Prepared For: **Oxford 2019 1st qtr Metro Mid Hudson**

Delaware County, NY 12167

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

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

Effective Date: 01/01/2019 Prepared On: 10/15/2018

Report ID: 35506866 SIC: 0000

| | 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** |
| Prescription Drugs | | | | | | | | |
| 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 | |
| Cost Share Information | | | | | | | | |
| 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% | |
| Office Visits | | | | | | | | |
| Primary Care | $15 | | $25 ded waived | | $25 ded waived | | $30 ded waived | |
| Specialist | $30 | | $40 ded waived | | $40 ded waived | | $80 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-$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 | |
| 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 $905.14 | | 1 x $791.31 | | 1 x $759.62 | | 1 x $667.27 | |
| EE with Spouse | 0 x $1,810.29 | | 0 x $1,582.61 | | 0 x $1,519.25 | | 0 x $1,334.55 | |
| EE with Child(ren) | 0 x $1,538.75 | | 0 x $1,345.22 | | 0 x $1,291.37 | | 0 x $1,134.37 | |
| Family | 1 x $2,579.66 | | 1 x $2,255.22 | | 1 x $2,164.93 | | 1 x $1,901.72 | |
| Monthly Cost | 2 $3,484.80 | | 2 $3,046.53 | | 2 $2,924.55 | | 2 $2,568.99 | |
| Annual Cost | $41,817.60 | | $36,558.36 | | $35,094.60 | | $30,827.88 | |

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| | 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** |
| Prescription Drugs | | | | | | | | |
| 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 | |
| Cost Share Information | | | | | | | | |
| 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% | |
| Office Visits | | | | | | | | |
| 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 | |
| Inpatient Services | | | | | | | | |
| 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 | |
| Outpatient Services | | | | | | | | |
| 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 | |
| Emergency Care | | | | | | | | |
| 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 | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Single | 1 x | $644.81 | 1 x | $643.32 | 1 x | $614.43 | 1 x | $535.84 |
| EE with Spouse | 0 x | $1,289.62 | 0 x | $1,286.65 | 0 x | $1,228.86 | 0 x | $1,071.68 |
| EE with Child(ren) | 0 x | $1,096.17 | 0 x | $1,093.65 | 0 x | $1,044.53 | 0 x | $910.93 |
| Family | 1 x | $1,837.71 | 1 x | $1,833.47 | 1 x | $1,751.13 | 1 x | $1,527.14 |
| Monthly Cost | 2 | $2,482.52 | 2 | $2,476.79 | 2 | $2,365.56 | 2 | $2,062.98 |
| Annual Cost | | $29,790.24 | | $29,721.48 | | $28,386.72 | | $24,755.76 |

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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** |
| Prescription Drugs | | | | |
| Drug Card | 10/65/90 IntDed | | 0%/0%/0% IntDed | |
| Cost Share Information | | | | |
| 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% | |
| Office Visits | | | | |
| Primary Care | $40 after ded | | 0% after ded | |
| Specialist | $75 after ded | | 0% after ded | |
| Inpatient Services | | | | |
| Inpatient Hospital | 50% after ded | | 0% after ded | |
| Mental Health Inpatient | 50% after ded | | 0% after ded | |
| Outpatient Services | | | | |
| 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 | |
| Emergency Care | | | | |
| Emergency Room | $500 (waived if admitted) after ded | | 0% after ded | |
| Urgent Care | $80 after ded | | 0% after ded | |

| | | | | |
|---|---|---|---|---|
| Single | 1 x | $530.96 | 1 x | $530.53 |
| EE with Spouse | 0 x | $1,061.92 | 0 x | $1,061.07 |
| EE with Child(ren) | 0 x | $902.63 | 0 x | $901.91 |
| Family | 1 x | $1,513.24 | 1 x | $1,512.02 |
| Monthly Cost | 2 | $2,044.20 | 2 | $2,042.55 |
| Annual Cost | | $24,530.40 | | $24,510.60 |

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