Prepared For: Oxford 2024 4th qtr Metro Nassau Suffolk

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 10/01/2024 Prepared On: 09/10/2024

Report ID: 39136245

SIC: 0000

	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 \$1,335.37		2 x \$1,174.18		2 x \$1,133.42		2 x \$1,113.15	
EE with Spouse	0 x \$2,670.74		0 x \$2,348.36		0 x \$2,266.84		0 x \$2,226.30	
EE with Child(ren)	0 x \$2,270.13		0 x \$1,996.11		0 x \$1,926.81		0 x \$1,892.36	
Family	0 x \$3,805.80		0 x \$3,346.41		0 x \$3,230.25		0 x \$3,172.48	
Monthly Cost	2 \$2,670.74		2 \$2,348.36		2 \$2,266.84		2 \$2,226.30	
Annual Cost	\$32,048.88		\$28,180.32		\$27,202.08		\$26,715.60	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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Indextoring ProcessionIn-NetworkOut-NetworkNut-NetworkOut-NetworkIn-Network		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)	
Drug Card 106595200 ded T2-3 106595200 ded T2-3 106595200 ded T2-3 10659590ac5800 hmDed 0%0%% hmDed Cost Share Information Individual/Family OddUctib Individual/Family OddUctib Individual/Family OddUctib Radeouts 18,000 (nd ded) 33,750,37,500 39,450,318,000 (nd ded) 33,750,37,500 39,450,318,000 (nd ded) 37,200,314,400 (nd ded) 37,200,314,000 (nd ded)		In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
And the service And the s	Prescription Drugs								
Individual Family Deductible Individual Family Deductible S0:450518.900 (ind ded) $33,75037,500$ \$0,450518.900 (ind ded) $34,000180,000$ \$7,200814.400 (ind ded) $37,250314,500$ \$7,230814.500 (ind ded)Co-Insurance Office Visits 40% 0% 0% 0% 0% Primary Care Specialist Inpatient Revices 350 ded waived \$80 ded waived 350 det waived \$80 ded waived 350 det waived \$80 ded waived 350 det waived \$80 ded waived 0% after ded 0% after ded 0% after ded 0% after dedUnpatient Revices Inpatient Revices 40% after ded 40% after ded 30% after ded 0% after ded 0% after dedOutpatient Services Inpatient Revices $U\%$ after ded 40% after ded 30% after ded 0% after ded 0% after dedUnpatient Facility 40% after ded 40% after ded 10% after ded 0% after ded 0% after ded 0% after dedUppatient Facility 40% after ded 40% after ded 30% after ded, X^*ay - 0% after ded 0% after dedLab-No charge-50\% after ded (DND), X=ray-40\% after ded 350 det waived 350 det waived 350 det waived 350 det waived 350 after ded 0% after dedUngent Facility $2x$ \$981.91 $2x$ \$947.92 $2x$ \$890.87 $2x$ \$890.87 $2x$ \$843.33Urgent Care 50% det waived 50% det r ded 0% after ded 0% after dedUrgent Care 50% det waived 50% det r ded 0% after ded 0% after dedSingle $2x$ \$	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	
