Prepared For: Emblem 2017 2nd qtr Albany

Prepared By:

Albany County, NY 12007

Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 04/01/2017

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SIC: 0000

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	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 Out-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				
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 \$1,000.85	1 x \$647.61	1 x \$827.86	1 x \$579.03
EE with Spouse	0 x \$2,001.70	0 x \$1,295.22	0 x \$1,655.71	0 x \$1,158.06
EE with Child(ren)	0 x \$1,701.44	0 x \$1,100.94	0 x \$1,407.35	0 x \$984.35
Family	1 x \$2,852.43	1 x \$1,845.69	1 x \$2,359.40	1 x \$1,650.23
Monthly Cost	2 \$3,853.28	2 \$2,493.30	2 \$3,187.26	2 \$2,229.26
Annual Cost	\$46,239.36	\$29,919.60	\$38,247.12	\$26,751.12