Prepared For: **Oxford 2020 1st qtr Mid Hudson Metro**

Delaware County, NY 12167

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2020 Prepared On: 10/28/2019

Report ID: 36985124 SIC: 0000

	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 $1,004.98		2 x $880.68		2 x $844.72		2 x $837.49	
EE with Spouse	0 x $2,009.95		0 x $1,761.37		0 x $1,689.44		0 x $1,674.99	
EE with Child(ren)	0 x $1,708.46		0 x $1,497.17		0 x $1,436.02		0 x $1,423.74	
Family	0 x $2,864.18		0 x $2,509.94		0 x $2,407.45		0 x $2,386.85	
Monthly Cost	2 $2,009.96		2 $1,761.36		2 $1,689.44		2 $1,674.98	
Annual Cost	$24,119.52		$21,136.32		$20,273.28		$20,099.76	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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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 $727.02		2 x $702.49		2 x $644.64		2 x $593.08	
EE with Spouse	0 x $1,454.03		0 x $1,404.99		0 x $1,289.27		0 x $1,186.15	
EE with Child(ren)	0 x $1,235.93		0 x $1,194.24		0 x $1,095.89		0 x $1,008.23	
Family	0 x $2,072.00		0 x $2,002.11		0 x $1,837.21		0 x $1,690.27	
Monthly Cost	2 $1,454.04		2 $1,404.98		2 $1,289.28		2 $1,186.16	
Annual Cost	$17,448.48		$16,859.76		$15,471.36		$14,233.92	

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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 $588.19	
EE with Spouse	0 x $1,176.38	
EE with Child(ren)	0 x $999.92	
Family	0 x $1,676.34	
Monthly Cost	2 $1,176.38	
Annual Cost	$14,116.56	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible