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

Health Plan Comparison Report (4L)

Prepared On : 2/2/2016 Report Id : 30340563

Effective Date : 04/01/2016 SIC : 0000

Prescription DrugsImage: Control of the second		Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI FAIR CNT (PPO) (UCR=80fh%)		Oxford Freedom F Platinum PPO 5/15 Non-Gated OHI CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum PPO 20/40 Non-Gated OHI CNT (PPO) (UCR=140mc%)		Oxford Freedom F Platinum EPO 5/15 Non-Gated OHI CNT (EPO) (UCR=N/A)	
Drug Card Cost Share InformationS30601100 ded T2-3InS30601100 ded T2-3InS30601100 ded T2-3S3060100 ded T2-3S3060100 ded T2-3S3060100 ded T2-3S3060100 ded T2-3S30005000 <th></th> <th>In-Network</th> <th>Out-Network</th> <th>In-Network</th> <th>Out-Network</th> <th>In-Network</th> <th>Out-Network</th> <th>In-Network</th> <th>Out-Network</th>		In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
cost Share indexin	Prescription Drugs								
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Drug Card	5/30/60/100 ded T2-3		5/30/60/100 ded T2-3		5/30/60/100 ded T2-3		5/30/60/100 ded T2-3	
Individual Individual Column 	Cost Share Information		1				l	I I I I I I I I I I I I I I I I I I I	
Co-Insurance NA 20% NA 30% NA 30% NA NA<	Individual/Family Deductible	N/A	\$3,000/\$6,000	N/A	\$2,000/\$4,000	N/A	\$3,000/\$6,000	N/A	
Office Visitsvvv<	Individual/Family OOP Limit	\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	\$5,000/\$10,000 (incl ded)	\$3,000/\$6,000	\$7,500/\$15,000 (incl ded)	\$3,000/\$6,000	
Primary Care Specialist S20 20% after ded S5 30% after ded S20 30% after ded S5 S5 S5 Inpatent Services 30% after ded	Co-Insurance	N/A	20%	N/A	30%	N/A	30%	N/A	
special 940 92 merced 95 merced <	Office Visits		1		I		1		
Inpatient ServicesImpatient HospitalS500/admitZ0% after dedS150/admitS150/admitS0% after dedS150/admitS0% after dedS150/admitS150/admi	Primary Care	\$20	20% after ded	\$5	30% after ded	\$20	30% after ded	\$5	
Inpatient Hospital\$500/admit20% after ded\$150/admit30% after ded\$500/admit30% after ded\$150/admitMental Health Inpatient\$500/admit20% after ded\$150/admit30% after ded\$500/admit30% after ded\$150/admit\$150/admitOutpatient ServicesVVVVVVVVVVOutpatient FacilityHosp-\$300 FS-\$10020% after dedHosp-\$100 FS-\$5030% after dedHosp-\$300 FS-\$10030% after dedHosp-\$300 FS-\$10030% after dedHosp-\$100 FS-\$50Lab/X-RayLab-No charge; X-ray-\$9020% after dedLab-No charge; X-ray-\$9030% after dedLab-No charge; X-ray-\$9030% after dedHosp-\$100 FS-\$50Lab/X-RayLab-No charge; X-ray-\$9020% after ded\$1530% after ded\$4030% after dedS15Mental Health Outpatient\$4020% after ded\$1530% after ded\$4030% after ded\$15Emergency Room\$200 (waived if admitted)Paid as in-network\$100 (waived if admitted)Paid as in-network\$200 (waived if admitted)Paid as in-network\$200 (waived if admitted)Paid as in-network\$200 (waived if admitted)\$100 (waived if admitted)\$20% after ded\$5030% after ded\$50Urgent Care\$5020% after ded\$5030% after ded\$5030% after ded\$50\$10 (waived if admitted)\$10 (waived if admitted)\$10 (waived if admitted)\$10 (waived if admitted)\$10 x\$1,854.85\$1,854.85 <td>Specialist</td> <td>\$40</td> <td>20% after ded</td> <td>\$15</td> <td>30% after ded</td> <td>\$40</td> <td>30% after ded</td> <td>\$15</td> <td></td>	Specialist	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Mental Health Inpatient\$500/admit20% after ded $$150/admit30\% after ded$500/admit30\% after ded$150/admit$100/admit$150/admit$100/ad$	Inpatient Services		1		1		1		
A concept of the spectral space of the spectral s	Inpatient Hospital	\$500/admit	20% after ded	\$150/admit	30% after ded	\$500/admit	30% after ded	\$150/admit	
