

	Oxford Metro P MTRO GT 15/30/100 EPO 20 CNT (EPO) (UCR=N/A)		Oxford Metro G MTRO NG 25/40/1250/80 EPO ME 20 CNT (EPOc) (UCR=N/A)		Oxford Metro G MTRO GT 25/40/1250/80 EPO 20 CNT (EPOc) (UCR=N/A)		Oxford Metro S MTRO NG 50/100/100 EPO ZD 20 CNT (EPO) (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		15/65/90/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,250/\$2,500		\$1,250/\$2,500		N/A	
Individual/Family OOP Limit	\$2,500/\$5,000		\$5,000/\$10,000 (incl ded)		\$5,500/\$11,000 (incl ded)		\$8,150/\$16,300	
Co-Insurance	0%		20%		20%		0%	
Office Visits								
Primary Care	\$15		\$25 ded waived		\$25 ded waived		\$50	
Specialist	\$30		\$40 ded waived		\$40 ded waived		\$100	
Inpatient Services								
Inpatient Hospital	\$200/day; \$800 max/admit		20% after ded		20% after ded		\$1,000/admit	
Mental Health Inpatient	\$200/day; \$800 max/admit		20% after ded		20% after ded		\$1,000/admit	
Outpatient Services								
Outpatient Facility	Hosp-\$500; FS-\$100		Hosp-\$500 after ded; FS-\$200 after ded		Hosp-\$500 after ded; FS-\$200 after ded		Hosp-\$700; FS-\$400	
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-\$20; X-ray-\$100	
Mental Health Outpatient	\$30		\$40 ded waived		\$40 ded waived		\$100	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$400 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$1,000	
Urgent Care	\$50		\$65 ded waived		\$65 ded waived		\$100	
Single	2 x \$912.70		2 x \$799.82		2 x \$767.16		2 x \$760.59	
EE with Spouse	0 x \$1,825.39		0 x \$1,599.63		0 x \$1,534.32		0 x \$1,521.18	
EE with Child(ren)	0 x \$1,551.58		0 x \$1,359.69		0 x \$1,304.18		0 x \$1,293.00	
Family	0 x \$2,601.19		0 x \$2,279.48		0 x \$2,186.41		0 x \$2,167.68	
Monthly Cost	2 \$1,825.40		2 \$1,599.64		2 \$1,534.32		2 \$1,521.18	
Annual Cost	\$21,904.80		\$19,195.68		\$18,411.84		\$18,254.16	

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	Oxford Metro S MTRO NG 30/80/3000/70 EPO ME 20 CNT (EPOc) (UCR=N/A)		Oxford Metro S MTRO GT 30/80/3000/70 EPO 20 CNT (EPOc) (UCR=N/A)		Oxford Metro S MTRO GT 35/50/3500/70 EPO HSA 20 CNT (HSA) (UCR=N/A)		Oxford Metro B MTRO GT 40/75/5750/50 EPO HSA 20 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		10/65/90/100 ded T2-3		10/65/50%to\$800 IntDed		10/65/90 IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000		\$3,000/\$6,000		\$3,500/\$7,000		\$5,750/\$11,500	
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)		\$8,150/\$16,300 (incl ded)		\$6,750/\$13,500 (incl ded)		\$6,700/\$13,400 (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	\$80 ded waived		\$80 ded waived		\$50 after ded		\$75 after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		30% after ded		30% after ded		50% after ded	
Mental Health Inpatient	30% after ded		30% after ded		30% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		30% after ded		Hosp-\$750 after ded; FS-\$300 after ded		Hosp-\$1,000 after ded; FS-\$500 after ded	
Lab/X-Ray	Lab-\$20 ded waived; X-ray-30% after ded		Lab-\$20 ded waived; X-ray-30% after ded		Lab-\$15 after ded; X-ray-\$50 after ded		Lab-\$15 after ded; X-ray-50% after ded	
Mental Health Outpatient	\$80 ded waived		\$80 ded waived		\$50 after ded		\$75 after ded	
Emergency Care								
Emergency Room	50% after ded		50% after ded		\$500 (waived if admitted) after ded		\$500 (waived if admitted) after ded	
Urgent Care	\$80 ded waived		\$80 ded waived		\$80 after ded		\$80 after ded	
Single	2 x \$660.26		2 x \$637.99		2 x \$585.45		2 x \$538.62	
EE with Spouse	0 x \$1,320.52		0 x \$1,275.98		0 x \$1,170.89		0 x \$1,077.25	
EE with Child(ren)	0 x \$1,122.44		0 x \$1,084.58		0 x \$995.25		0 x \$915.66	
Family	0 x \$1,881.73		0 x \$1,818.27		0 x \$1,668.52		0 x \$1,535.08	
Monthly Cost	2 \$1,320.52		2 \$1,275.98		2 \$1,170.90		2 \$1,077.24	
Annual Cost	\$15,846.24		\$15,311.76		\$14,050.80		\$12,926.88	

Prepared For: **Oxford 2020 1st qtr New York City Metro**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

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Oxford Metro B MTRO GT 6750/100 EPO HSA 20 CNT (HSA) (UCR=N/A)		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed	
Cost Share Information		
Individual/Family Deductible	\$6,750/\$13,500	
Individual/Family OOP Limit	\$6,750/\$13,500 (incl ded)	
Co-Insurance	0%	
Office Visits		
Primary Care	0% after ded	
Specialist	0% after ded	
Inpatient Services		
Inpatient Hospital	0% after ded	
Mental Health Inpatient	0% after ded	
Outpatient Services		
Outpatient Facility	0% after ded	
Lab/X-Ray	0% after ded	
Mental Health Outpatient	0% after ded	
Emergency Care		
Emergency Room	0% after ded	
Urgent Care	0% after ded	
Single	2 x	\$534.18
EE with Spouse	0 x	\$1,068.36
EE with Child(ren)	0 x	\$908.11
Family	0 x	\$1,522.41
Monthly Cost	2	\$1,068.36
Annual Cost		\$12,820.32

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