Individual Family COP Link\$3,450 \$18,900 (incl ded)\$3,450 \$18,900 (incl ded)\$7,200 \$14,600 (incl ded)\$7,250 \$14,600 (incl ded)\$7,250 \$14,600 (incl ded)Co-Insurance Office Visits 40% 40% 30% 30% 9% 9% 9% Pinary Care Speciality\$30 ded waived \$30 ded waived\$30 ded waived \$50 after ded 0% after ded 0% after ded 0% after dedInpatient Facility 40% after ded 40% after ded 0% after ded 0% after ded 0% after ded 0% after dedOutpatient Facility 40% after ded 40% after ded 0% after ded 0% after ded 0% after ded 0% after dedOutpatient Facility 40% after ded 40% after ded 0% after ded 0% after ded 0% after ded 0% after dedLab/X-Ray Energency Facility abc after ded abc after ded abc after ded bc after ded bc after ded bc after dedSto ded waived abc after ded abc after ded abc after ded bc after ded bc after ded bc after dedLab/X-Ray abc after ded abc after ded abc after ded bc after ded bc after ded bc after dedUppet Care abc after ded abc after ded bc after ded bc after ded bc after dedUppet Care abc after ded abc after ded bc after ded bc after ded bc after dedIntal Health Duppet Pace abc after ded abc after ded bc after ded bc after ded<	Cost Share Information								
IndividualFamily OOP LimitS0,450 \$18,900 (incl ded)S0,450 \$18,900 (incl ded)S7,200 \$14,00 (incl ded)S7,250 \$14,00 (incl ded)S7,250 \$14,00 (incl ded)Co-Insurance40%40%30%30%30%9%9%9%Office Visits50 det valved300 det valvedS50 after ded0% after ded0% after ded9%Stole divaluedS30 det valvedS30 det valvedS50 after ded0% after ded0% after ded9%Inpatteri Facility40% after ded40% after ded30% after ded30% after ded0% after ded0% after dedInpatteri Facility40% after ded40% after ded30% after ded30% after ded0% after ded1Outpatient Facility40% after ded40% after ded30% after ded30% after ded0% after ded1Coutpatient Facility12% after ded40% after ded11111Coutpatient Facility12% ofter ded1111111Coutpatient Facility12% ofter ded111	Individual/Family Deductible	\$3,750/\$7,500		\$3.750/\$7.500		\$4,000/\$8,000		\$7,250/\$14,500	
office VisitsrefrefrefrefrefrefrefrefrefPrimary Care Specialist\$30 ded waived \$30 ded waived\$30 ded waived \$50 der ded\$50 der ded 0% after ded 0%	-								
Primary Care \$30 ded waived \$30 ded waived \$30 ded waived \$35 after ded 0% aft	Co-Insurance	40%		40%		30%		0%	
Specialist S80 ded waived S80 ded	Office Visits								
Impatient Services v	Primary Care	\$30 ded waived		\$30 ded waived		\$35 after ded		0% after ded	
Inpatient Hospital40% after ded40% after ded40% after ded30% after ded0% after ded0% after dedOutpatient Services 0 % after ded40% after ded40% after ded30% after ded0% after ded0% after dedOutpatient Facility40% after ded40% after ded40% after ded10% after ded0% after ded0% after dedLab-Xc.RayLab-No charge/50% after ded (DND), X-ray-40% after dedLab-No charge/50% after ded (DND), X-ray-40% after dedLab-No charge/50% after ded (DND), X-ray-40% after dedS30 det waivedS35 after ded0% after dedMental Health Outpatient\$30 det waivedS30 det waivedS35 after ded0% after ded0% after dedEmergency Care50% after ded50% after dedS80 def waivedS80 after ded0% after dedUrgent Care\$80 det waived\$80 det waived\$80 after ded0x \$1,833.860% after dedSingle2 x\$947.822 x\$80.872 x\$843.33E with Spouse0 x \$1,683.820 x \$1,611.290 x \$1,781.740 x \$1,685.66Single2 \$1,963.822 \$1,895.640 x \$1,514.480 x \$1,433.86Monthly Cost2 \$1,963.822 \$1,895.642 \$1,781.742 \$1,686.66	Specialist	\$80 ded waived		\$80 ded waived		\$50 after ded		0% after ded	