Outpatient FacilityHosp-\$300 FS-\$10020% after dedHosp-\$100 FS-\$5030% after dedHosp-\$300 FS-\$10030% after dedHosp-\$100 FS-\$50Lab/X-RayLab-No charge; X-ray-\$9020% after dedLab-No charge; X-ray-\$9030% after dedLab-No charge; X-ray-\$9030% after dedLab-No charge; X-ray-\$90Mental Health Outpatient\$40 \cdot 20% after ded\$15 \cdot	Mental Health Inpatient	\$500/admit	20% after ded	\$150/admit	30% after ded	\$500/admit	30% after ded	\$150/admit	
Lab/X-RayLab-No charge; X-ray-\$9020% after dedLab-No charge; X-ray-\$9030% after dedLab-No charge; X-ray-\$9030% after dedLab-No charge; X-ray-\$90Mental Health Outpatient\$40 20% after ded\$15 30% after ded\$40 30% after ded\$15Emergency CareImage: Solution of the second of the	Outpatient Services		<u> </u>		1		<u> </u>	I	
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	Outpatient Facility	Hosp-\$300 FS-\$100	20% after ded	Hosp-\$100 FS-\$50	30% after ded	Hosp-\$300 FS-\$100	30% after ded	Hosp-\$100 FS-\$50	
Emergency CareSolutionPaid as in-network $\$100$ (waived if admitted)Paid as in-network $\$100$ (waived if admitted)Paid as in-network $\$200$ (waived if admitted)Paid as in-network $\$100$ (waived if admitted)Paid as in-network $\$200$ (w	Lab/X-Ray	Lab-No charge; X-ray-\$90	20% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	30% after ded	Lab-No charge; X-ray-\$90	
Emergency CareSolutionPaid as in-network $\$100$ (waived if admitted)Paid as in-network $\$200$ (waived if admitted)Paid as in-network $\$100$ (waived if admitted) $\$100$ (waived if admitted)Paid as in-network $\$200$ (waived if admitted)	Mental Health Outpatient	\$40	20% after ded	\$15	30% after ded	\$40	30% after ded	\$15	
Emergency Room\$200 (waived if admitted)Paid as in-network\$100 (waived if admitted)Paid as in-network\$200 (waived if admitted)Paid as in-network\$100 (waived if admitted)Urgent Care\$5020% after ded\$5030% after ded\$5030% after ded\$50\$50Single1 x\$1,131.721 x\$1,011.791 x\$984.111 x\$927.42EE with Spouse0 x\$2,263.440 x\$2,023.580 x\$1,968.220 x\$1,854.85EE with Child(ren)0 x\$1,923.920 x\$1,720.040 x\$1,672.990 x\$1,576.62Family1 x\$3,225.401 x\$2,883.601 x\$2,804.711 x\$2,804.71									
Single 1 x \$1,131.72 1 x \$1,011.79 1 x \$984.11 1 x \$927.42 EE with Spouse 0 x \$2,263.44 0 x \$2,023.58 0 x \$1,968.22 0 x \$1,854.85 EE with Child(ren) 0 x \$1,923.92 0 x \$1,720.04 0 x \$1,672.99 0 x \$1,576.62 Family 1 x \$3,225.40 1 x \$2,883.60 1 x \$2,804.71 1 x \$2,643.15		\$200 (waived if admitted)	Paid as in-network	\$100 (waived if admitted)	Paid as in-network	\$200 (waived if admitted)	Paid as in-network	\$100 (waived if admitted)	
EE with Spouse 0 x \$2,263.44 0 x \$2,023.58 0 x \$1,968.22 0 x \$1,854.85 EE with Child(ren) 0 x \$1,923.92 0 x \$1,720.04 0 x \$1,672.99 0 x \$1,576.62 Family 1 x \$3,225.40 1 x \$2,883.60 1 x \$2,804.71 1 x \$2,643.15	Urgent Care	\$50	20% after ded	\$50	30% after ded	\$50	30% after ded	\$50	
EE with Child(ren) 0 x \$1,923.92 0 x \$1,720.04 0 x \$1,672.99 0 x \$1,576.62 Family 1 x \$3,225.40 1 x \$2,883.60 1 x \$2,804.71 1 x \$2,643.15	Single	1 x \$1,131.72	1	1 x \$1,011.79	1	1 x \$984.11	1	1 x \$927.42	
Family 1 x \$3,225.40 1 x \$2,883.60 1 x \$2,804.71 1 x \$2,643.15	EE with Spouse	0 x \$2,263.44		0 x \$2,023.58		0 x \$1,968.22		0 x \$1,854.85	
	EE with Child(ren)	0 x \$1,923.92		0 x \$1,720.04		0 x \$1,672.99		0 x \$1,576.62	
	Family	1 x \$3,225.40		1 x \$2,883.60		1 x \$2,804.71		1 x \$2,643.15	
Monthly Cost 2 \$4,357.12 2 \$3,895.39 2 \$3,788.82 2 \$3,570.57	Monthly Cost	2 \$4,357.12		2 \$3,895.39		2 \$3,788.82		2 \$3,570.57	
Annual Cost \$52,285.44 \$46,744.68 \$45,465.84 \$42,846.84	-			. ,		. ,		. ,	

