Prepared For: Emblem 2017 3rd qtr Nassau

Nassau County, NY 11565

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Health Plan Comparison Report (4L)

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SIC: 0000

	EmblemHealth	EmblemHealth	EmblemHealth	EmblemHealth
	Select Care Platinum HMO 15/35	Select Care Silver Value 35/55	Select Care Gold HMO 40/60	Select Care Bronze Value HD 7150
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs				
Drug Card	10/30/60	0%/0%/0% IntDed T2-3	15/35/75/100 ded	30/0%/0% IntDed T2-3
Cost Share Information				
Individual/Family Deductible	N/A	\$5,800/\$11,600	\$250/\$500	\$7,150/\$14,300
Individual/Family OOP Limit	\$2,000/\$4,000	\$5,800/\$11,600 (incl ded)	\$5,500/\$11,000 (incl ded)	\$7,150/\$14,300 (incl ded)
Co-Insurance	0%	0%	0%	0%
Office Visits				
Primary Care	\$15	No charge visits 1-3; \$35 ded waived visits 4+	\$40 after ded	No charge visits 1-2; 0% after ded visits 3+
Specialist	\$35	\$55 ded waived	\$60 after ded	0% after ded
Inpatient Services		700 000 III.I.I.I		070 0100 000
Inpatient Hospital	\$500/admit; pre-auth req	0% after ded; pre-auth req	\$1,500/admit after ded; pre-auth req	0% after ded; pre-auth req
Mental Health Inpatient	\$500/admit; pre-auth req	0% after ded; pre-auth req	\$1,500/admit after ded; pre-auth req	0% after ded; pre-auth req
Outpatient Services	· ·			
Outpatient Facility	\$100; pre-auth req	0% after ded; pre-auth req	\$150 after ded; pre-auth req	0% after ded; pre-auth req
Lab/X-Ray	PCP-\$15; SP-\$35	No charge	PCP-\$40 after ded; SP- \$60 after ded	No charge
Mental Health Outpatient	\$15	\$35 ded waived	\$40 after ded	0% after ded
Emergency Care				
Emergency Room	\$100 (waived if admitted)	0% after ded	\$200 (waived if admitted) after ded	0% after ded
Urgent Care	\$55	\$75 ded waived	\$60 after ded	0% after ded
Single	1 x \$965.37	1 x \$624.65	1 x \$798.50	1 x \$558.51
EE with Spouse	0 x \$1,930.76	0 x \$1,249.29	0 x \$1,597.00	0 x \$1,117.00
EE with Child(ren)	0 x \$1,641.14	0 x \$1,061.90	0 x \$1,357.46	0 x \$949.46
Family	1 x \$2,751.33	1 x \$1,780.25	1 x \$2,275.73	1 x \$1,591.73
Monthly Cost	2 \$3,716.70	2 \$2,404.90	2 \$3,074.23	2 \$2,150.24
Annual Cost	\$44,600.40	\$28,858.80	\$36,890.76	\$25,802.88