Prepared For: Emblem 2020 1st qtr Nassau Suffolk Millenium

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 02/01/2020 Prepared On: 01/06/2020

Report ID: 37357964

SIC: 0000

	Emblem Millenniur EmblemHealth Platinum Premier (UCR=N/A)	n Emblem Millennium Gated-M (HMO) EmblemHealth Platinum Value Gated (UCR=N/A)	Emblem Millennium I-M (HMOc) EmblemHealth Gold Premier Gated-M (HMOc) (UCR=N/A)	Emblem Millennium EmblemHealth Gold Value Gated-M (HMOc) (UCR=N/A)	
	In-Network	In-Network	In-Network	In-Network	
Prescription Drugs					
Drug Card	0/30/60	0/30/60 IntDed T2-3	0/40/80	0/40/80 IntDed T2-3	
Cost Share Information					
Individual/Family Deductible Individual/Family OOP Limit	N/A \$2,000/\$4,000	\$200/\$400 \$2,400/\$4,800 (incl ded)	\$350/\$700 \$5,300/\$10,600 (incl ded)	\$1,900/\$3,800 \$3,700/\$7,400 (incl ded)	
Co-Insurance Office Visits	0%	0%	30%	30%	
Primary Care	No charge visits 1-3; \$15 visits 4+	No charge visits 1-3; \$15 ded waived visits 4+	No charge visits 1-3; \$40 ded waived visits 4+	No charge visits 1-3; \$25 ded waived visits 4+	
Specialist	\$35	\$35 ded waived	\$60 ded waived	\$40 ded waived	
Inpatient Services					
Inpatient Hospital	\$500/admit; pre-auth req	\$500/admit after ded; pre-auth req	30% after ded; pre-auth req	30% after ded; pre-auth req	
Mental Health Inpatient	\$500/admit; pre-auth req	\$500/admit after ded; pre-auth req	30% after ded; pre-auth req	30% after ded; pre-auth req	
Outpatient Services					
Outpatient Facility	\$100; pre-auth req	\$100 after ded; pre-auth req	\$200 after ded; pre-auth req	\$200 after ded; pre-auth req	
Lab/X-Ray	PCP-\$15; SP-\$35; pre-auth req	Lab-\$15/\$35 ded waived (PCP/SP); X-ray-\$15/\$35 after ded (PCP/SP); pre-auth req	Lab-\$40/\$60 ded waived (PCP/SP); X-ray-\$40/\$60 after ded (PCP/SP); pre-auth req	Lab-\$25/\$40 ded waived (PCP/SP); X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req	
Mental Health Outpatient	\$35	\$35 ded waived	\$40 ded waived	\$25 ded waived	
Emergency Care	1				
Emergency Room	\$350 (waived if admitted)	\$350 (waived if admitted) after ded	\$600 (waived if admitted) after ded	\$500 (waived if admitted) after ded	
Urgent Care	\$75	\$75 ded waived	\$75 ded waived	\$75 ded waived	
Single	2 x \$1,024.74	2 x \$1,000.11	2 x \$836.84	2 x \$794.75	
EE with Spouse	0 x \$2,049.48	0 x \$2,000.22	0 x \$1,673.68	0 x \$1,589.50	
EE with Child(ren) Family	0 x \$1,742.06 0 x \$2,920.51	0 x \$1,700.19 0 x \$2,850.31	0 x \$1,422.63 0 x \$2,384.99	0 x \$1,351.08 0 x \$2,265.04	
Monthly Cost Annual Cost	2 \$2,049.48 \$24,593.76	2 \$2,000.22 \$24,002.64	2 \$1,673.68 \$20,084.16	2 \$1,589.50 \$19,074.00	

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

Prepared For: Emblem 2020 1st qtr Nassau Suffolk Millenium

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 02/01/2020 Prepared On: 01/06/2020

Report ID: 37357964

SIC: 0000

	Emblem Millenniu EmblemHealth Silver Premier C (UCR=N/A)		Emblem Millennium I-M (HMOc) EmblemHealth Bronze Premier Gated-M (H (UCR=N/A)	Emblem Millennium IMOc) EmblemHealth Bronze Value Gated-M (HMOc) (UCR=N/A)
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs				
Drug Card	0/40/80	0%/0%/0% IntDed T2-3	25/50%/50% IntDed	35/0%/0% IntDed T2-3
Cost Share Information				
Individual/Family Deductible Individual/Family OOP Limit	\$2,400/\$4,800 \$7,800/\$15,600 (incl ded)	\$6,300/\$12,600 \$6,300/\$12,600 (incl ded)	\$4,600/\$9,200 \$7,900/\$15,800 (incl ded)	\$8,150/\$16,300 \$8,150/\$16,300 (incl ded)
Co-Insurance	40%	0%	50%	0%
Office Visits				
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+	No charge visits 1-3; \$10 ded waived visits 4+	No charge visits 1-3; \$40 after ded visits 4+	No charge visits 1-3; 0% after ded visits 4+
Specialist	\$65 ded waived	\$55 ded waived	\$70 after ded	0% after ded
Inpatient Services				
Inpatient Hospital	40% after ded; pre-auth req	0% after ded; pre-auth req	50% after ded; pre-auth req	0% after ded; pre-auth req
Mental Health Inpatient	40% after ded; pre-auth req	0% after ded; pre-auth req	50% after ded; pre-auth req	0% after ded; pre-auth req
Outpatient Services				
Outpatient Facility Lab/X-Ray	\$250 after ded; pre-auth req Lab-\$35/\$65 ded waived (PCP/SP); X-ray-\$35/\$65 after ded (PCP/SP); pre-auth req	0% after ded; pre-auth req Lab-\$10/\$55 ded waived (PCP/SP); X-ray-0% after ded; pre-auth req	50% after ded; pre-auth req Lab-\$40/\$70 after ded (PCP/SP); X-ray-50% after ded; pre-auth req	0% after ded; pre-auth req 0% after ded; pre-auth req
Mental Health Outpatient	\$35 ded waived	\$10 ded waived	\$40 after ded	0% after ded
Emergency Care				
Emergency Room	40% after ded	0% after ded	50% after ded	0% after ded
Urgent Care	\$75 ded waived	\$75 ded waived	\$75 ded waived	\$75 ded waived
Single	2 x \$704.12	2 x \$680.66	2 x \$606.36	2 x \$578.87
EE with Spouse	0 x \$1,408.24	0 x \$1,361.32	0 x \$1,212.72	0 x \$1,157.74
EE with Child(ren) Family	0 x \$1,197.00 0 x \$2,006.74	0 x \$1,157.12 0 x \$1,939.88	0 x \$1,030.81 0 x \$1,728.13	0 x \$984.08 0 x \$1,649.78
Monthly Cost Annual Cost	2 \$1,408.24 \$16,898.88	2 \$1,361.32 \$16,335.84	2 \$1,212.72 \$14,552.64	2 \$1,157.74 \$13,892.88
Annual Cost	\$10,030.08	\$10,555.84	\$14,552.04	\$13,092.00

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