

	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	\$1,327.31	2 x	\$1,247.93	2 x	\$1,120.35	2 x	\$1,086.89
EE with Spouse	0 x	\$2,654.62	0 x	\$2,495.87	0 x	\$2,240.70	0 x	\$2,173.79
EE with Child(ren)	0 x	\$2,256.42	0 x	\$2,121.49	0 x	\$1,904.60	0 x	\$1,847.72
Family	0 x	\$3,782.83	0 x	\$3,556.61	0 x	\$3,193.00	0 x	\$3,097.65
Monthly Cost	2	\$2,654.62	2	\$2,495.86	2	\$2,240.70	2	\$2,173.78
Annual Cost		\$31,855.44		\$29,950.32		\$26,888.40		\$26,085.36

Prepared For: **Oxford 2026 2nd qtr Metro New York City**
New York County, NY 10001
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: 39324178 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	\$1,011.35
EE with Spouse	0 x	\$2,022.70
EE with Child(ren)	0 x	\$1,719.29
Family	0 x	\$2,882.34
Monthly Cost	2	\$2,022.70
Annual Cost		\$24,272.40

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