Prepared For : Emblem 2016 2nd qtr Nassau Suffolk Nassau County, NY 11565

Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Prepared On: 2/2/2016 Report Id: 30342045

Effective Date : 04/01/2016 SIC : 0000

Cost Share Information Individual/Family Deductible N/A \$200/\$400 \$3,000/\$6,000 S6,000/\$12,000 (incl ded) S6,000/\$12,000 (incl d	EmblemHealth Bronze HMO HD6300 (HSA) (UCR=N/A	EmblemHealth Silver HMO 35/55 (HMOc) (UCR=N/A)	EmblemHealth Gold HMO 40/60 (HMOc) (UCR=N/A)	EmblemHealth Platinum HMO 15/35 (HMO) (UCR=N/A)	
Drug Card 10/30/60 15/35/75/100 ded 15/35/7	In-Network Out-Network	In-Network	In-Network	In-Network	
Cost Share Information Individual/Family Deductible N/A \$200/\$400 \$3,000/\$6,000 \$3,000/\$6,000 \$6,000/\$12,000 (incl ded) \$6,000					Prescription Drugs
Individual/Family Deductible Individual/Family DOP Limit \$2,000/\$4,000 \$5,500/\$11,000 (incl ded) \$6,000/\$12,000 (incl ded) \$6,000/	0%/0%/0% IntDed	15/35/75/100 ded	15/35/75/100 ded	10/30/60	Drug Card
Individual/Family OOP Limit \$2,000/\$4,000 \$5,500/\$11,000 (incl ded) \$6,000/\$12,000 (incl ded) \$6,000/\$12					Cost Share Information
Co-Insurance N/A 0% 30% Office Visits Primary Care \$15	\$6,300/\$12,600	\$3,000/\$6,000	\$200/\$400	N/A	Individual/Family Deductible
Office Visits Primary Care \$15 \$40 after ded \$35 ded waived Specialist \$35 \$60 after ded \$55 ded waived Inpatient Services Inpatient Hospital \$500/admit \$1,500/admit after ded 30% after ded Mental Health Inpatient \$500/admit \$1,500/admit after ded 30% after ded Outpatient Services Outpatient Facility \$100 \$150 after ded 30% after ded Lab/X-Ray \$35 \$60 after ded \$55 ded waived Mental Health Outpatient \$15 \$40 after ded \$35 ded waived Emergency Care Emergency Room \$100 (waived if admitted) \$200 (waived if admitted) after ded \$200 (waived if admitted) ded waived Urgent Care \$55 \$60 after ded \$60 after ded \$60 ded waived Single 1 x \$900.83 1 x \$737.13 1 x \$655.40 EE with Spouse 0 x \$1,810.67 0 x \$1,474.27 0 x \$1,310.79 EE with Child(ren) 0 x \$1,531.41 0 x \$1,253.13 0 x \$	\$6,300/\$12,600 (incl ded)	\$6,000/\$12,000 (incl ded)	\$5,500/\$11,000 (incl ded)	\$2,000/\$4,000	Individual/Family OOP Limit
Primary Care \$15	0%	30%	0%	N/A	Co-Insurance
Specialist S35 S60 after ded S55 ded waived					
Inpatient Services Inpatient Hospital \$500/admit \$1,500/admit after ded 30% after ded Mental Health Inpatient \$500/admit \$1,500/admit after ded 30% after ded Outpatient Services Outpatient Facility \$100 \$150 after ded 30% after ded Lab/X-Ray \$35 \$60 after ded \$55 ded waived Mental Health Outpatient \$15 \$440 after ded \$35 ded waived Emergency Care Emergency Room \$100 (waived if admitted) \$200 (waived if admitted) after ded Urgent Care \$55 \$60 after ded \$60 ded waived Single \$1 x \$900.83 \$1 x \$737.13 \$1 x \$655.40 \$655.40 \$1 x \$1,310.79 \$1 \$1,511.418	0% after ded	\$35 ded waived	\$40 after ded	\$15	Primary Care
Inpatient Hospital \$500/admit \$1,500/admit after ded 30% after ded 3	0% after ded	\$55 ded waived	\$60 after ded	\$35	Specialist
Mental Health Inpatient \$500/admit \$1,500/admit after ded 30% after ded Outpatient Services 0utpatient Facility \$100 \$150 after ded 30% after ded Lab/X-Ray \$35 \$60 after ded \$55 ded waived Mental Health Outpatient \$15 \$40 after ded \$35 ded waived Emergency Care Emergency Room \$100 (waived if admitted) \$200 (waived if admitted) after ded \$200 (waived if admitted) ded waived Urgent Care \$55 \$60 after ded \$60 ded waived Single 1 x \$900.83 1 x \$737.13 1 x \$655.40 EE with Spouse 0 x \$1,801.67 0 x \$1,474.27 0 x \$1,310.79 EE with Child(ren) 0 x \$1,531.41 0 x \$1,253.13 0 x \$1,114.18					Inpatient Services
