Prepared By:

Delaware County, NY 12167

Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 07/01/2020

Prepared On: 04/02/2020

SIC: 0000

Report ID: 37600354

| | Oxford Liberty P LBTY GT 15/35/250/90 EPO LA 20 CN (UCR=N/A) | Oxford Liberty IT (EPOc) P LBTY NG 40/80/80 EPO 411 20 CNT (E (UCR=N/A) | Oxford Liberty G LBTY NG 25/50/100 EPO ZD 20 CNT (EPO) (UCR=N/A) | Oxford Liberty G LBTY GT 30/60/1000/100 EPO 20 CNT (EPOc) (UCR=N/A) |
|------------------------------|--|---|--|---|
| | In-Network Out-Ne | twork In-Network Out-Netw | vork In-Network Out-Network | In-Network Out-Network |
| Prescription Drugs | | | | |
| Drug Card | 5/30/60/150 ded T2-3 | 5/30/60/150 ded T2-3 | 10/65/90/100 ded T2-3 | 15/35/75/100 ded T2-3 |
| Cost Share Information | | | | |
| Individual/Family Deductible | \$250/\$500 | N/A | N/A | \$1,000/\$2,000 |
| Individual/Family OOP Limit | \$3,000/\$6,000 (incl ded) | \$2,000/\$4,000 | \$5,000/\$10,000 | \$5,400/\$10,800 (incl ded) |
| Co-Insurance | 10% | 20% | 0% | 0% |
| Office Visits | | | | |
| Primary Care | \$15 ded waived | \$5 visits 1-4; \$40 visits 5+ | \$25 | \$30 ded waived |
| Specialist | \$35 ded waived | \$25 visit 1; \$80 visits 2+ | \$50 | \$60 ded waived |
| Inpatient Services | | | | |
| Inpatient Hospital | 10% after ded | \$1,000/admit | \$500/admit | \$500/day after ded; \$2,000 max/admit |
| Mental Health Inpatient | 10% after ded | \$1,000/admit | \$500/admit | \$500/day after ded; \$2,000 max/admit |
| Outpatient Services | | | | |
| Outpatient Facility | 10% after ded | Hosp-\$500; FS-\$250 | Hosp-\$500; FS-\$150 | Hosp-\$250 after ded; FS- \$150 after ded |
| Lab/X-Ray | 10% after ded | Lab-\$15; X-ray-\$50 | Lab-\$20; X-ray-\$50 | Lab-No charge; X-ray-\$35 after ded |
| Mental Health Outpatient | \$35 ded waived | \$40 | \$50 | \$60 ded waived |
| Emergency Care | | | | |
| Emergency Room | 10% after ded | 50% | \$750 (waived if admitted) | \$500 (waived if admitted) ded waived |
| Urgent Care | \$35 ded waived | \$25 visit 1; \$80 visits 2+ | \$50 | \$75 ded waived |
| Single | 2 x \$1,190.83 | 2 x \$1,186.75 | 2 x \$1,126.75 | 2 x \$1,053.66 |
| EE with Spouse | 0 x \$2,381.67 | 0 x \$2,373.50 | 0 x \$2,253.51 | 0 x \$2,107.32 |
| EE with Child(ren) | 0 x \$2,024.42 | 0 x \$2,017.47 | 0 x \$1,915.49 | 0 x \$1,791.22 |
| Family | 0 x \$3,393.88 | 0 x \$3,382.24 | 0 x \$3,211.25 | 0 x \$3,002.94 |
| Monthly Cost | 2 \$2,381.66 | 2 \$2,373.50 | 2 \$2,253.50 | 2 \$2,107.32 |
| Annual Cost | \$28,579.92 | \$28,482.00 | \$27,042.00 | \$25,287.84 |
| | | | | |

