

Prepared For: **Oscar Circle Plus Downstate  
Nassau County, NY 11001**  
Prepared By: **NYSmallHealth - (516)358-3612**

Health Plan Comparison Report (3L)  
Effective Date: 07/01/2019      Prepared On: 05/30/2019  
Report ID: 36498676      SIC: 0000

	Oscar Circle Plus Circle Plus Gold \$2000 (EPOc) (UCR=N/A)		Oscar Circle Plus Circle Plus Silver \$4500 (EPOc) (UCR=N/A)		Oscar Circle Plus Circle Plus Bronze \$6650 HSA (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	10/50/100/150 ded T2-3		10/50%/50% IntDed T2-3		0%/0%/0% IntDed	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$2,000/\$4,000		\$4,500/\$9,000		\$6,650/\$13,300	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$7,000/\$14,000 (incl ded)		\$6,650/\$13,300 (incl ded)	
Co-Insurance	20%		50%		0%	
<b>Office Visits</b>						
Primary Care	\$25 ded waived		\$25 ded waived		0% after ded	
Specialist	\$50 ded waived		\$75 ded waived		0% after ded	
<b>Inpatient Services</b>						
Inpatient Hospital	20% after ded		50% after ded		0% after ded	
Mental Health Inpatient	20% after ded		50% after ded		0% after ded	
<b>Outpatient Services</b>						
Outpatient Facility	20% after ded		50% after ded		0% after ded	
Lab/X-Ray	Lab-\$50 ded waived; X-ray-20% after ded		Lab-\$75 ded waived; X-ray-50% after ded		0% after ded	
Mental Health Outpatient	\$25 ded waived		\$25 ded waived		0% after ded	
<b>Emergency Care</b>						
Emergency Room	\$250 ded waived		50% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		0% after ded	
<b>Single</b>	1 x <b>\$757.56</b>		1 x <b>\$651.22</b>		1 x <b>\$570.87</b>	
<b>EE with Spouse</b>	1 x <b>\$1,515.13</b>		1 x <b>\$1,302.44</b>		1 x <b>\$1,141.73</b>	
<b>EE with Child(ren)</b>	1 x <b>\$1,287.86</b>		1 x <b>\$1,107.07</b>		1 x <b>\$970.47</b>	
<b>Family</b>	1 x <b>\$2,159.06</b>		1 x <b>\$1,855.97</b>		1 x <b>\$1,626.97</b>	
<b>Monthly Cost</b>	4 <b>\$5,719.61</b>		4 <b>\$4,916.70</b>		4 <b>\$4,310.04</b>	
<b>Annual Cost</b>	<b>\$68,635.32</b>		<b>\$59,000.40</b>		<b>\$51,720.48</b>	

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