Mental Health Inpatient40% after ded40% after ded 30% after ded 30% after ded 0% after ded 0% after dedOutpatient Services V V V V V V V V V Outpatient Facility 40% after ded 40% after ded 40% after ded 80% after ded 850% after ded, $Fragge 50\%$ after ded 0% after ded	Inpatient Services								
Outpatient ServicesNote that the servicesNote the services <th< td=""><td>Inpatient Hospital</td><td>40% after ded</td><td></td><td>40% after ded</td><td></td><td>30% after ded</td><td></td><td>0% after ded</td><td></td></th<>	Inpatient Hospital	40% after ded		40% after ded		30% after ded		0% after ded	
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-No charge/50% after ded (D/ND); X-ray-40% after ded 0% after ded 0% after ded Mental Health Outpatient \$30 ded waived \$30 ded waived \$350 after ded 0% after ded Emergency Care 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 \$981.91 2 x \$947.82 2 x \$800.87 2 x \$843.33 EE with Spouse 0 x \$1,685.64 0 x \$1,781.74 0 x \$1,686.66 E with Child(ren) 0 x \$2,798.44 0 x \$2,710.29 0 x \$1,781.74 2 \$1,686.66 Monthly Cost 2 \$1,963.82 2 \$1,895.64 2 \$1,781.74 2 \$1,686.66 0 x \$2,403.49	Mental Health Inpatient	40% after ded		40% after ded		30% after ded		0% after ded	
Lab/X-RayLab-No charge/50% after ded (D/ND); X-ray-40% after dedLab-No charge/50% after ded (D/ND); X-ray-40% after dedLab-No charge/50% after ded (D/ND); X-ray-40% after dedLab-No charge/50% after ded (D/ND); X-ray-40% after dedD% after ded 0% after dedMental Health Outpatient\$30 ded waived\$30 ded waived\$35 after ded 0% after ded 0% after dedEmergency Care 50% after ded 50% after ded 50% after ded 0% after ded 0% after dedUrgent Care\$80 ded waived\$80 ded waived\$80 ded waived\$80 ded waived 0% after ded 0% after dedSingle $2x$ \$981.91 $2x$ \$947.82 $2x$ \$890.87 $2x$ \$843.33EE with Spouse $0x$ \$1,669.25 $0x$ \$1,611.29 $0x$ \$1,781.74 $0x$ \$1,686.66EE with Child(ren) $0x$ \$2,798.44 $0x$ \$2,701.29 $0x$ \$2,538.98 $0x$ \$1,686.66Monthly Cost 2 \$1,663.82 2 \$1,895.64 2 \$1,781.74 2 \$1,686.66Emily $0x$ \$2,708.44 $0x$ \$2,701.29 $0x$ \$2,538.98 $0x$ \$1,433.66Monthly Cost 2 \$1,963.82 2 \$1,895.64 2 \$1,781.74 2 \$1,686.66Emily $0x$ \$2,708.44 $0x$ \$2,708.45 2 \$1,781.74 2 \$1,686.66	Outpatient Services			· · · · · · · · · · · · · · · · · · ·				/	
	Outpatient Facility	40% after ded		40% after ded				0% after ded	
Emergency Care Sow after ded	Lab/X-Ray	ded (D/ND); X-ray-40%		ded (D/ND); X-ray-40%				0% after ded	
Emergency Room50% after ded50% after ded50% after ded\$50% after ded\$500 (waived if admitted) after ded0% after dedUrgent Care\$80 ded waived\$80 ded waived\$80 ded waived\$80 after ded0% after ded0% after dedSingle2 x \$981.912 x \$947.822 x \$890.872 x \$843.33EE with Spouse0 x \$1,963.820 x \$1,895.640 x \$1,781.740 x \$1,686.66EE with Child(ren)0 x \$1,669.250 x \$1,611.290 x \$1,514.480 x \$1,433.66Family0 x \$2,798.440 x \$2,701.290 x \$2,538.980 x \$2,403.49Monthly Cost2 \$1,963.822 \$1,895.642 \$1,781.742 \$1,686.66	Mental Health Outpatient	\$30 ded waived		\$30 ded waived		\$35 after ded		0% after ded	
