

	Oxford Metro NY P MTRO GT 15/25/100 EPO 24 CNT (EPO) (UCR=N/A)		Oxford Metro NY G MTRO NG 25/40/1250/80 EPO ME 24 CNT (EPOc) (UCR=N/A)		Oxford Metro NY G MTRO GT 25/40/1250/80 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Metro NY S MTRO NG 50/100/100 EPO ZD 24 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	10/65/95/150 ded T2-3		10/65/95/150 ded T2-3		10/65/95/150 ded T2-3		15/65/95/200 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	\$3,500/\$7,000		\$6,500/\$13,000 (incl ded)		\$6,500/\$13,000 (incl ded)		\$9,450/\$18,900	
Co-Insurance	0%		20%		20%		0%	
Office Visits								
Primary Care	\$15		\$25 ded waived		\$25 ded waived		\$50	
Specialist	\$25		\$40 ded waived		\$40 ded waived		\$100	
Inpatient Services								
Inpatient Hospital	\$200/day; \$800 max/admit		20% after ded		20% after ded		\$2,800/admit	
Mental Health Inpatient	\$200/day; \$800 max/admit		20% after ded		20% after ded		\$2,800/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-\$500; FS-\$250	
Lab/X-Ray	Lab-No charge/\$60 (D/ND); X-ray-\$20		Lab-No charge/50% after ded (D/ND); X-ray-\$50 after ded		Lab-No charge/50% after ded (D/ND); X-ray-\$50 after ded		Lab-No charge/\$60 (D/ND); X-ray-\$200	
Mental Health Outpatient	\$15		\$25 ded waived		\$25 ded waived		\$50	
Emergency Care								
Emergency Room	\$250 (waived if admitted)		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$1,500 (waived if admitted)	
Urgent Care	\$50		\$65 ded waived		\$65 ded waived		\$100	
Single	2 x \$1,303.03		2 x \$1,145.75		2 x \$1,105.97		2 x \$1,086.19	
EE with Spouse	0 x \$2,606.06		0 x \$2,291.50		0 x \$2,211.94		0 x \$2,172.38	
EE with Child(ren)	0 x \$2,215.15		0 x \$1,947.78		0 x \$1,880.15		0 x \$1,846.52	
Family	0 x \$3,713.64		0 x \$3,265.39		0 x \$3,152.01		0 x \$3,095.64	
Monthly Cost	2 \$2,606.06		2 \$2,291.50		2 \$2,211.94		2 \$2,172.38	
Annual Cost	\$31,272.72		\$27,498.00		\$26,543.28		\$26,068.56	

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	Oxford Metro NY S MTRO NG 30/80/3750/60 EPO ME 24 CNT (EPOc) (UCR=N/A)		Oxford Metro NY S MTRO GT 30/80/3750/60 EPO 24 CNT (EPOc) (UCR=N/A)		Oxford Metro NY S MTRO GT 35/50/4000/70 EPO HSA 24 CNT (HSA) (UCR=N/A)		Oxford Metro NY B MTRO GT 7250/100 EPO HSA 24 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	10/65/95/200 ded T2-3		10/65/95/200 ded T2-3		10/65/50%to\$800 IntDed		0%/0%/0% IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,750/\$7,500		\$3,750/\$7,500		\$4,000/\$8,000		\$7,250/\$14,500	
Individual/Family OOP Limit	\$9,450/\$18,900 (incl ded)		\$9,450/\$18,900 (incl ded)		\$7,200/\$14,400 (incl ded)		\$7,250/\$14,500 (incl ded)	
Co-Insurance	40%		40%		30%		0%	
Office Visits								
Primary Care	\$30 ded waived		\$30 ded waived		\$35 after ded		0% after ded	
Specialist	\$80 ded waived		\$80 ded waived		\$50 after ded		0% after ded	
Inpatient Services								
Inpatient Hospital	40% after ded		40% after ded		30% after ded		0% after ded	
Mental Health Inpatient	40% after ded		40% after ded		30% after ded		0% after ded	
Outpatient Services								
Outpatient Facility	40% after ded		40% after ded		Hosp-\$750 after ded; FS-\$300 after ded		0% after ded	
Lab/X-Ray	Lab-No charge/50% after ded (D/ND); X-ray-40% after ded		Lab-No charge/50% after ded (D/ND); X-ray-40% after ded		Lab-\$15 after ded; X-ray-\$50 after ded		0% after ded	
Mental Health Outpatient	\$30 ded waived		\$30 ded waived		\$35 after ded		0% after ded	
Emergency Care								
Emergency Room	50% after ded		50% after ded		\$500 (waived if admitted) after ded		0% after ded	
Urgent Care	\$80 ded waived		\$80 ded waived		\$80 after ded		0% after ded	
Single	2 x \$958.13		2 x \$924.86		2 x \$869.30		2 x \$822.90	
EE with Spouse	0 x \$1,916.26		0 x \$1,849.72		0 x \$1,738.60		0 x \$1,645.80	
EE with Child(ren)	0 x \$1,628.82		0 x \$1,572.26		0 x \$1,477.81		0 x \$1,398.93	
Family	0 x \$2,730.67		0 x \$2,635.85		0 x \$2,477.51		0 x \$2,345.27	
Monthly Cost	2 \$1,916.26		2 \$1,849.72		2 \$1,738.60		2 \$1,645.80	
Annual Cost	\$22,995.12		\$22,196.64		\$20,863.20		\$19,749.60	

Prepared For: **Oxford 2024 4th 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 NY B MTRO GT 40/75/6500/50 EPO HSA 24 CNT (HSA) (UCR=N/A)		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/65/95 IntDed	
Cost Share Information		
Individual/Family Deductible	\$6,500/\$13,000	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)	
Co-Insurance	50%	
Office Visits		
Primary Care	\$40 after ded	
Specialist	\$75 after ded	
Inpatient Services		
Inpatient Hospital	50% after ded	
Mental Health Inpatient	50% after ded	
Outpatient Services		
Outpatient Facility	Hosp-\$1,000 after ded; FS-\$500 after ded	
Lab/X-Ray	Lab-\$15 after ded; X-ray-50% after ded	
Mental Health Outpatient	\$40 after ded	
Emergency Care		
Emergency Room	\$500 (waived if admitted) after ded	
Urgent Care	\$80 after ded	
Single	2 x	\$803.51
EE with Spouse	0 x	\$1,607.02
EE with Child(ren)	0 x	\$1,365.97
Family	0 x	\$2,290.00
Monthly Cost	2	\$1,607.02
Annual Cost		\$19,284.24

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