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| Pissespreion Drugs | | Oxford Li G LBTY NG 40/80/2000// (EPOc) (UC | 80 EPO 411 20 CNT | Oxford G LBTY NG 30/60/2000/ (UCR | | Oxford L S LBTY NG 25/50/2000/ (HSA) (U | 80 EPO HSA 20 CNT | Oxford I S LBTY NG 40/70/2500/6 (UCR: | 5 EPO 20 CNT (EPOc) |
|--|------------------------|---|-------------------|---|-------------|---|-------------------|---|---------------------|
| Drug Clark | | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Contract Information Contract Contra | Prescription Drugs | | | | | | | | |
| Individual Family Deductible Individual Family Deductible Individual Family COP Limit Sci. 00035,000 (not ded) \$2,00035,000 (not ded) \$3,00035,000 (not ded) \$3,00035,00035,000 (not ded) \$3,00035,000 (not ded) \$3,00035,00035,000 (not ded) \$3,00035,000 (not ded) \$3,00035,00035,000 (not ded) \$3,00035,000 (not ded) \$3,00035,000 (not ded) \$3,00035,000 (not ded) \$3,00035,000 (not ded) \$3,0003 | Drug Card | 5/30/60/150 ded T2-3 | | 15/45/75/100 ded T2-3 | | 15/35/75 IntDed | | 15/45/75/200 ded T2-3 | |
| Individual/Emily OOP Limit \$4,000/\$8,000 (inclided) \$7,000\$15,800 (inclided) \$5,100\$16,300 (inclided) \$3,700\$15,800 (in | Cost Share Information | | | | | | | | |
| Diffice Visitis Stock devided visits 1-4; Stock devided visits 5+ Stock devided visits 2+ Stock devided visits 2 | - | 1. / . / | | 1. / . / | | 11 / 1 | | | |
| ### Office Visits Primary Care \$5 ded waived visits 1-4; \$30 ded waived \$25 after ded \$40 ded waived \$30 ded waived \$350 after ded \$360 ded waived \$350 after ded \$360 ded waived \$360 after ded \$ | Co-Insurance | 20% | | 30% | | 20% | | 35% | |
| Sol ded walved visits 5+ Specialist Sp | | | | | <u> </u> | | | | |
| Inpatient Services Inpatient Hospital \$1,000/admit after ded 30% after ded 20% after ded 35% after | Primary Care | | | \$30 ded waived | | \$25 after ded | | \$40 ded waived | |
| Inpatient Hospital \$1,000/admit after ded 30% after ded 20% after ded 35% after ded \$150 after ded; FS-\$250 after ded; FS-\$250 after ded; FS-\$250 after ded \$150 after ded | Specialist | | | \$60 ded waived | | \$50 after ded | | \$70 ded waived | |
| Mental Health Inpatient S1,000/admit after ded 30% after ded 20% after ded 35% after | Inpatient Services | | | | | | | | |
| Outpatient Services Outpatient Facility Hosp-\$500 after ded; FS-\$250 after ded; FS-\$250 after ded 30% after ded Hosp-\$250 after ded; FS-\$150 after ded; FS-\$150 after ded 35% after ded 35% after ded Lab/X-Ray Lab-\$15 ded waived; X-ray-\$50 after ded Lab-\$20% after ded; X-ray-\$50 after ded; X-ray-\$50 after ded X-ray-\$35% after ded X-ray | Inpatient Hospital | \$1,000/admit after ded | | 30% after ded | | 20% after ded | | 35% after ded | |
| Outpatient Facility Hosp-\$500 after ded; FS-\$250 after ded; FS-\$250 after ded 30% after ded Hosp-\$250 after ded; FS-\$150 after ded; FS-\$150 after ded; FS-\$150 after ded 35% after ded Lab:X-Ray Lab-\$15 ded waived; X-ray-\$50 after ded Lab-No charge; X-ray-30% after ded Lab-20% after ded; X-ray-\$50 after ded; X-ray-35% after ded Lab-\$25 ded waived; X-ray-30% after ded X-ray-35% after ded \$70 ded waived \$75 ded waived | · | \$1,000/admit after ded | | 30% after ded | | 20% after ded | | 35% after ded | |