urgent Care \$80 ded waived \$80 ded waived \$80 ded waived \$80 ded waived \$80 after ded 0% after ded 0% after ded Single 2 x \$981.91 2 x \$947.82 2 x \$80.87 2 x \$843.33 EE with Spouse 0 x \$1,963.82 0 x \$1,895.64 0 x \$1,781.74 0 x \$1,686.66 EE with Child(ren) 0 x \$1,669.25 0 x \$1,611.29 0 x \$1,514.48 0 x \$1,433.66 Family 0 x \$2,798.44 0 x \$2,701.29 0 x \$2,538.98 0 x \$2,403.49 Monthly Cost 2 \$1,963.82 2 \$1,895.64 2 \$1,781.74 2 \$1,686.66	Emergency Care								
Single 2 x \$981.91 2 x \$947.82 2 x \$890.87 2 x \$843.33 EE with Spouse 0 x \$1,963.82 0 x \$1,895.64 0 x \$1,781.74 0 x \$1,686.66 EE with Child(ren) 0 x \$1,669.25 0 x \$1,611.29 0 x \$1,514.48 0 x \$1,433.66 Family 0 x \$2,798.44 0 x \$2,701.29 0 x \$2,538.98 0 x \$2,403.49 Monthly Cost 2 \$1,963.82 2 \$1,895.64 2 \$1,781.74 2 \$1,686.66	Emergency Room	50% after ded		50% after ded				0% after ded	
EE with Spouse 0 x \$1,963.82 0 x \$1,895.64 0 x \$1,781.74 0 x \$1,686.66 EE with Child(ren) 0 x \$1,669.25 0 x \$1,611.29 0 x \$1,514.48 0 x \$1,433.66 Family 0 x \$2,798.44 0 x \$2,701.29 0 x \$2,538.98 0 x \$2,403.49 Monthly Cost 2 \$1,963.82 2 \$1,895.64 2 \$1,781.74 2 \$1,686.66	Urgent Care	\$80 ded waived		\$80 ded waived		\$80 after ded		0% after ded	
EE with Spouse 0 x \$1,963.82 0 x \$1,895.64 0 x \$1,781.74 0 x \$1,686.66 EE with Child(ren) 0 x \$1,669.25 0 x \$1,611.29 0 x \$1,514.48 0 x \$1,433.66 Family 0 x \$2,798.44 0 x \$2,701.29 0 x \$2,538.98 0 x \$2,403.49 Monthly Cost 2 \$1,963.82 2 \$1,895.64 2 \$1,781.74 2 \$1,686.66	Single	2 x \$981.91		2 x \$947.82		2 x \$890.87		2 x \$843.33	
Family 0 x \$2,798.44 0 x \$2,701.29 0 x \$2,538.98 0 x \$2,403.49 Monthly Cost 2 \$1,963.82 2 \$1,895.64 2 \$1,781.74 2 \$1,686.66		0 x \$1,963.82		0 x \$1,895.64		0 x \$1,781.74		0 x \$1,686.66	
Monthly Cost 2 \$1,963.82 2 \$1,895.64 2 \$1,781.74 2 \$1,686.66	EE with Child(ren)	0 x \$1,669.25		0 x \$1,611.29		0 x \$1,514.48		0 x \$1,433.66	
	Family	0 x \$2,798.44		0 x \$2,701.29		0 x \$2,538.98		0 x \$2,403.49	
Annual Cost \$23,565.84 \$22,747.68 \$21,380.88 \$20,239.92	Monthly Cost	2 \$1,963.82		2 \$1,895.64		2 \$1,781.74		2 \$1,686.66	
	Annual Cost	\$23,565.84		\$22,747.68		\$21,380.88		\$20,239.92	

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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		ľ			
Drug Card	10/65/95 IntDed				
Cost Share Information					
Individual/Family Deductible Individual/Family OOP Limit	\$6,500/\$13,000 \$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 de FS-\$500 after ded	ıd;			
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 admit after ded	tted)			
Urgent Care	\$80 after ded				
Single	2 x \$82	3.46			
EE with Spouse	0 x \$1,64	6.92			
EE with Child(ren)	0 x \$1,39	9.88			
Family	0 x \$2,34	6.86			
Monthly Cost	2 \$1,64	6.92			
	\$19,76				

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