Prepared For: Emblem 2017 4th qtr Mid

Prepared By:

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Health Plan Comparison Report (4L)

Effective Date: 10/01/2017

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SIC: 0000

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	EmblemHealth	EmblemHealth	EmblemHealth	EmblemHealth
	Select Care Platinum HMO 15/35	Select Care Gold HMO 40/60	Select Care Silver Value 35/55	Select Care Bronze Value HD 7150
	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 \$1,033.59	1 x \$854.92	1 x \$668.78	1 x \$597.97
EE with Spouse	0 x \$2,067.17	0 x \$1,709.86	0 x \$1,337.56	0 x \$1,195.94
EE with Child(ren)	0 x \$1,757.10	0 x \$1,453.38	0 x \$1,136.92	0 x \$1,016.55
Family	1 x \$2,945.72	1 x \$2,436.54	1 x \$1,906.03	1 x \$1,704.22
Monthly Cost	2 \$3,979.31	2 \$3,291.46	2 \$2,574.81	2 \$2,302.19
Monthly Cost Annual Cost	\$47,751.72	\$39,497.52	\$30,897.72	\$27,626.28