# Prepared For: Oxford 2017 2nd qtr Metro NY

New York County, NY 10001

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

# Health Plan Comparison Report (4L)

Effective Date: 04/01/2017

Report ID: 32450602

SIC: 0000

Prepared On: 01/23/2017

Oxford M Platinum EPO 15/ In-Network 5/65/50%to\$800 N/A \$3,000/\$6,000 0%		Oxford M Gold EPO 25/40 N In-Network 10/65/90/100 ded T2-3 \$1,250/\$2,500		Oxford I M Gold EPO 15/30		Oxford M M Gold EPO 25/40 ( In-Network 10/65/50%to\$800	
5/65/50%to\$800 N/A \$3,000/\$6,000 0%	Out-Network	10/65/90/100 ded T2-3	Out-Network		Out-Network		Out-Network
5/65/50%to\$800 N/A \$3,000/\$6,000 0%	Out-Network	10/65/90/100 ded T2-3	Out-Network		Out-Network		Out-Network
N/A \$3,000/\$6,000 0%				10/65/50%to\$800		10/65/50%to\$800	
N/A \$3,000/\$6,000 0%				10/65/50%to\$800		10/65/50%to\$800	
\$3,000/\$6,000 0%		\$1,250/\$2,500					
\$3,000/\$6,000 0%		\$1,250/\$2,500					
\$3,000/\$6,000 0%		, , , , , , , , , , , , , , , , , , , ,		\$750/\$1,500		\$1,250/\$2,500	
		\$5,000/\$10,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,500/\$9,000 (incl ded)	
		20%		20%		20%	
. 1							
\$15		\$25 ded waived		\$15 ded waived		\$25 ded waived	
\$30		\$40 ded waived		\$30 ded waived		\$40 ded waived	
\$200/day; \$800 max/admit		20% after ded		20% after ded		20% after ded	
\$200/day; \$800 max/admit		20% after ded		20% after ded		20% after ded	
l		1					
Hosp-\$500; FS-\$100		Hosp-\$500 after ded; FS- \$200 after ded		Hosp-\$500 after ded; FS- \$200 after ded		Hosp-\$500 after ded; FS- \$200 after ded	
Lab-No charge; X-ray-\$20		Lab-No charge; X-ray-\$50 after ded		Lab-No charge; X-ray-\$50 after ded		Lab-No charge; X-ray-\$50 after ded	
\$30		\$40 ded waived		\$30 ded waived		\$40 ded waived	
\$200 (waived if admitted)		\$400 (waived if admitted) ded waived		\$400 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived	
\$50		\$65 ded waived		\$65 ded waived		\$65 ded waived	
1 x \$803.04		1 x \$711.48		1 x \$698.03		1 x \$678.34	
0 x \$1,606.08		0 x \$1,422.96		0 x \$1,396.06		0 x \$1,356.68	
0 x \$1,365.17		0 x \$1,209.52		0 x \$1,186.65		0 x \$1,153.18	
1 x \$2,288.66		1 x \$2,027.72		1 x \$1,989.39		1 x \$1,933.27	
2 \$3.091 70		2 \$2.739.20		2 \$2.687.42		2 \$2.611.61	
\$37,100.40		\$32,870.40		\$32,249.04		\$31,339.32	
