Prepared For: Emblem 2017 4th qtr Albany

Prepared By:

Albany County, NY 12007

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Health Plan Comparison Report (4L)

Effective Date: 10/01/2017

Prepared On: 08/02/2017

SIC: 0000

Report ID: 33267897

	EmblemHealth Select Care Platinum HMO 15/35	EmblemHealth	EmblemHealth Select Care Silver Value 35/55	EmblemHealth Select Care Bronze Value HD 7150
		Select Care Gold HMO 40/60		
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs			,	
Drug Card	10/30/60	15/35/75/100 ded	0%/0%/0% IntDed T2-3	30/0%/0% IntDed T2-3
Cost Share Information				
Individual/Family Deductible	N/A	\$250/\$500	\$5,800/\$11,600	\$7,150/\$14,300
Individual/Family OOP Limit	\$2,000/\$4,000	\$5,500/\$11,000 (incl ded)	\$5,800/\$11,600 (incl ded)	\$7,150/\$14,300 (incl ded)
Co-Insurance	0%	0%	0%	0%
Office Visits				
Primary Care	\$15	\$40 after ded	No charge visits 1-3; \$35 ded waived visits 4+	No charge visits 1-2; 0% after ded visits 3+
Specialist	\$35	\$60 after ded	\$55 ded waived	0% after ded
Inpatient Services				
Inpatient Hospital	\$500/admit; pre-auth req	\$1,500/admit after ded; pre-auth req	0% after ded; pre-auth req	0% after ded; pre-auth req
Mental Health Inpatient	\$500/admit; pre-auth req	\$1,500/admit after ded; pre-auth req	0% after ded; pre-auth req	0% after ded; pre-auth req
Outpatient Services				
Outpatient Facility	\$100; pre-auth req	\$150 after ded; pre-auth req	0% after ded; pre-auth req	0% after ded; pre-auth req
Lab/X-Ray	PCP-\$15; SP-\$35	PCP-\$40 after ded; SP- \$60 after ded	No charge	No charge
Mental Health Outpatient	\$15	\$40 after ded	\$35 ded waived	0% after ded
Emergency Care				
Emergency Room	\$100 (waived if admitted)	\$200 (waived if admitted) after ded	0% after ded	0% after ded
Urgent Care	\$55	\$60 after ded	\$75 ded waived	0% after ded
Single	1 x \$1,033.13	1 x \$854.57	1 x \$668.50	1 x \$597.70
EE with Spouse	0 x \$2,066.27	0 x \$1,709.12	0 x \$1,337.00	0 x \$1,195.42
EE with Child(ren)	0 x \$1,756.32	0 x \$1,452.75	0 x \$1,136.46	0 x \$1,016.10
Family	1 x \$2,944.44	1 x \$2,435.50	1 x \$1,905.22	1 x \$1,703.46
Monthly Cost	2 \$3,977.57	2 \$3,290.07	2 \$2,573.72	2 \$2,301.16
Annual Cost	\$47,730.84	\$39,480.84	\$30,884.64	\$27,613.92