| Lab/X-Ray Lab-\$15 ded waived; X-ray-\$50 after ded Lab-No charge; X-ray-30% after ded \$50 after ded \$50 after ded \$50 after ded \$70 ded waived \$70 ded waived \$70 ded waived \$50 after ded \$70 ded waived \$7 | Outpatient Services | | | | 1 | | | | |
| \$50 after ded \$500 (waived if admitted) after ded \$500 (waived if admitted) after ded \$75 after ded | Outpatient Facility | | | 30% after ded | | Hosp-\$250 after ded; FS- \$150 after ded | | 35% after ded | |
| Emergency Care Emergency Room 50% after ded \$500 (waived if admitted) ded waived \$500 (waived if admitted) after ded \$500 (waived if admitted) after ded \$50% after ded \$50% after ded Urgent Care \$25 ded waived visits 2+ \$75 ded waived \$75 after ded \$75 ded waived Single 2 x \$1,013.14 2 x \$992.00 2 x \$889.91 2 x \$881.26 EE with Spouse 0 x \$2,026.28 0 x \$1,984.00 0 x \$1,779.83 0 x \$1,762.52 EE with Child(ren) 0 x \$1,722.34 0 x \$1,686.40 0 x \$1,512.86 0 x \$1,498.14 Family 0 x \$2,887.44 0 x \$2,827.21 0 x \$2,536.25 0 x \$2,511.59 Monthly Cost 2 \$2,026.28 2 \$1,984.00 2 \$1,779.82 2 \$1,762.52 | Lab/X-Ray | | | after ded | | Lab-20% after ded; X-ray- \$90 after ded | | Lab-\$25 ded waived; X-ray-35% after ded | |
| Single | - | \$40 ded waived | | \$60 ded waived | | \$50 after ded | | \$70 ded waived | |
| Urgent Care \$25 ded waived visit 1; \$80 ded waived visits 2+ \$75 ded waived \$75 ded waived \$75 after ded \$75 after ded \$75 after ded \$75 ded waived \$75 after ded \$75 after ded \$75 after ded \$75 ded waived \$75 after ded \$75 aft | Emergency Care | | | | | | | | |
| Single 2 x \$1,013.14 2 x \$992.00 2 x \$889.91 2 x \$881.26 | Emergency Room | 50% after ded | | | | | | 50% after ded | |
| EE with Spouse 0 x \$2,026.28 0 x \$1,984.00 0 x \$1,779.83 0 x \$1,762.52 EE with Child(ren) 0 x \$1,722.34 0 x \$1,686.40 0 x \$1,512.86 0 x \$1,498.14 Family 0 x \$2,887.44 0 x \$2,827.21 0 x \$2,536.25 0 x \$2,511.59 Monthly Cost 2 \$2,026.28 2 \$1,984.00 2 \$1,779.82 2 \$1,762.52 | Urgent Care | | | \$75 ded waived | | \$75 after ded | | \$75 ded waived | |
| EE with Spouse 0 x \$2,026.28 0 x \$1,984.00 0 x \$1,779.83 0 x \$1,762.52 EE with Child(ren) 0 x \$1,722.34 0 x \$1,686.40 0 x \$1,512.86 0 x \$1,498.14 Family 0 x \$2,887.44 0 x \$2,827.21 0 x \$2,536.25 0 x \$2,511.59 Monthly Cost 2 \$2,026.28 2 \$1,984.00 2 \$1,779.82 2 \$1,762.52 | Single | 2 x \$1,013.14 | | 2 x \$992.00 | 1 | 2 x \$889.91 | | 2 x \$881.26 | |
| Family 0 x \$2,887.44 0 x \$2,827.21 0 x \$2,536.25 0 x \$2,511.59 Monthly Cost 2 \$2,026.28 2 \$1,984.00 2 \$1,779.82 2 \$1,762.52 | _ | 0 x \$2,026.28 | | 0 x \$1,984.00 | | 0 x \$1,779.83 | | 0 x \$1,762.52 | |
| Monthly Cost 2 \$2,026.28 2 \$1,984.00 2 \$1,779.82 2 \$1,762.52 | EE with Child(ren) | 0 x \$1,722.34 | | 0 x \$1,686.40 | | 0 x \$1,512.86 | | 0 x \$1,498.14 | |
| | Family | 0 x \$2,887.44 | | 0 x \$2,827.21 | | 0 x \$2,536.25 | | 0 x \$2,511.59 | |
| | Monthly Cost | 2 \$2,026.28 | | 2 \$1,984.00 | | 2 \$1,779.82 | | 2 \$1,762.52 | |
| \$2,553.5 | Annual Cost | \$24,315.36 | | \$23,808.00 | | \$21,357.84 | | \$21,150.24 | |

Delaware County, NY 12167 Effective Date: 07/01/2020

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| In-Network Out-Network In-Network Out-Network In-Network In-Network Out-Network In-Network In-Network Out-Network In-Network Out-Network In-Network In-Network In-Network Out-Network In-Network In-Network In-Network Out-Network In-Network In-Networ | | Oxford Liberty S LBTY NG 30/75/3000/60 EPO 20 CNT (EPO (UCR=N/A) | Oxford Liberty S LBTY GT 25/50/3500/50 EPO 20 CNT (EPOc) (UCR=N/A) | Oxford Liberty B LBTY NG 30/60/6000/80 PPO HSA 20 CNT (HSA) (UCR=140mc%) | Oxford Liberty B LBTY NG 25/75/4000/70 EPO HSA 20 CNT (HSA) (UCR=N/A) |
|--|-------------------------|--|--|--|---|
| Drug Card 1,565,50% (se8500 110 dod 1,23 1,565,857 100 dod 1,565,850 113 1,565,850 113 1,565,857 100 dod 1,565,850 113 | | In-Network Out-Networ | k In-Network Out-Network | In-Network Out-Network | In-Network Out-Network |
| T2-3 | Prescription Drugs | | | | |
| Individuals Family Deductable individuals Family (DP Limit \$3,000/85,000 \$3,500/87,000 \$3,500/87,000 \$3,500/87,000 \$3,500/87,000 individuals Family (DP Limit \$3,500/85,000 (incl deef) \$3,500/87,000 (i | Drug Card | | 15/65/85/100 ded T2-3 | 15/35/75 IntDed | 30%/30%/30% IntDed |
| Satisfy Sati | Cost Share Information | | | | |
| ### State St | | | | | |
| Primary Care \$30 ded waived \$25 ded waived \$30 after ded \$20% after ded \$25 after | Co-Insurance | 40% | 50% | 20% | 30% |
| Specialist \$75 ded waived \$50 ded waived \$60 after ded 20% after ded \$75 after ded | Office Visits | | | | |
| Ingatient Services Ingatient Hospital 40% after ded 50% after ded 50% after ded 20% after ded; pre-auth req 20% after ded | Primary Care | \$30 ded waived | \$25 ded waived | \$30 after ded 20% after ded | \$25 after ded |
| Inpatient Hospital 40% after ded 50% after ded 20% after ded; pre-auth req 20% after ded; pre-auth req 30% after ded 20% after ded; pre-auth req 20% after ded; pre-auth req 30% after ded 20% after ded; pre-auth req 20% after | Specialist | \$75 ded waived | \$50 ded waived | \$60 after ded 20% after ded | \$75 after ded |
| Mental Health Inpatient 40% after ded 50% after ded 20% after ded; pre-auth req 20% after ded; pre-auth req 30% after ded Outpatient Services Outpatient Facility 40% after ded 50% after ded 20% after ded; pre-auth req 20% after ded; pre-auth req 30% after ded Lab-\$15 ded waived; X-ray-40% after ded Lab-\$15 ded waived; X-ray-50% after ded 20% after ded 20% after ded 30% after ded S75 ded waived \$50 ded waived \$60 after ded 20% after ded \$75 after ded Emergency Room \$600 (waived if admitted) after ded 50% after ded 20% after ded 20% after ded 30% after ded Urgent Care \$80 ded waived \$80 ded waived 20% after ded 20% after ded 30% after ded Single 2 x \$857.94 2 x \$843.64 2 x \$799.54 2 x \$759.27 EE with Spouse 0 x \$1,715.88 0 x \$1,687.28 0 x \$1,599.08 0 x \$1,518.55 EE with Child(ren) 0 x \$2,445.13 0 x \$2,404.38 0 x \$2,278.69 0 x <t< td=""><td>Inpatient Services</td><td></td><td></td><td></td><td></td></t<> | Inpatient Services | | | | |