La \$3	ab-No charge; X-ray-\$20 30 200 (waived if admitted) 50 1 x \$803.04 0 x \$1,606.08 0 x \$1,365.17 1 x \$2,288.66 2 \$3,091.70	ab-No charge; X-ray-\$20   30   200 (waived if admitted)   50   1 x \$803.04   0 x \$1,606.08   0 x \$1,365.17   1 x \$2,288.66   2 \$3,091.70	\$200 after ded   ab-No charge; X-ray-\$20   ab-No charge; X-ray-\$20   30   \$40 ded waived   \$40 (waived if admitted)   \$65 ded waived   \$65 ded waived   1 x \$803.04   1 x \$711.48   0 x \$1,606.08   0 x \$1,209.52   1 x \$2,288.66   1 x \$2,027.72   2 \$3,091.70 2	\$200 after ded   sb-No charge; X-ray-\$20   ab-No charge; X-ray-\$50   after ded   \$40 ded waived   200 (waived if admitted)   \$65 ded waived   50   1 x \$803.04   1 x \$711.48   0 x \$1,606.08   0 x \$1,422.96   0 x \$1,209.52   1 x \$2,027.72   2 \$3,091.70 2 \$2,739.20	\$200 after ded \$200 after ded \$200 after ded   \$200 after ded \$200 after ded \$200 after ded   \$200 after ded \$30 ded waived \$30 ded waived   \$200 (waived if admitted) \$400 (waived if admitted) \$400 (waived if admitted)   \$200 (waived if admitted) \$65 ded waived \$65 ded waived   \$200 (waived if admitted) \$65 ded waived \$65 ded waived   \$200 (waived if admitted) \$65 ded waived \$65 ded waived   \$200 (waived if admitted) \$65 ded waived \$65 ded waived   \$200 (waived if admitted) \$65 ded waived \$65 ded waived   \$200 (waived if admitted) \$200 (waived if admitted) \$200 (waived if admitted)   \$200 (waived if admitted) \$400 (waived if admitted) \$400 (waived if admitted)   \$200 (waived if admitted) \$400 (waived if admitted) \$400 (waived if admitted)   \$200 (waived if admitted) \$400 (waived if admitted) \$400 (waived if admitted)   \$200 (waived if admitted) \$400 (waived if admitted) \$400 (waived if admitted)   \$200 (waived if admitted) \$400 (waived if admitted) \$400 (waived if admitted)   \$200 (waived if admitted) \$400 (waived if admitted) \$400 (waived	\$200 after ded \$200 after ded \$200 after ded   ab-No charge; X-ray-\$20 Lab-No charge; X-ray-\$50 Lab-No charge; X-ray-\$50   after ded \$30 ded waived \$30 ded waived   200 (waived if admitted) \$400 (waived if admitted) \$400 (waived if admitted)   60 \$65 ded waived \$65 ded waived   1 x \$803.04 1 x \$711.48   1 x \$803.04 0 x \$1,396.06   0 x \$1,365.17 0 x \$1,209.52   1 x \$2,288.66 1 x \$2,027.72   2 \$3,091.70 2 \$2,739.20 2 \$2,687.42	\$200 after ded   ab-No charge; X-ray-\$20 Lab-No charge; X-ray-\$50 after ded   00 Image: X-ray-\$20 \$40 ded waived \$30 ded waived \$40 ded waived   2 \$40 ded waived 1 x \$711.48 1 x \$65 ded waived   1 x \$803.04 1 x \$711.48 1 x \$665 ded waived   1 x \$803.04 1 x \$711.48 1 x \$6678.34   0 x \$1,209.52 0 x \$1,396.06 0 x \$1,356.68   0 x \$1,209.52 0 x \$1,188.65 0 x \$1,356.18   1 x \$2,228.66 1 x \$2,027.72 1 x \$1,989.39 1 x \$1,933.27   2 \$3,091.70 2 \$2,739.20 2 \$2,687.42 2 \$2,611.61