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Health Plan Comparison Report (4L)

Prepared On : 2/2/2016 Report Id : 30340563

Effective Date : 04/01/2016 SIC : 0000

	Oxford Freedom F Platinum EPO 20/40 Non-Gatec (EPO) (UCR=N/A)	I OHI CNT F Gold PPO 25/4	Oxford Freedom PPO 25/40 Non-Gated OHI CNT (PPOc) (UCR=140mc%)		n-Gated OHI CNT	ated OHI CNT F Gold EPO 25/40 Nor	
	In-Network Out-N	etwork In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs							
Drug Card	5/30/60/100 ded T2-3	10/35/75/100 ded T2-	3	10/35/75/100 ded T2-3		10/35/75/100 ded T2-3	
Cost Share Information							
Individual/Family Deductible	N/A	\$1,000/\$2,000	\$3,000/\$6,000	\$800/\$1,600		\$1,250/\$2,500	
Individual/Family OOP Limit	\$3,000/\$6,000	\$4,000/\$8,000 (incl de	ed) \$7,500/\$15,000 (incl ded	l) \$4,000/\$8,000 (incl ded)		\$5,000/\$10,000 (incl ded)	
Co-Insurance	N/A	20%	40%	10%		20%	
Office Visits							
Primary Care	\$20	\$25 ded waived	40% after ded	\$15 ded waived		\$25 ded waived	
Specialist	\$40	\$40 ded waived	40% after ded	\$30 ded waived		\$40 ded waived	
Inpatient Services							
Inpatient Hospital	\$500/admit	20% after ded	40% after ded	10% after ded		20% after ded	
Mental Health Inpatient	\$500/admit	20% after ded	40% after ded	10% after ded		20% after ded	
Outpatient Services							
Outpatient Facility	Hosp-\$300 FS-\$100	Hosp-\$250 after ded I \$150 after ded	FS- 40% after ded	Hosp-\$250 after ded FS- \$150 after ded		Hosp-\$250 after ded FS- \$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90	Lab-No charge; X-ray-20% after ded	40% after ded	Lab-No charge; X-ray-\$90 ded waived		Lab-No charge; X-ray-\$90 ded waived	
Mental Health Outpatient	\$40	\$40 ded waived	40% after ded	\$30 ded waived		\$40 ded waived	
Emergency Care							
Emergency Room	\$200 (waived if admitted)	\$300 (waived if admit ded waived	ted) Paid as in-network	\$300 (waived if admitted) ded waived		\$300 (waived if admitted) ded waived	
Urgent Care	\$50	\$75 ded waived	40% after ded	\$75 ded waived		\$75 ded waived	
Single	1 x \$905.25	1 x \$852	2.99	1 x \$795.67		1 x \$763.46	
EE with Spouse	0 x \$1,810.50	0 x \$1,70	5.98	0 x \$1,591.34		0 x \$1,526.93	
EE with Child(ren)	0 x \$1,538.92	0 x \$1,450	0.08	0 x \$1,352.64		0 x \$1,297.89	
Family	1 x \$2,579.95	1 x \$2,43	1.02	1 x \$2,267.67		1 x \$2,175.87	
Monthly Cost	2 \$3,485.20	2 \$3,284		2 \$3,063.34		2 \$2,939.33	
Annual Cost	\$41,822.40	\$39,40	8.12	\$36,760.08		\$35,271.96	
Annual Cost	\$41,822.40	\$39,40	5.12	\$36,760.08		\$35,271.96	