| Outpatient Services Outpatient Facility 40% after ded 50% after ded 20% after ded; pre-auth req 20% after ded; pre-auth req 30% after ded Lab/X-Ray Lab-\$15 ded waived; X-ray-40% after ded Lab-\$15 ded waived; X-ray-60% after ded 20% after ded 20% after ded 30% after ded Mental Health Outpatient Emergency Care \$75 ded waived \$50 ded waived \$60 after ded 20% after ded 20% after ded Emergency Room \$800 (waived if admitted) after ded 50% after ded 20% after ded Paid as in-network 30% after ded Urgent Care \$80 ded waived \$80 ded waived 20% after ded 20% after ded 30% after ded Single 2 x \$85.94 2 x \$843.64 2 x \$799.54 2 x \$759.27 EE with Spouse 0 x \$1,158.85 0 x \$1,587.28 0 x \$1,359.23 0 x \$1,518.55 EE with Child(ren) 0 x \$2,445.13 0 x \$2,404.38 0 x \$2,278.69 0 x \$1,518.54 Monthly Cost 2 \$1,715.88 2 \$1,687.28 <td>Inpatient Hospital</td> <td>40% after ded</td> <td>50% after ded</td> <td>20% after ded; pre-auth req 20% after ded; pre-auth red</td> <td>g 30% after ded</td> | Inpatient Hospital | 40% after ded | 50% after ded | 20% after ded; pre-auth req 20% after ded; pre-auth red | g 30% after ded |
| Outpatient Facility 40% after ded 50% after ded 20% after ded; pre-auth req 20% after ded; pre-auth req 30% after ded Lab:\$15 ded waived; X-ray-40% after ded X-ray-50% after ded X-ray-50% after ded 20% after ded 20% after ded 30% after ded Mental Health Outpatient Emergency Care \$50 ded waived \$60 after ded 20% after ded \$75 after ded Emergency Room \$600 (waived if admitted) after ded 50% after ded 20% after ded Paid as in-network 30% after ded Urgent Care \$80 ded waived \$80 ded waived 20% after ded 20% after ded 30% after ded Single 2 x \$857.94 2 x \$843.64 2 x \$799.54 2 x \$759.27 EE with Spouse 0 x \$1,715.88 0 x \$1,687.28 0 x \$1,599.08 0 x \$1,290.77 Family 0 x \$2,445.13 0 x \$2,404.38 0 x \$2,278.69 0 x \$2,163.93 Monthly Cost 2 \$1,715.88 2 \$1,687.28 2 \$1,599.08 2 \$1,518.54 </td <td>Mental Health Inpatient</td> <td>40% after ded</td> <td>50% after ded</td> <td>20% after ded; pre-auth req 20% after ded; pre-auth red</td> <td>g 30% after ded</td> | Mental Health Inpatient | 40% after ded | 50% after ded | 20% after ded; pre-auth req 20% after ded; pre-auth red | g 30% after ded |
| Lab/X-Ray Lab-\$15 ded waived; X-ray-40% after ded X-ray-50% | Outpatient Services | | | | |
| Mental Health Outpatient S75 ded waived S75 defer ded S75 after ded S75 aft | Outpatient Facility | 40% after ded | 50% after ded | 20% after ded; pre-auth req 20% after ded; pre-auth red | g 30% after ded |
| Emergency Care S600 (waived if admitted) after ded 50% after ded 20% after ded Paid as in-network 30% after ded Urgent Care \$80 ded waived \$80 ded waived 20% after ded 20% after ded 30% after ded Single 2 x \$857.94 2 x \$843.64 2 x \$799.54 2 x \$759.27 EE with Spouse 0 x \$1,715.88 0 x \$1,687.28 0 x \$1,599.08 0 x \$1,518.55 EE with Child(ren) 0 x \$1,434.19 0 x \$1,359.23 0 x \$1,290.77 Family 0 x \$2,445.13 0 x \$2,404.38 0 x \$2,278.69 0 x \$2,163.93 Monthly Cost 2 \$1,715.88 2 \$1,687.28 2 \$1,599.08 2 \$1,518.54 | Lab/X-Ray | Lab-\$15 ded waived; X-ray-40% after ded | Lab-\$15 ded waived; X-ray-50% after ded | 20% after ded 20% after ded | 30% after ded |
