)\$7,000/\$14,000Individual/Family OoP Limit\$7,500/\$14,100 (incl ded)\$7,050/\$14,100 (incl ded)\$7,050/\$14,100 (incl ded)Co-Insurance 30% 0% 0% Office Visits 0% after ded 0% after ded 0% after dedInpatient Services 0% after ded 0% after ded 0% after dedOutpatient Hospital 30% after ded 0% after ded 0% after dedOutpatient Facility 30% after ded 0% after ded 0% after dedLab/X-Ray 30% after ded 0% after ded 0% after dedUrgent Care 50% after ded 0% after ded 0% after dedUrgent Care 30% after ded 0% after ded 0% after dedUrgent Care 30% after ded 0% after ded 0% after dedUrgent Care 30% after ded 0% after ded 0% after dedUrgent Care 30% after ded 0% after ded 0% after dedSingle $2x$ \$839.65 $2x$ \$839.02Et with Spouse $0x$ \$1,679.30 $0x$ \$1,426.33Et with Spouse 2 \$1,679.30 $0x$ \$1,426.33Family $0x$ \$2,393.00 $0x$ \$1,678.04		Oxford Lii NY B LBTY NG 25/75/5750 (HSA) (UC	70 EPO HSA 22 CNT	Oxford Liberty NY B LBTY NG 7000/100 EPO HSA 22 CNT (HSA) (UCR=N/A)			
Cost Share InformationImage: Cost Share InformationImage: Cost Share InformationImage: Cost Share InformationS7,050/S14,000 S7,050/S14,000 (incl ded)Individual/Family OOP Limit $$57,50/$14,100$ (incl ded) $$7,050/$14,000$ S7,050/\$14,100 (incl ded) $$7,050/$14,000$ S7,050/\$14,000 (incl ded)Co-Insurance 30% 0% 0% Office Visits 0% 0% after ded 0% Primary Care $$25$ after ded 0% after ded 0% after dedSpecialist $$75$ after ded 0% after ded 0% after dedInpatient Services U 0% after ded 0% after dedOutpatient Facility 30% after ded 0% after ded 0% after dedOutpatient Facility 30% after ded 0% after ded 0% after dedIndividual Health Outpatient Emergency Care 575 after ded 0% after dedUrgent Care 30% after ded 0% after ded 0% after dedUrgent Care 30% after ded 0% after ded 0% after dedSingle E with Spouse $2x$ \$839.65 $0x$ $2x$ \$839.02 $0x$ E with Spouse $0x$ $$1,679.30$ $0x$ $$1,427.41$ $0x$ $0x$ Monthly Cost 2 \$1,679.30 $0x$ $$1,426.33$ $0x$ $0x$		In-Network	Out-Network	In-Network	Out-Network		
Cost Share InformationImage: Cost Share InformationImage: Cost Share InformationIndividual/Family Deductible Individual/Family OOP Limit\$5,750/\$11,500 \$7,050/\$14,100 (incl ded)\$7,050/\$14,000 \$7,050/\$14,100 (incl ded)Co-Insurance Office Visits 30% 0% Primary Care\$25 after ded 0% after dedSpecialist\$75 after ded 0% after dedInpatient ServicesImage: Cost of the Visits 0% after dedInpatient Hospital 30% after ded 0% after dedOutpatient Facility 30% after ded 0% after dedOutpatient Facility 30% after ded 0% after dedImage: Care 30% after ded 0% after dedUrgent Care 30% after ded 0% after dedUrgent Care $2x$ \$839.65 $2x$ Single $2x$ \$839.65 $2x$ Ewith Spouse $0x$ \$1,679.30 $0x$ Single $2x$ \$839.65 $2x$ Single $2x$ \$839.65 $2x$ Ewith Spouse $0x$ \$1,679.30 $0x$ Single $2x$ \$1,679.30 $0x$ Ewith Spouse $0x$ \$1,679.30 $0x$ Care 2 \$1,679.30 $0x$ Single $2x$ \$1,679.30 $0x$ Ewith Child(ren) $0x$ \$1,427.41 $0x$ Nonthly Cost 2 \$1,679.30 2 Single $2x$ \$1,679.30 $0x$ Single $2x$ \$1,679.30 $0x$ Single $2x$ \$1,6	Prescription Drugs						
Individual/Family Deductible Individual/Family OOP Limit $$5,750/$11,500$ \$7,050/\$14,100 (incl ded) $$7,000/$14,000$ \$7,050/\$14,100 (incl ded)Co-Insurance Office Visits 3% 0% 0% Primary Care $$25$ after ded 0% after ded 0% after dedSpecialist $$75$ after ded 0% after ded 0% after dedInpatient Services 0% after ded 0% after ded 0% after dedMental Health Inpatient 30% after ded 0% after ded 0% after dedOutpatient Facility 30% after ded 0% after ded 0% after dedLab/X-Ray 30% after ded 0% after ded 0% after dedLab/X-Ray 30% after ded 0% after ded 0% after dedUrgent Care 50% after ded 0% after ded 0% after dedUrgent Care 30% after ded 0% after ded 0% after dedSingle $2 \times 839.65 $2 \times 839.02 $0 \times $1,678.04$ E with Spouse $0 \times $1,679.30$ $0 \times $1,422.33$ Family $0 \times $1,2233.00$ $0 \times $1,2233.20$ Monthly Cost $2 \$1,679.30$ $2 \$1,678.04$	Drug Card	30%/30%/30% IntDed		0%/0%/0% IntDed			
