

	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
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 \$909.27		1 x \$776.42		1 x \$733.62		1 x \$670.39	
EE with Spouse	0 x \$1,818.54		0 x \$1,552.85		0 x \$1,467.23		0 x \$1,340.78	
EE with Child(ren)	0 x \$1,545.76		0 x \$1,319.92		0 x \$1,247.15		0 x \$1,139.66	
Family	1 x \$2,591.42		1 x \$2,212.81		1 x \$2,090.81		1 x \$1,910.61	
Monthly Cost	2 \$3,500.69		2 \$2,989.23		2 \$2,824.43		2 \$2,581.00	
Annual Cost	\$42,008.28		\$35,870.76		\$33,893.16		\$30,972.00	

	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
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 \$629.11		1 x \$648.39		1 x \$660.75		1 x \$535.35	
EE with Spouse	0 x \$1,258.22		0 x \$1,296.79		0 x \$1,321.49		0 x \$1,070.70	
EE with Child(ren)	0 x \$1,069.48		0 x \$1,102.27		0 x \$1,123.27		0 x \$910.09	
Family	1 x \$1,792.96		1 x \$1,847.92		1 x \$1,883.13		1 x \$1,525.74	
Monthly Cost	2 \$2,422.07		2 \$2,496.31		2 \$2,543.88		2 \$2,061.09	
Annual Cost	\$29,064.84		\$29,955.72		\$30,526.56		\$24,733.08	

Prepared For: **Oxford 2018 4th qtr Metro NY City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

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	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
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 \$529.47		1 x \$536.61	
EE with Spouse	0 x \$1,058.95		0 x \$1,073.22	
EE with Child(ren)	0 x \$900.10		0 x \$912.24	
Family	1 x \$1,509.00		1 x \$1,529.34	
Monthly Cost	2 \$2,038.47		2 \$2,065.95	
Annual Cost	\$24,461.64		\$24,791.40	