

	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 \$958.14		2 x \$839.64		2 x \$805.35		2 x \$798.45	
EE with Spouse	0 x \$1,916.27		0 x \$1,679.28		0 x \$1,610.70		0 x \$1,596.91	
EE with Child(ren)	0 x \$1,628.84		0 x \$1,427.39		0 x \$1,369.09		0 x \$1,357.37	
Family	0 x \$2,730.69		0 x \$2,392.97		0 x \$2,295.24		0 x \$2,275.60	
Monthly Cost	2 \$1,916.28		2 \$1,679.28		2 \$1,610.70		2 \$1,596.90	
Annual Cost	\$22,995.36		\$20,151.36		\$19,328.40		\$19,162.80	

	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 \$693.13		2 x \$669.75		2 x \$614.59		2 x \$565.43	
EE with Spouse	0 x \$1,386.26		0 x \$1,339.51		0 x \$1,229.18		0 x \$1,130.87	
EE with Child(ren)	0 x \$1,178.32		0 x \$1,138.58		0 x \$1,044.81		0 x \$961.24	
Family	0 x \$1,975.43		0 x \$1,908.80		0 x \$1,751.59		0 x \$1,611.49	
Monthly Cost	2 \$1,386.26		2 \$1,339.50		2 \$1,229.18		2 \$1,130.86	
Annual Cost	\$16,635.12		\$16,074.00		\$14,750.16		\$13,570.32	

Prepared For: **Oxford 2020 3rd qtr NY 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	\$560.77	
EE with Spouse	0 x	\$1,121.54	
EE with Child(ren)	0 x	\$953.31	
Family	0 x	\$1,598.20	
Monthly Cost	2	\$1,121.54	
Annual Cost		\$13,458.48	