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	Oxford Freedom F Gold EPO \$50 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Gold PPO HSA \$1500 Non-Gated OHI CNT (HSA) (UCR=140mc%)		Oxford Freedom F Gold EPO HSA \$1500 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Freedom F Silver PPO 40/70 Non-Gated OHI CNT (PPOc) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75/100 ded T2-3		10/35/75 IntDed		10/35/75 IntDed		15/45/75/100 ded T2-3	
Cost Share Information								
ndividual/Family Deductible	\$750/\$1,500		\$1,500/\$3,000	\$3,000/\$6,000	\$1,500/\$3,000		\$2,000/\$4,000	\$4,000/\$8,000
ndividual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$2,000/\$4,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$2,000/\$4,000 (incl ded)		\$6,600/\$13,200 (incl ded)	\$10,000/\$20,000 (incl ded)
Co-Insurance	10%		10%	40%	10%		30%	50%
Office Visits								
Primary Care	\$50 ded waived		10% after ded	40% after ded	10% after ded		\$40 ded waived	50% after ded
Specialist	\$50 ded waived		10% after ded	40% after ded	10% after ded		\$70 ded waived	50% after ded
npatient Services				1				I
npatient Hospital	\$250/day after ded; \$2,500 max/contr yr		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
Mental Health Inpatient	\$250/day after ded; \$2,500 max/contr yr		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
Outpatient Services								
Dutpatient Facility	Hosp-\$250 after ded FS- \$150 after ded		10% after ded	40% after ded	10% after ded		30% after ded	50% after ded
.ab/X-Ray	Lab-No charge; X-ray-\$90 ded waived		10% after ded	40% after ded	10% after ded		Lab-No charge; X-ray-30% after ded	50% after ded
Mental Health Outpatient Emergency Care	\$50 ded waived		10% after ded	40% after ded	10% after ded		\$70 ded waived	50% after ded
Emergency Room	\$300 (waived if admitted) ded waived		10% after ded	Paid as in-network	10% after ded		\$500 (waived if admitted) ded waived	Paid as in-network
Jrgent Care	\$75 ded waived		10% after ded	40% after ded	10% after ded		\$75 ded waived	50% after ded
Single	1 x \$780.99		1 x \$821.54		1 x \$751.03		1 x \$736.05	,
EE with Spouse	0 x \$1,561.97		0 x \$1,643.08		0 x \$1,502.06		0 x \$1,472.09	
EE with Child(ren)	0 x \$1,327.67		0 x \$1,396.62		0 x \$1,276.76		0 x \$1,251.27	
Family	1 x \$2,225.81		1 x \$2,341.39		1 x \$2,140.44		1 x \$2,097.73	
Monthly Cost Annual Cost	2 \$3,006.80 \$36,081.60		2 \$3,162.93 \$37,955.16		2 \$2,891.47 \$34,697.64		2 \$2,833.78 \$34,005.36	
			\$37,955,16		- <u><u><u></u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>		\$37,005,36	

