

	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 30/80 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	10/65/90/100 ded T2-3		10/65/90/100 ded T2-3		10/65/90/100 ded T2-3		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		\$3,000/\$6,000	
Individual/Family OOP Limit	\$2,500/\$5,000		\$5,000/\$10,000 (incl ded)		\$5,500/\$11,000 (incl ded)		\$7,900/\$15,800 (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		\$80 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-\$15; X-ray-\$20		Lab-\$15 ded waived; X-ray-\$50 after ded		Lab-\$15 ded waived; X-ray-\$50 after ded		Lab-\$15 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$30		\$40 ded waived		\$40 ded waived		\$80 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 \$822.03		1 x \$718.64		1 x \$689.87		1 x \$606.00	
EE with Spouse	0 x \$1,644.05		0 x \$1,437.28		0 x \$1,379.74		0 x \$1,212.01	
EE with Child(ren)	0 x \$1,397.44		0 x \$1,221.69		0 x \$1,172.78		0 x \$1,030.20	
Family	1 x \$2,342.78		1 x \$2,048.13		1 x \$1,966.13		1 x \$1,727.11	
<b>Monthly Cost</b>	2 \$3,164.81		2 \$2,766.77		2 \$2,656.00		2 \$2,333.11	
<b>Annual Cost</b>	\$37,977.72		\$33,201.24		\$31,872.00		\$27,997.32	

	Oxford Metro M Silver EPO 30/80 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 Silver EPO Prim Adv \$3000 Gated OHI CNT (EPOc) (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	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/65/90/100 ded T2-3		10/65/50%to\$800 IntDed		5/65/90 IntDed T2-3		10/65/90 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$3,000/\$6,000		\$1,500/\$3,000		\$3,000/\$6,000		\$5,500/\$11,000	
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)		\$6,550/\$13,100 (incl ded)		\$7,900/\$15,800 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	30%		30%		30%		30%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$35 after ded		\$15 ded waived		30% after ded	
Specialist	\$80 ded waived		\$50 after ded		\$70 after ded		30% after ded	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
Outpatient Facility	30% after ded		Hosp-\$750 after ded; FS-\$300 after ded		Hosp-\$500 after ded; FS-\$250 after ded		30% after ded	
Lab/X-Ray	Lab-\$15 ded waived; X-ray-30% after ded		Lab-\$15 after ded; X-ray-\$50 after ded		\$15 after ded		Lab-\$15 after ded; X-ray-30% after ded	
Mental Health Outpatient	\$80 ded waived		\$50 after ded		\$70 ded waived		30% after ded	
<b>Emergency Care</b>								
Emergency Room	30% after ded		\$500 (waived if admitted) after ded		50% after ded		30% after ded	
Urgent Care	\$80 ded waived		\$80 after ded		\$70 ded waived		30% after ded	
<b>Single</b>	1 x \$585.60		1 x \$584.26		1 x \$558.01		1 x \$486.64	
EE with Spouse	0 x \$1,171.20		0 x \$1,168.52		0 x \$1,116.02		0 x \$973.28	
EE with Child(ren)	0 x \$995.53		0 x \$993.24		0 x \$948.62		0 x \$827.29	
Family	1 x \$1,668.96		1 x \$1,665.15		1 x \$1,590.33		1 x \$1,386.92	
<b>Monthly Cost</b>	2 \$2,254.56		2 \$2,249.41		2 \$2,148.34		2 \$1,873.56	
<b>Annual Cost</b>	\$27,054.72		\$26,992.92		\$25,780.08		\$22,482.72	

Prepared For: **Oxford 2019 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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	Oxford Metro M Bronze EPO HSA \$5750 40/75 Gated OHI CNT (HSA) (UCR=N/A)		Oxford Metro M Bronze EPO HSA \$6550 100% Gated OHI CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	10/65/90 IntDed		0%/0%/0% IntDed	
<b>Cost Share Information</b>				
Individual/Family Deductible	\$5,750/\$11,500		\$6,550/\$13,100	
Individual/Family OOP Limit	\$6,700/\$13,400 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	50%		0%	
<b>Office Visits</b>				
Primary Care	\$40 after ded		0% after ded	
Specialist	\$75 after ded		0% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	50% after ded		0% after ded	
Mental Health Inpatient	50% after ded		0% after ded	
<b>Outpatient Services</b>				
Outpatient Facility	Hosp-\$1,000 after ded; FS-\$500 after ded		0% after ded	
Lab/X-Ray	Lab-\$15 after ded; X-ray-50% after ded		0% after ded	
Mental Health Outpatient	\$75 after ded		0% after ded	
<b>Emergency Care</b>				
Emergency Room	\$500 (waived if admitted) after ded		0% after ded	
Urgent Care	\$80 after ded		0% after ded	
<b>Single</b>	1 x \$482.21		1 x \$481.82	
<b>EE with Spouse</b>	0 x \$964.42		0 x \$963.64	
<b>EE with Child(ren)</b>	0 x \$819.75		0 x \$819.09	
<b>Family</b>	1 x \$1,374.29		1 x \$1,373.18	
<b>Monthly Cost</b>	2 \$1,856.50		2 \$1,855.00	
<b>Annual Cost</b>	\$22,278.00		\$22,260.00	