Individual/Family OOP Limit $\$7,050/\$14,100$ (incl ded) $\$7,050/\$14,100$ (incl ded)Co-Insurance 30% 0% Office Visits 0% Primary Care $\$25$ after ded 0% after dedSpecialist $\$75$ after ded 0% after dedInpatient Services 0% after ded 0% after dedInpatient Hospital 30% after ded 0% after dedMental Health Inpatient 30% after ded 0% after dedOutpatient Facility 30% after ded 0% after dedJab/X-Ray 30% after ded 0% after dedMental Health Outpatient Emergency Care $\$75$ sfar ded 0% after dedLub/X-Ray 30% after ded 0% after dedSingle $2 \times$ $\$839.65$ $2 \times$ Single $2 \times$ $\$839.65$ $2 \times$ Single $2 \times$ $\$1.679.30$ $0 \times$ Single $2 \times$ $\$1.427.41$ $0 \times$ $0 \times$ $\$1.427.41$ $0 \times$ $$1.426.33$ Family $0 \times$ $\$1.427.41$ $0 \times$ $0 \times$ $\$1.427.41$ $0 \times$ $$1.678.04$ $0 \times$ $\$1.427.41$ $0 \times$ $$1.426.33$ $0 \times$ $\$1.679.30$ $2 <$ $$1.678.04$	Cost Share Information						
Office VisitsvvvvPrimary Care $$25$ after ded0% after ded0% after dedSpecialist $$75$ after ded0% after ded0% after dedInpatient Services v v v Inpatient Hospital30% after ded0% after ded0% after dedMental Health Inpatient30% after ded0% after ded0% after dedOutpatient Services v v v Outpatient Facility30% after ded0% after ded v Single $$75$ after ded v v Emergency Care v v v Emergency Room 50% after ded 0% after ded v Urgent Care 30% after ded 0% after ded v Single $2x$ $$839.65$ $2x$ $$839.02$ EE with Spouse $0x$ $$1,679.30$ $0x$ $$1,426.33$ $amily$ $0x$ $$1,427.41$ $0x$ $$1,426.33$ $amily$ $0x$ $$2,393.00$ 2 $$1,678.04$ Monthly Cost 2 $$1,679.30$ 2 $$1,678.04$							
Specialist\$75 after ded0% after ded0% after dedInpatient Services 0% after ded 0% after ded 0% after dedInpatient Hospital 30% after ded 0% after ded 0% after dedMental Health Inpatient 30% after ded 0% after ded 0% after dedOutpatient Services 0% after ded 0% after ded 0% after dedOutpatient Services 0% after ded 0% after ded 0% after dedOutpatient Facility 30% after ded 0% after ded 0% after dedMental Health Outpatient $$75$ after ded 0% after ded 0% after dedEmergency Care 0% after ded 0% after ded 0% after dedUrgent Care 30% after ded 0% after ded 0% after dedSingle $2 \times \$839.65$ $2 \times \$839.02$ $51,678.04$ E with Spouse $0 \times \$1,679.30$ $0 \times \$1,427.41$ $0 \times \$1,426.33$ Family $0 \times \$2,393.00$ $2 \$1,678.04$ $0 \times \$2,391.21$		30%		0%			
Inpatient ServicesImpatient ServicesImpa	Primary Care	\$25 after ded		0% after ded			
Inpatient Hospital 30% after ded 30% after ded 0% after ded 10% a	Specialist	\$75 after ded		0% after ded			
Mental Health Inpatient30% after ded0% after dedOutpatient ServicesOutpatient Services0% after ded0% after dedOutpatient Facility30% after ded0% after ded0% after dedLab/X-Ray30% after ded0% after ded0% after dedMental Health Outpatient Emergency Care\$75 after ded0% after dedEmergency Care0% after ded0% after dedUrgent Care30% after ded0% after dedSingle E with Spouse E with Child(ren) Family2 x \$839.65 0 x \$1,679.302 x \$839.02 0 x \$1,427.41 0 x \$1,427.41 0 x \$1,427.41Monthly Cost2 \$1,679.302 \$1,678.04	Inpatient Services						