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

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	Oxford	Metro	Oxford	Metro	Oxford M	Metro	Oxford Metro	
	M Silver EPO 30/60 Non-Gated OHI CNT		M Silver EPO 30/60 Gated OHI CNT		M Silver EPO Prim Adv \$2000 Gated OHI CNT		M Silver EPO HSA \$2000 35/50 Gated OHI CNT	
	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		10/65/50%to\$800 IntDed T2-3		10/65/50%to\$800 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,500/\$5,000		\$2,500/\$5,000		\$2,000/\$4,000		\$2,000/\$4,000	
Individual/Family OOP Limit	\$6,850/\$13,700 (incl ded)		\$6,850/\$13,700 (incl ded)		\$6,500/\$13,000 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	30%		30%		30%		30%	
Office Visits								
Primary Care	\$30 ded waived		\$30 ded waived		\$30 ded waived		\$35 after ded	
Specialist	\$60 ded waived		\$60 ded waived		\$60 after ded		\$50 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		30% after ded		Hosp-\$750 after ded; FS- \$300 after ded		Hosp-\$750 after ded; FS- \$300 after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded		Lab-No charge; X-ray-30% after ded		Lab-\$60 after ded; X-ray- \$50 after ded		Lab-30% after ded; X-ray- \$50 after ded	
Mental Health Outpatient	\$60 ded waived		\$60 ded waived		\$60 ded waived		\$50 after ded	
Emergency Care								
Emergency Room	30% after ded		30% 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	1 x \$618.12		1 x \$587.52		1 x \$581.32		1 x \$556.19	
EE with Spouse	0 x \$1,236.24		0 x \$1,175.04		0 x \$1,162.64		0 x \$1,112.38	
EE with Child(ren)	0 x \$1,050.80		0 x \$998.78		0 x \$988.24		0 x \$945.52	
Family	1 x \$1,761.64		1 x \$1,674.43		1 x \$1,656.76		1 x \$1,585.14	
Monthly Cost	2 \$2,379.76		2 \$2,261.95		2 \$2,238.08		2 \$2,141.33	
Annual Cost	\$28,557.12		\$27,143.40		\$26,856.96		\$25,695.96	

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	Oxford Metro		Oxford Metro		Oxford Metro		Oxford Metro	
	M Bronze EPO HSA \$5750 40/75 Gated OHI CNT		M Bronze EPO HSA \$6550 100% Gated OHI CNT		M Bronze EPO HSA \$3200 Gated OHI CNT		M Bronze EPO HSA \$5500 Gated OHI CNT	
	In-Network 0	Dut-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/65/50%to\$800 IntDed	0%/0	0%/0% IntDed T2-3		50%/50%/50% IntDed T2-3		10/65/50%to\$800 IntDed	
Cost Share Information								
Individual/Family Deductible	\$5,750/\$11,500	\$6,55	50/\$13,100		\$3,200/\$6,400		\$5,500/\$11,000	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)	\$6,55	50/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	50%	0%			50%		30%	
Office Visits			I					
Primary Care	\$40 after ded	0% a	after ded		50% after ded		30% after ded	
Specialist	\$75 after ded	0% a	after ded		50% after ded		30% after ded	
Inpatient Services								
Inpatient Hospital	50% after ded	0% a	after ded		\$250/day after ded; \$1,250 max/admit		30% after ded	
Mental Health Inpatient	50% after ded	0% a	after ded		\$250/day after ded; \$1,250 max/admit		30% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$1,000 after ded; FS-\$500 after ded	0% a	after ded		50% after ded		30% after ded	
Lab/X-Ray	50% after ded	0% a	after ded		50% after ded		30% after ded	
Mental Health Outpatient	\$75 after ded	0% a	after ded		50% after ded		30% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) after ded	0% a	after ded		50% after ded		30% after ded	
Urgent Care	\$80 after ded	0% a	after ded		50% after ded		30% after ded	
Single	1 x \$477.73		1 x \$472.01		1 x \$476.20		1 x \$477.33	
EE with Spouse	0 x \$955.46		0 x \$944.02		0 x \$952.40		0 x \$954.66	
EE with Child(ren)	0 x \$812.14		0 x \$802.42		0 x \$809.54		0 x \$811.46	
Family	1 x \$1,361.53		1 x \$1,345.23		1 x \$1,357.17		1 x \$1,360.39	
Monthly Cost	2 61 020 26		0 ¢101704		0 ¢100007			
Monthly Cost Annual Cost	2 \$1,839.26 \$22,071.12		2 \$1,817.24 \$21,806.88		2 \$1,833.37 \$22,000.44		2 \$1,837.72 \$22,052.64	
	φ22,071.12		<b>Ψ</b> 21,000.88		φ <b>22,000.4</b> 4		φ22,052.64	
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