

| | Oxford Metro NY G MTRO NG 25/40/1250/80 EPO ME 26 CNT (EPOc) (UCR=N/A) | | Oxford Metro NY S MTRO NG 50/100/100 EPO ZD 26 CNT (EPO) (UCR=N/A) | | Oxford Metro NY S MTRO NG 30/80/3750/60 EPO ME 26 CNT (EPOc) (UCR=N/A) | | Oxford Metro NY S MTRO NG 35/50/4000/70 EPO HSA 26 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 | 10/65/95/150 ded T2-3 | | 15/65/95/200 ded T2-3 | | 10/65/95/200 ded T2-3 | | 10/65/50%to\$800 IntDed | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$1,250/\$2,500 | | N/A | | \$3,750/\$7,500 | | \$4,000/\$8,000 | |
| Individual/Family OOP Limit | \$6,700/\$13,400 (incl ded) | | \$9,300/\$18,600 | | \$9,200/\$18,400 (incl ded) | | \$7,200/\$14,400 (incl ded) | |
| Co-Insurance | 20% | | 0% | | 40% | | 30% | |
| Office Visits | | | | | | | | |
| Primary Care | \$25 ded waived | | \$50 | | \$30 ded waived | | \$35 after ded | |
| Specialist | \$40 ded waived | | \$100 | | \$80 ded waived | | \$50 after ded | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 20% after ded | | \$1,500/admit | | 40% after ded | | 30% after ded | |
| Mental Health Inpatient | 20% after ded | | \$1,500/admit | | 40% after ded | | 30% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | \$200 after ded | | \$250 | | 40% after ded | | \$300 after ded | |
| Lab/X-Ray | Lab-No charge/50% after ded (D/ND); X-ray-\$50 after ded | | Lab-No charge/\$60 (D/ND); X-ray-\$200 | | Lab-No charge/50% after ded (D/ND); X-ray-40% after ded | | Lab-No charge/\$15 after ded (D/ND); X-ray-\$50 after ded | |
| Mental Health Outpatient | \$40 ded waived | | \$100 | | \$80 ded waived | | \$50 after ded | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$500 (waived if admitted) ded waived | | \$1,500 (waived if admitted) | | 50% after ded | | \$500 (waived if admitted) after ded | |
| Urgent Care | \$75 ded waived | | \$100 | | \$100 ded waived | | \$100 after ded | |
| Single | 2 x \$1,360.25 | | 2 x \$1,278.91 | | 2 x \$1,148.15 | | 2 x \$1,113.86 | |
| EE with Spouse | 0 x \$2,720.51 | | 0 x \$2,557.81 | | 0 x \$2,296.31 | | 0 x \$2,227.73 | |
| EE with Child(ren) | 0 x \$2,312.43 | | 0 x \$2,174.14 | | 0 x \$1,951.86 | | 0 x \$1,893.57 | |
| Family | 0 x \$3,876.72 | | 0 x \$3,644.88 | | 0 x \$3,272.24 | | 0 x \$3,174.51 | |
| Monthly Cost | 2 \$2,720.50 | | 2 \$2,557.82 | | 2 \$2,296.30 | | 2 \$2,227.72 | |
| Annual Cost | \$32,646.00 | | \$30,693.84 | | \$27,555.60 | | \$26,732.64 | |

Prepared For: **Oxford 2026 2nd qtr Metro Nassau Suffolk**

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 04/01/2026

Prepared On: 02/24/2026

Report ID: 39324172

SIC: 8721

| Oxford Metro NY B MTRO NG 40/75/6500/50 EPO HSA 26 CNT (HSA) (UCR=N/A) | | |
|---|--|--------------------|
| | In-Network | Out-Network |
| Prescription Drugs | | |
| Drug Card | 10/40/80 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 | \$500 after ded | |
| Lab/X-Ray | Lab-No charge/\$15 after ded (D/ND); X-ray-50% after ded | |
| Mental Health Outpatient | \$75 after ded | |
| Emergency Care | | |
| Emergency Room | \$500 (waived if admitted) after ded | |
| Urgent Care | \$100 after ded | |
| Single | 2 x | \$1,036.44 |
| EE with Spouse | 0 x | \$2,072.88 |
| EE with Child(ren) | 0 x | \$1,761.95 |
| Family | 0 x | \$2,953.86 |
| Monthly Cost | 2 | \$2,072.88 |
| Annual Cost | | \$24,874.56 |

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