Outpatient ServicesImage: Constraint of the servicesImage: Constraint of the servicesImage: Constraint of the servicesOutpatient Facility 30% after ded 0% after ded 0% after dedLab/X-Ray 30% after ded 0% after ded 0% after dedMental Health Outpatient Emergency Care 575 after ded 0% after ded 0% after dedEmergency Room 50% after ded 0% after ded 0% after ded 0% after dedUrgent Care 30% after ded 0% after ded 0% after ded 0% after dedSingle $2 \times$ $$839.65$ $2 \times$ $$839.02$ E with Spouse $0 \times$ $$1,679.30$ $0 \times$ $$1,427.41$ $0 \times$ $$1,427.41$ $0 \times$ $$1,426.33$ Family $0 \times$ $$2,393.00$ 2 $$1,678.04$ Monthly Cost 2 $$1,679.30$ 2 $$1,678.04$	Inpatient Hospital	30% after ded		0% after ded			
Outpatient Facility30% after ded0% after dedLab/X-Ray30% after ded0% after dedMental Health Outpatient Emergency Care\$75 after ded0% after dedEmergency Care0% after ded0% after dedUrgent Care30% after ded0% after dedSingle E with Spouse2 x \$839.65 0 x \$1,679.302 x \$839.02 0 x \$1,678.04Emergency Core0 x \$1,427.41 0 x \$1,427.41 0 x \$1,426.33 0 x \$2,393.000 x \$1,678.04 0 x \$1,678.04	Mental Health Inpatient	30% after ded		0% after ded			
Lab/X-Ray30% after ded0% after dedMental Health Outpatient Emergency Care\$75 after ded0% after dedEmergency Room50% after ded0% after dedUrgent Care30% after ded0% after dedSingle EE with Spouse2 x\$839.65EE with Child(ren) Family0 x\$1,679.30O x\$1,427.410 xO x\$1,427.41O x\$2,391.21Monthly Cost2\$1,679.302Stingle\$1,679.30Stingle\$1,679.30Stingle\$1,679.30Stingle\$1,679.30Stingle\$1,679.30Stingle\$1,679.30Stingle\$1,679.30Stingle\$1,679.30Stingle\$1,679.30<	Outpatient Services						
Mental Health Outpatient Emergency Care\$75 after ded0% after dedEmergency Room50% after ded0% after ded0% after dedUrgent Care30% after ded0% after ded0% after dedSingle2 x \$839.652 x \$839.02EE with Spouse0 x \$1,679.300 x \$1,678.04EE with Child(ren)0 x \$1,427.410 x \$1,426.33Family2 \$1,679.302 \$1,678.04	Outpatient Facility	30% after ded		0% after ded			
Emergency Care50% after ded0% after dedEmergency Room50% after ded0% after dedUrgent Care30% after ded0% after dedSingle2 x \$839.652 x \$839.02EE with Spouse0 x \$1,679.300 x \$1,678.04EE with Child(ren)0 x \$1,427.410 x \$1,426.33Family2 \$1,679.302 \$1,678.04	Lab/X-Ray	30% after ded		0% after ded			
Urgent Care 30% after ded 0% after ded Single 2 x \$839.65 2 x \$839.02 EE with Spouse 0 x \$1,679.30 0 x \$1,678.04 EE with Child(ren) 0 x \$1,427.41 0 x \$1,426.33 Family 0 x \$2,393.00 0 x \$2,391.21 Monthly Cost 2 \$1,679.30 2 \$1,678.04	-	\$75 after ded		0% after ded			
Single 2 x \$839.65 2 x \$839.02 EE with Spouse 0 x \$1,679.30 0 x \$1,678.04 EE with Child(ren) 0 x \$1,427.41 0 x \$1,426.33 Family 0 x \$2,393.00 0 x \$2,391.21 Monthly Cost 2 \$1,679.30 2 \$1,678.04	Emergency Room	50% after ded		0% after ded			
EE with Spouse 0 x \$1,679.30 0 x \$1,678.04 EE with Child(ren) 0 x \$1,427.41 0 x \$1,426.33 Family 0 x \$2,393.00 0 x \$2,391.21 Monthly Cost 2 \$1,679.30 2 \$1,678.04	Urgent Care	30% after ded		0% after ded			
EE with Child(ren) 0 x \$1,427.41 0 x \$1,426.33 Family 0 x \$2,393.00 0 x \$2,391.21 Monthly Cost 2 \$1,679.30 2 \$1,678.04	-	2 x \$839.65		2 x \$839.02			
Family 0 x \$2,393.00 0 x \$2,391.21 Monthly Cost 2 \$1,679.30 2 \$1,678.04	-						
Monthly Cost 2 \$1,679.30 2 \$1,678.04				,			
• · · · · · · · · · · · · · · · · · · ·	Family	0 x \$2,393.00		0 x \$2,391.21			
• · · · · · · · · · · · · · · · · · · ·	Monthly Cost	2 \$1,679.30		2 \$1,678.04			
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Health Plan Comparison Report (4L)

Effective Date: 07/01/2022	Prepared On: 04/14/2022
Report ID: 38638266	SIC: 0000