

	Oxford Metro M Platinum EPO 15/30 Gated OHI CNT		Oxford Metro M Gold EPO 25/40 Non-Gated OHI CNT		Oxford Metro M Gold EPO 25/40 Gated OHI CNT		Oxford Metro M Silver EPO 30/60 Non-Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/65/50%to\$800		10/65/90/100 ded T2-3		10/65/50%to\$800		10/65/90/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,250/\$2,500		\$1,250/\$2,500		\$2,500/\$5,000	
Individual/Family OOP Limit	\$2,500/\$5,000		\$5,000/\$10,000 (incl ded)		\$5,500/\$11,000 (incl ded)		\$7,150/\$14,300 (incl ded)	
Co-Insurance	0%		20%		20%		30%	
Office Visits								
Primary Care	\$15		\$25 ded waived		\$25 ded waived		\$30 ded waived	
Specialist	\$30		\$40 ded waived		\$40 ded waived		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	\$200/day; \$800 max/admit		20% after ded		20% after ded		30% after ded	
Mental Health Inpatient	\$200/day; \$800 max/admit		20% after ded		20% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Hosp-\$500; FS-\$100		Hosp-\$500 after ded; FS-\$200 after ded		Hosp-\$500 after ded; FS-\$200 after ded		30% after ded	
Lab/X-Ray	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-30% after ded	
Mental Health Outpatient	\$30		\$40 ded waived		\$40 ded waived		\$60 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$400 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		30% after ded	
Urgent Care	\$50		\$65 ded waived		\$65 ded waived		\$80 ded waived	
Single	1 x \$849.24		1 x \$725.17		1 x \$685.18		1 x \$626.13	
EE with Spouse	0 x \$1,698.47		0 x \$1,450.34		0 x \$1,370.36		0 x \$1,252.25	
EE with Child(ren)	0 x \$1,443.70		0 x \$1,232.79		0 x \$1,164.80		0 x \$1,064.41	
Family	1 x \$2,420.32		1 x \$2,066.73		1 x \$1,952.76		1 x \$1,784.46	
Monthly Cost	2 \$3,269.56		2 \$2,791.90		2 \$2,637.94		2 \$2,410.59	
Annual Cost	\$39,234.72		\$33,502.80		\$31,655.28		\$28,927.08	

	Oxford Metro M Silver EPO 30/60 Gated OHI CNT		Oxford Metro M Silver EPO Prim Adv \$2000 Gated OHI CNT		Oxford Metro M Silver EPO HSA \$1500 35/50 Gated OHI CNT		Oxford Metro M Bronze EPO HSA \$5750 40/75 Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/65/50%to\$800		10/65/50%to\$800 IntDed T2-3		10/65/50%to\$800 IntDed		10/65/50%to\$800 IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000		\$2,000/\$4,000		\$1,500/\$3,000		\$5,750/\$11,500	
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)		\$6,500/\$13,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (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	\$60 ded waived		\$60 after ded		\$50 after ded		\$75 after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		\$400/day after ded; \$1,600 max/admit		30% after ded		50% after ded	
Mental Health Inpatient	30% after ded		\$400/day after ded; \$1,600 max/admit		30% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		Hosp-\$750 after ded; FS- \$300 after ded		Hosp-\$750 after ded; FS- \$300 after ded		Hosp-\$1,000 after ded; FS-\$500 after ded	
Lab/X-Ray	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		50% after ded	
Mental Health Outpatient	\$60 ded waived		\$60 ded waived		\$50 after ded		\$75 after ded	
Emergency Care								
Emergency Room	30% after ded		\$500 (waived if admitted) after ded		\$500 (waived if admitted) after ded		\$500 (waived if admitted) after ded	
Urgent Care	\$80 ded waived		\$80 after ded		\$80 after ded		\$80 after ded	
Single	1 x \$587.57		1 x \$605.60		1 x \$617.12		1 x \$500.00	
EE with Spouse	0 x \$1,175.15		0 x \$1,211.19		0 x \$1,234.25		0 x \$1,000.00	
EE with Child(ren)	0 x \$998.88		0 x \$1,029.52		0 x \$1,049.11		0 x \$850.00	
Family	1 x \$1,674.59		1 x \$1,725.95		1 x \$1,758.80		1 x \$1,425.00	
Monthly Cost	2 \$2,262.16		2 \$2,331.55		2 \$2,375.92		2 \$1,925.00	
Annual Cost	\$27,145.92		\$27,978.60		\$28,511.04		\$23,100.00	

Prepared For: **Oxford 2018 1st qtr Metro New York City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

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SIC: 0000

	Oxford Metro		Oxford Metro	
	M Bronze EPO HSA \$6550 100% Gated OHI CNT		M Bronze EPO HSA \$5500 Gated OHI CNT	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	0%/0%/0% IntDed		10/65/50%to\$800 IntDed	
Cost Share Information				
Individual/Family Deductible	\$6,550/\$13,100		\$5,500/\$11,000	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	0%		30%	
Office Visits				
Primary Care	0% after ded		30% after ded	
Specialist	0% after ded		30% after ded	
Inpatient Services				
Inpatient Hospital	0% after ded		30% after ded	
Mental Health Inpatient	0% after ded		30% after ded	
Outpatient Services				
Outpatient Facility	0% after ded		30% after ded	
Lab/X-Ray	0% after ded		30% after ded	
Mental Health Outpatient	0% after ded		30% after ded	
Emergency Care				
Emergency Room	0% after ded		30% after ded	
Urgent Care	0% after ded		30% after ded	
Single	1 x \$494.52		1 x \$501.18	
EE with Spouse	0 x \$989.05		0 x \$1,002.37	
EE with Child(ren)	0 x \$840.69		0 x \$852.01	
Family	1 x \$1,409.39		1 x \$1,428.38	
Monthly Cost	2 \$1,903.91		2 \$1,929.56	
Annual Cost	\$22,846.92		\$23,154.72	