Prepared For: Emblem 2018 4th qtr New York City New York County, NY 10001 Prepared By: Clifford Grekin Inc. - (631)963-6020

 Effective Date: 10/01/2018
 Prepared On: 07/10/2018

 Report ID: 35103761
 SIC: 0000

Prescription Drugs Drug Card Cost Share Information ndividual/Family Deductible ndividual/Family OOP Limit	EmblemHealth Platinum (HMO) (UCR=N/A) In-Network	EmblemHealth Gold (HMOc) (UC		EmblemHealth Gol (UCR=	
Orug Card Cost Share Information ndividual/Family Deductible		In-Network	Out-Network		
Orug Card Cost Share Information ndividual/Family Deductible	10/30/60		outnothon	In-Network	Out-Network
Cost Share Information	10/30/60				
ndividual/Family Deductible		10/30/70/100 ded		15/35/75/100 ded	
ndividual/Family OOP Limit	N/A	\$700/\$1,400		\$250/\$500	
	\$2,000/\$4,000	\$5,000/\$10,000 (incl ded)		\$5,500/\$11,000 (incl ded)	
Co-Insurance	0%	0%		0%	
Office Visits					
Primary Care	\$15	No charge visits 1-3; \$10 ded waived visits 4+		\$40 after ded	
manialist	¢25	¢E0 ofter ded		¢CO offer ded	
Specialist Aaternity Prenatal/Postnatal Care	\$35 No charge	\$50 after ded No charge		\$60 after ded No charge	
Chiropractic Care	\$35	\$50 after ded		\$60 after ded	
npatient Services					
npatient Hospital	\$500/admit; pre-auth req	\$1,500/admit after ded		\$1,500/admit after ded;	
Iental Health Inpatient	\$500/admit; pre-auth req	\$1,500/admit after ded		pre-auth req \$1,500/admit after ded; pre-auth req	
Substance Abuse Inpatient	\$500/admit; pre-auth req	\$1,500/admit after ded		\$1,500/admit after ded; pre-auth req	
Dutpatient Services					
•	¢100, and with real	00% after dad		¢150 sérai de du para south	
Outpatient Facility	\$100; pre-auth req	0% after ded		\$150 after ded; pre-auth req	
ab/X-Ray	PCP-\$15; SP-\$35	Lab-\$10 after ded; X-ray-PCP-\$10 ded waived; SP-\$50 ded waived		\$60 after ded	
dvanced Radiology	\$35	\$50 after ded		\$60 after ded	
Iental Health Outpatient	\$15	\$10 after ded		\$40 after ded	
Substance Abuse Outpatient	\$15	\$10 after ded		\$40 after ded	
Emergency Care					
Emergency Room	\$100 (waived if	\$150 (waived if		\$200 (waived if	
mergency Room	admitted)	admitted) after ded		admitted) after ded	
mbulance	\$100	\$150 after ded		\$100 after ded	
Irgent Care	\$55	\$50 after ded		\$60 after ded	
Recovery/Special Needs					
Iome Health Care	\$15; 40 visits/plan yr; pre-auth req	\$50 after ded; 40 visits/plan yr		\$40 after ded; 40 visits/plan yr; pre-auth req	
killed Nursing	\$500/admit; 200 days/plan yr; pre-auth	\$1,500/admit after ded; 200 days/plan yr		\$1,500/admit after ded; 200 days/plan yr;	
Ourable Medical Equipment	req 10%; pre-auth req	10% after ded		pre-auth req 10% after ded; pre-auth	
				req	
Single	1 x \$924.71	1 x \$797.60		1 x \$770.76	
E with Spouse	0 x \$1,849.40	0 x \$1,595.20		0 x \$1,541.53	
E with Child(ren)	0 x \$1,571.99	0 x \$1,355.92		0 x \$1,310.30	
amily	1 x \$2,635.41	1 x \$2,273.16		1 x \$2,196.69	
Ionthly Cost	2 \$3,560.12	2 \$3,070.76		2 \$2,967.45	
Annual Cost	\$42,721.44	\$36,849.12		\$35,609.40	

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

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 Health Plan Comparison Report (3P)

 Effective Date: 10/01/2018
 Prepared On: 07/10/2018

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	EmblemHealth EmblemHealth Silver Value (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Bronze Value (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Bronze HSA (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/0%/0% IntDed T2-3		30/0%/0% IntDed T2-3		10/35/70 IntDed	
Cost Share Information						
ndividual/Family Deductible	\$5,800/\$11,600		\$7,150/\$14,300		\$5,500/\$11,000	
Individual/Family OOP Limit	\$5,800/\$11,600 (incl ded)		\$7,150/\$14,300 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	0%		0%		50%	
Office Visits						
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+		No charge visits 1-2; 0% after ded visits 3+		50% after ded	
Specialist	\$55 ded waived		0% after ded		50% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	0% after ded		0% after ded		50% after ded	
Inpatient Services						
npatient Hospital	0% after ded; pre-auth req		0% after ded; pre-auth reg		50% after ded; pre-auth req	
Mental Health Inpatient	0% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Substance Abuse Inpatient	0% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	0% after ded; pre-auth req		0% after ded; pre-auth reg		50% after ded; pre-auth req	
Lab/X-Ray	Lab-No charge; X-ray-PCP-\$35 ded waived; SP-\$55 ded waived		Lab-\$20 ded waived; X-ray-0% after ded		50% after ded	
Advanced Radiology	0% after ded		0% after ded		50% after ded	
Mental Health Outpatient	\$35 ded waived		0% after ded		50% after ded	
Substance Abuse Outpatient	\$35 ded waived		0% after ded		50% after ded	
Emergency Care						
	0% offer ded		0% offer ded		50% after ded	
Emergency Room	0% after ded		0% after ded		50% aller ded	
Ambulance	0% after ded		0% after ded		50% after ded	
Urgent Care	\$75 ded waived		0% after ded		50% after ded	
Recovery/Special Needs						
Home Health Care	0% after ded; 40 visits/plan yr; pre-auth		0% after ded; 40 visits/plan yr; pre-auth		50% after ded; 40 visits/plan yr; pre-auth	
Skilled Nursing	req 0% after ded; 200 days/plan yr; pre-auth		req 0% after ded; 200 days/plan yr; pre-auth		req 50% after ded; 200 days/plan yr; pre-auth	
	req		req		req	
Durable Medical Equipment	30% ded waived; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Single	1 x \$601.05		1 x \$523.20		1 x \$510.25	
EE with Spouse	0 x \$1,202.11		0 x \$1,046.41		0 x \$1,020.51	
EE with Child(ren)	0 x \$1,021.79		0 x \$889.44		0 x \$867.44	
Family	1 x \$1,713.00		1 x \$1,491.13		1 x \$1,454.23	
Monthly Cost	2 \$2,314.05		2 \$2,014.33		2 \$1,964.48	

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