

	Oxford Metro M Platinum EPO 15/30 Gated OHI CNT (EPO) (UCR=N/A)		Oxford Metro M Gold EPO 25/40 Non-Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Gold EPO 25/40 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Silver EPO 30/60 Non-Gated OHI CNT (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
Primary Care	\$15		\$25 ded waived		\$25 ded waived		\$30 ded waived	
Specialist	\$30		\$40 ded waived		\$40 ded waived		\$60 ded waived	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	
<b>Single</b>	1 x \$1,001.19		1 x \$854.93		1 x \$807.78		1 x \$738.16	
EE with Spouse	0 x \$2,002.39		0 x \$1,709.85		0 x \$1,615.56		0 x \$1,476.32	
EE with Child(ren)	0 x \$1,702.03		0 x \$1,453.38		0 x \$1,373.23		0 x \$1,254.88	
Family	1 x \$2,853.40		1 x \$2,436.54		1 x \$2,302.17		1 x \$2,103.76	
<b>Monthly Cost</b>	2 \$3,854.59		2 \$3,291.47		2 \$3,109.95		2 \$2,841.92	
<b>Annual Cost</b>	\$46,255.08		\$39,497.64		\$37,319.40		\$34,103.04	

	Oxford Metro M Silver EPO 30/60 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Silver EPO Prim Adv \$2000 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Silver EPO HSA \$1500 35/50 Gated OHI CNT (HSA) (UCR=N/A)		Oxford Metro M Bronze EPO HSA \$5750 40/75 Gated OHI CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	
<b>Single</b>	1 x \$692.71		1 x \$713.95		1 x \$727.55		1 x \$589.47	
EE with Spouse	0 x \$1,385.43		0 x \$1,427.91		0 x \$1,455.10		0 x \$1,178.93	
EE with Child(ren)	0 x \$1,177.62		0 x \$1,213.72		0 x \$1,236.83		0 x \$1,002.09	
Family	1 x \$1,974.24		1 x \$2,034.77		1 x \$2,073.51		1 x \$1,679.98	
<b>Monthly Cost</b>	2 \$2,666.95		2 \$2,748.72		2 \$2,801.06		2 \$2,269.45	
<b>Annual Cost</b>	\$32,003.40		\$32,984.64		\$33,612.72		\$27,233.40	

Prepared For: **Oxford 2018 4th qtr Metro Mid Hudson**

Delaware County, NY 12167

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

**Health Plan Comparison Report (4L)**

Effective Date: 10/01/2018

Prepared On: 07/10/2018

Report ID: 35102759

SIC: 0000

	Oxford Metro M Bronze EPO HSA \$6550 100% Gated OHI CNT (HSA) (UCR=N/A)		Oxford Metro M Bronze EPO HSA \$5500 Gated OHI CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	0%/0%/0% IntDed		10/65/50%to\$800 IntDed	
<b>Cost Share Information</b>				
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%	
<b>Office Visits</b>				
Primary Care	0% after ded		30% after ded	
Specialist	0% after ded		30% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	0% after ded		30% after ded	
Mental Health Inpatient	0% after ded		30% after ded	
<b>Outpatient Services</b>				
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	
<b>Emergency Care</b>				
Emergency Room	0% after ded		30% after ded	
Urgent Care	0% after ded		30% after ded	
<b>Single</b>	1 x \$583.01		1 x \$590.87	
EE with Spouse	0 x \$1,166.02		0 x \$1,181.73	
EE with Child(ren)	0 x \$991.12		0 x \$1,004.47	
Family	1 x \$1,661.58		1 x \$1,683.97	
<b>Monthly Cost</b>	2 \$2,244.59		2 \$2,274.84	
<b>Annual Cost</b>	\$26,935.08		\$27,298.08	