| Emergency Room \$600 (waived if admitted) 50% after ded 20% after ded | | \$75 ded waived | \$50 ded waived | \$60 after ded 20% after ded | \$75 after ded |
| Urgent Care \$80 ded waived \$80 ded waived 20% after ded 20% after ded 30% after ded Single 2 x \$857.94 2 x \$843.64 2 x \$799.54 2 x \$759.27 EE with Spouse 0 x \$1,715.88 0 x \$1,687.28 0 x \$1,599.08 0 x \$1,518.55 EE with Child(ren) 0 x \$1,434.19 0 x \$1,359.23 0 x \$1,290.77 Family 0 x \$2,445.13 0 x \$2,404.38 0 x \$2,278.69 0 x \$2,163.93 Monthly Cost 2 \$1,715.88 2 \$1,687.28 2 \$1,599.08 2 \$1,518.54 | Emergency Care | | | | |
| Single 2 x \$857.94 2 x \$843.64 2 x \$799.54 2 x \$759.27 EE with Spouse 0 x \$1,715.88 0 x \$1,687.28 0 x \$1,599.08 0 x \$1,518.55 EE with Child(ren) 0 x \$1,458.50 0 x \$1,434.19 0 x \$1,359.23 0 x \$1,290.77 Family 0 x \$2,445.13 0 x \$2,404.38 0 x \$2,278.69 0 x \$2,163.93 Monthly Cost 2 \$1,715.88 2 \$1,687.28 2 \$1,599.08 2 \$1,518.54 | Emergency Room | | 50% after ded | 20% after ded Paid as in-network | 30% after ded |
| EE with Spouse 0 x \$1,715.88 0 x \$1,687.28 0 x \$1,599.08 0 x \$1,518.55 EE with Child(ren) 0 x \$1,458.50 0 x \$1,434.19 0 x \$1,359.23 0 x \$1,290.77 Family 0 x \$2,445.13 0 x \$2,278.69 0 x \$2,163.93 Monthly Cost 2 \$1,715.88 2 \$1,687.28 2 \$1,599.08 2 \$1,518.54 | Urgent Care | \$80 ded waived | \$80 ded waived | 20% after ded 20% after ded | 30% after ded |
| EE with Spouse 0 x \$1,715.88 0 x \$1,687.28 0 x \$1,599.08 0 x \$1,518.55 EE with Child(ren) 0 x \$1,458.50 0 x \$1,434.19 0 x \$1,359.23 0 x \$1,290.77 Family 0 x \$2,445.13 0 x \$2,404.38 0 x \$2,278.69 0 x \$2,163.93 Monthly Cost 2 \$1,715.88 2 \$1,687.28 2 \$1,599.08 2 \$1,518.54 | Single | 2 x \$857.94 | 2 x \$843.64 | 2 x \$799.54 | 2 x \$759.27 |
| Family 0 x \$2,445.13 0 x \$2,404.38 0 x \$2,278.69 0 x \$2,163.93 Monthly Cost 2 \$1,715.88 2 \$1,687.28 2 \$1,599.08 2 \$1,518.54 | _ | | · · | | |
| Monthly Cost 2 \$1,715.88 2 \$1,687.28 2 \$1,599.08 2 \$1,518.54 | EE with Child(ren) | 0 x \$1,458.50 | 0 x \$1,434.19 | 0 x \$1,359.23 | 0 x \$1,290.77 |
| | Family | 0 x \$2,445.13 | 0 x \$2,404.38 | 0 x \$2,278.69 | 0 x \$2,163.93 |
| Annual Cost \$20,590.56 \$20,247.36 \$19,188.96 \$18,222.48 | Monthly Cost | 2 \$1,715.88 | 2 \$1,687.28 | 2 \$1,599.08 | 2 \$1,518.54 |
| | Annual Cost | \$20,590.56 | \$20,247.36 | \$19,188.96 | \$18,222.48 |

Delaware County, NY 12167

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| | Oxford Liberty B LBTY NG 6750/100 EPO HSA 20 CNT (HSA) (UCR=N/A) | | |
|--|--|-------------|--|
| | In-Network | Out-Network | |
| Prescription Drugs | | | |
| Drug Card | 0%/0%/0% IntDed | | |
| Cost Share Information | | | |
| Individual/Family Deductible Individual/Family OOP Limit | \$6,750/\$13,500 \$6,750/\$13,500 (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 Emergency Care | 0% after ded | | |
| Emergency Room | 0% after ded | | |
| Urgent Care | 0% after ded | | |
| Single | 2 x \$735.49 | <u> </u> | |
| EE with Spouse | 0 x \$1,470.98 | | |
| EE with Child(ren) | 0 x \$1,250.33 | | |
| Family | 0 x \$2,096.14 | | |
| Monthly Cost | 2 \$1,470.98 | | |
| Annual Cost | \$17,651.76 | | |
| | 1 | | |

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