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	Oxford Freedom F Silver EPO 40/70 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Freedom F Silver PPO HSA \$2000 30/60 Non-Gated OHI CNT (HSA) (UCR=140mc%)		Oxford Freedom F Silver EPO HSA \$2000 25/50 Non-Gated OHI CNT (HSA) (UCR=N/A)		Oxford Freedom F Silver EPO HSA \$2000 Non-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	15/45/75/100 ded T2-3		15/35/75 IntDed		15/35/75 IntDed		15/35/75 IntDed	
Cost Share Information				I				
ndividual/Family Deductible	\$2,000/\$4,000		\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$4,500/\$9,000 (incl ded)		\$6,400/\$12,800 (incl ded)	
Co-Insurance	30%		10%	50%	20%		30%	
Office Visits				I				
Primary Care	\$40 ded waived		\$30 after ded	50% after ded	\$25 after ded		30% after ded	
Specialist	\$70 ded waived		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Inpatient Services				1				
Inpatient Hospital	30% after ded		10% after ded	50% after ded	20% after ded		30% after ded	
Mental Health Inpatient	30% after ded		10% after ded	50% after ded	20% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		Hosp-\$250 after ded FS- \$150 after ded	50% after ded	Hosp-\$250 after ded FS- \$150 after ded		30% after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded		10% after ded	50% after ded	Lab-20% after ded; X-ray- \$90 after ded		30% after ded	
Mental Health Outpatient	\$70 ded waived		\$60 after ded	50% after ded	\$50 after ded		30% after ded	
Emergency Care				I				
Emergency Room	\$500 (waived if admitted) ded waived		10% after ded	Paid as in-network	\$250 (waived if admitted) after ded		30% after ded	
Urgent Care	\$75 ded waived		\$75 after ded	50% after ded	\$75 after ded		30% after ded	
Single	1 x \$665.55		1 x \$703.78		1 x \$645.43		1 x \$596.51	
EE with Spouse	0 x \$1,331.09		0 x \$1,407.56		0 x \$1,290.86		0 x \$1,193.01	
EE with Child(ren)	0 x \$1,131.43		0 x \$1,196.42		0 x \$1,097.23		0 x \$1,014.06	
Family	1 x \$1,896.81		1 x \$2,005.77		1 x \$1,839.47		1 x \$1,700.04	
Manthly Coat	2 ¢2 500 20		2 \$2,700 55		2 \$2.484.00		2 \$2,200 55	
Monthly Cost Annual Cost	2 \$2,562.36 \$30,748.32		2 \$2,709.55 \$32,514.60		2 \$2,484.90 \$29,818.80		2 \$2,296.55 \$27,558.60	
Annual Cost	φου,740.52		ψυζ,υ 14.00		φ23,010.00		φ27,556.00	

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

	Oxford Freedom F Bronze EPO HSA \$5000 Non-Gated OHI CNT (HSA) (UCR=N/A)					
	In-Net	twork	Out-Network			
Prescription Drugs						
Drug Card	10/40/80 IntE	Ded				
Cost Share Information						
Individual/Family Deductible	\$5,000/\$10,0	000				
Individual/Family OOP Limit	\$6,350/\$12,7	700 (incl ded)				
Co-Insurance	20%					
Office Visits						
Primary Care	20% after de	d				
Specialist	20% after de	d				
Inpatient Services						
Inpatient Hospital	20% after de	d				
Mental Health Inpatient	20% after de	d				
Outpatient Services						
Outpatient Facility	20% after de	d				
Lab/X-Ray	20% after de	d				
Mental Health Outpatient	20% after de	d				
Emergency Care						
Emergency Room	20% after de	d				
Urgent Care	20% after de	d				
Single	1 x	\$510.71				
EE with Spouse	0 x	\$1,021.42				
EE with Child(ren)	0 x	\$868.21				
Family	1 x	\$1,455.52				
Monthly Cost	2	\$1,966.23				
Annual Cost		\$23,594.76				

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