Outpatient Services S150 after ded 30% after ded Cutpatient Facility \$100 \$150 after ded 30% after ded Lab/X-Ray \$35 \$60 after ded \$55 ded waived Mental Health Outpatient \$15 \$40 after ded \$35 ded waived Emergency Care Emergency Room \$100 (waived if admitted) \$200 (waived if admitted) after ded \$200 (waived if admitted) ded waived Urgent Care \$55 \$60 after ded \$60 ded waived Single 1 x \$900.83 1 x \$737.13 1 x \$655.40 EE with Spouse 0 x \$1,801.67 0 x \$1,474.27 0 x \$1,310.79 EE with Child(ren) 0 x \$1,531.41 0 x \$1,253.13 0 x \$1,114.18	0% after ded	30% after ded	\$1,500/admit after ded	\$500/admit	Inpatient Hospital
Outpatient Facility \$100 \$150 after ded 30% after ded Lab/X-Ray \$35 \$60 after ded \$55 ded waived Mental Health Outpatient \$15 \$40 after ded \$35 ded waived Emergency Care \$200 (waived if admitted) \$200 (waived if admitted) Urgent Care \$55 \$60 after ded \$60 ded waived Single 1 x \$900.83 1 x \$737.13 1 x \$655.40 EE with Spouse 0 x \$1,801.67 0 x \$1,474.27 0 x \$1,310.79 EE with Child(ren) 0 x \$1,531.41 0 x \$1,253.13 0 x \$1,114.18	0% after ded	30% after ded	\$1,500/admit after ded	\$500/admit	Mental Health Inpatient
Lab/X-Ray \$35 \$60 after ded \$55 ded waived Mental Health Outpatient \$15 \$40 after ded \$35 ded waived Emergency Care \$200 (waived if admitted) \$200 (waived if admitted) Urgent Care \$55 \$60 after ded \$60 ded waived Single 1 x \$900.83 1 x \$737.13 1 x \$655.40 EE with Spouse 0 x \$1,801.67 0 x \$1,474.27 0 x \$1,310.79 EE with Child(ren) 0 x \$1,531.41 0 x \$1,253.13 0 x \$1,114.18					Outpatient Services
Mental Health Outpatient \$15 \$40 after ded \$35 ded waived Emergency Care Emergency Room \$100 (waived if admitted) \$200 (waived if admitted) after ded \$200 (waived if admitted) ded waived Urgent Care \$55 \$60 after ded \$60 ded waived Single 1 x \$900.83 1 x \$737.13 1 x \$655.40 EE with Spouse 0 x \$1,801.67 0 x \$1,474.27 0 x \$1,310.79 EE with Child(ren) 0 x \$1,531.41 0 x \$1,253.13 0 x \$1,114.18	0% after ded	30% after ded	\$150 after ded	\$100	Outpatient Facility
Emergency Care \$100 (waived if admitted) \$200 (waived if admitted) after ded \$200 (waived if admitted) ded waived Urgent Care \$55 \$60 after ded \$60 ded waived Single 1 x \$900.83 1 x \$737.13 1 x \$655.40 EE with Spouse 0 x \$1,801.67 0 x \$1,474.27 0 x \$1,310.79 EE with Child(ren) 0 x \$1,531.41 0 x \$1,253.13 0 x \$1,114.18	0% after ded	\$55 ded waived	\$60 after ded	\$35	Lab/X-Ray
Emergency Room \$100 (waived if admitted) \$200 (waived if admitted) after ded \$200 (waived if admitted) ded waived Urgent Care \$55 \$60 after ded \$60 ded waived Single 1 x \$900.83 1 x \$737.13 1 x \$655.40 EE with Spouse 0 x \$1,801.67 0 x \$1,474.27 0 x \$1,310.79 EE with Child(ren) 0 x \$1,531.41 0 x \$1,253.13 0 x \$1,114.18	0% after ded	\$35 ded waived	\$40 after ded	\$15	Mental Health Outpatient
Urgent Care \$55 \$60 after ded \$60 ded waived Single 1 x \$900.83 1 x \$737.13 1 x \$655.40 EE with Spouse 0 x \$1,801.67 0 x \$1,474.27 0 x \$1,310.79 EE with Child(ren) 0 x \$1,531.41 0 x \$1,253.13 0 x \$1,114.18					Emergency Care
Single 1 x \$900.83 1 x \$737.13 1 x \$655.40 EE with Spouse 0 x \$1,801.67 0 x \$1,474.27 0 x \$1,310.79 EE with Child(ren) 0 x \$1,531.41 0 x \$1,253.13 0 x \$1,114.18	0% after ded	\$200 (waived if admitted) ded waived		\$100 (waived if admitted)	Emergency Room
EE with Spouse 0 x \$1,801.67 0 x \$1,474.27 0 x \$1,310.79 EE with Child(ren) 0 x \$1,531.41 0 x \$1,253.13 0 x \$1,114.18	0% after ded	\$60 ded waived	\$60 after ded	\$55	Urgent Care
EE with Child(ren) 0 x \$1,531.41 0 x \$1,253.13 0 x \$1,114.18	1 x \$532.00	1 x \$655.40	1 x \$737.13	1 x \$900.83	Single
	0 x \$1,064.00			· ·	-
Family 1 x \$2,567.37 1 x \$2,100.83 1 x \$1,867.87	0 x \$904.41	· ·			, ,
	1 x \$1,516.21	1 X \$1,867.87	1 X \$2,100.83	1 X \$2,567.37	ramily
Monthly Cost 2 \$3,468.20 2 \$2,837.96 2 \$2,523.27	2 \$2,048.21	2 \$2,523.27	2 \$2,837.96	2 \$3,468.20	Monthly Cost
Annual Cost \$41,618.40 \$34,055.52 \$30,279.24	\$24,578.52	\$30,279.24		\$41,618.40	=