Prepared On: 01/14/2021

Prepared For: Emblem 2021 2nd qtr Selectcare Nassau Suffolk

Nassau County, NY 11565

Prepared By: Clifford Grekin Inc. - (631)963-6020 Report ID: 38186837 SIC: 0000

Effective Date: 04/01/2021

**Emblem Select Care Emblem Select Care** EmblemHealth Platinum Premier Non-Gated-S (HMO) EmblemHealth Platinum Value Non-Gated-S (HMOc) (UCR=N/A) (UCR=N/A) In-Network In-Network Out-Network Prescription Drugs 0/30/65 0/30/60 IntDed T2-3 Drug Card Cost Share Information Individual/Family Deductible N/A \$250/\$500 Individual/Family OOP Limit \$2,000/\$4,000 \$2,500/\$5,000 (incl ded) 20% 20% Co-Insurance Office Visits Primary Care No charge visits 1-3; \$15 visits 4+ No charge visits 1-3; \$15 ded waived visits 4+ \$35 \$35 ded waived Specialist No charge Maternity Prenatal/Postnatal No charge Care Chiropractic Care \$35 \$35 ded waived Inpatient Services Inpatient Hospital 20%; pre-auth req 20% after ded; pre-auth req Mental Health Inpatient 20%; pre-auth req 20% after ded; pre-auth req 20% after ded; pre-auth req Substance Abuse Inpatient 20%; pre-auth req **Outpatient Services** Outpatient Facility \$250; pre-auth req \$250 after ded; pre-auth req Lab/X-Ray \$15/\$35 (PCP/SP); pre-auth req Lab-\$15/\$35 ded waived (PCP/SP)/X-ray-\$15/\$35 after ded (PCP/SP); pre-auth req Advanced Radiology \$35; pre-auth req \$35 after ded ; pre-auth req \$15 \$15 ded waived Mental Health Outpatient Substance Abuse Outpatient \$15 \$15 ded waived **Emergency Care** Emergency Room \$400 (waived if admitted) \$400 (waived if admitted) after ded \$250 \$250 after ded Ambulance Urgent Care \$75 \$75 ded waived Recovery/Special Needs Home Health Care \$35; 40 visits/plan yr; pre-auth req \$35 after ded; 40 visits/plan yr; pre-auth req Skilled Nursing 20%; 200 days/plan yr; pre-auth req 20% after ded; 200 days/plan yr; pre-auth req Durable Medical Equipment 10%; pre-auth req 10% after ded; pre-auth req Single 2 x \$1,269.69 2 x \$1,234.31 \$2,539.39 \$2,468.63 EE with Spouse 0 x 0 x EE with Child(ren) 0 x \$2,158.48 \$2,098.34 0 x Family \$3,618.63 \$3,517.79 0 x 0 x Monthly Cost \$2,539.38 \$2,468.62 2 2 Annual Cost \$29,623.44 \$30.472.56

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	Emblem Select Care EmblemHealth Gold Premier Non-Gated-S (HMOc) (UCR=N/A)		Emblem Select Care EmblemHealth Gold Value Non-Gated-S (HMOc) (UCR=N/A	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	0/40/80		0/40/80 IntDed T2-3	
Cost Share Information				
Individual/Family Deductible	\$450/\$900		\$2,300/\$4,600	
Individual/Family OOP Limit	\$5,600/\$11,200 (incl ded)		\$5,300/\$10,600 (incl ded)	
Co-Insurance	30%		30%	
Office Visits				
Primary Care	No charge visits 1-3; \$25 ded waived visits 4+		No charge visits 1-3; \$25 ded waived visits 4+	
Specialist	\$40 ded waived		\$40 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge	
Chiropractic Care	\$40 ded waived		\$40 ded waived	
Inpatient Services				
Inpatient Hospital	30% after ded; pre-auth req		30% after ded; pre-auth req	
Mental Health Inpatient	30% after ded; pre-auth req		30% after ded; pre-auth req	
Substance Abuse Inpatient	30% after ded; pre-auth req		30% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	\$350 after ded; pre-auth req		\$350 after ded; pre-auth req	
Lab/X-Ray	Lab-\$25/\$40 ded waived (PCP/SP)/X-ray-\$25/\$40 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	
Advanced Radiology	\$40 after ded; pre-auth req		\$40 after ded; pre-auth req	
Mental Health Outpatient	\$25 ded waived		\$25 ded waived	
Substance Abuse Outpatient	\$25 ded waived		\$25 ded waived	
Emergency Care				
Emergency Room	\$800 (waived if admitted) after ded		\$800 (waived if admitted) after ded	
Ambulance	\$350 after ded		\$350 after ded	
Urgent Care	\$75 ded waived		\$75 ded waived	
Recovery/Special Needs				
Home Health Care	\$40 after ded; 40 visits/plan yr; pre-auth req		\$50 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	30% after ded; 200 days/plan yr; pre-auth req		30% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	20% after ded; pre-auth req		20% after ded; pre-auth req	
Single	2 x \$1,034.34		2 x \$977.36	
EE with Spouse	0 x \$2,068.68		0 x \$1,954.71	
EE with Child(ren) Family	0 x \$1,758.38 0 x \$2,947.87		0 x \$1,661.50 0 x \$2,785.47	
Monthly Cost	2 \$2,068.68		2 \$1,954.72	
Annual Cost	\$24,824.16		\$23,456.64	

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	Emblem Select Care EmblemHealth Silver Premier Non-Gated-S (HMOc) (UCR=N/A)		Emblem Select Care EmblemHealth Silver Value Non-Gated-S (HMOc) (UCR=N	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Orug Card	0/40/80		0%/0%/0% IntDed T2-3	
Cost Share Information				
Individual/Family Deductible	\$3,600/\$7,200		\$6,700/\$13,400	
ndividual/Family OOP Limit	\$7,800/\$15,600 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	40%		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+	
Specialist	\$65 ded waived		\$55 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge	
Chiropractic Care	\$65 ded waived		\$55 ded waived	
Inpatient Services				
npatient Hospital	40% 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	
Substance Abuse Inpatient	40% after ded; pre-auth req		0% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	\$350 after ded; pre-auth req		0% after ded; pre-auth req	
Lab/X-Ray	Lab-\$35/\$65 ded waived (PCP/SP)/X-ray-\$35/\$65 after ded (PCP/SP); pre-auth req		Lab-\$10/\$55 ded waived (PCP/SP); X-ray-0% after ded; pre-auth req	
Advanced Radiology	\$65 after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Outpatient	\$35 ded waived		\$10 ded waived	
Substance Abuse Outpatient	\$35 ded waived		\$10 ded waived	
Emergency Care				
Emergency Room	40% after ded		0% after ded	
Ambulance	\$350 after ded		0% after ded	
Jrgent Care	\$75 ded waived		\$75 ded waived	
Recovery/Special Needs				
Home Health Care	\$65 after ded; 40 visits/plan yr; pre-auth req		0% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	40% after ded; 200 days/plan yr; pre-auth req		0% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	30% after ded; pre-auth req		0% after ded; pre-auth req	
Single	2 x \$890.08		2 x \$860.95	
EE with Spouse	0 x \$1,780.16		0 x \$1,721.90	
EE with Child(ren)	0 x \$1,513.13		0 x \$1,463.62	
Family	0 x \$2,536.72		0 x \$2,453.72	
Monthly Cost	2 \$1,780.16		2 \$1,721.90	
Annual Cost	\$21,361.92		\$20,662.80	

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In-Network  Prescription Drugs  Drug Card  50/50%/50% IntDed T2-3  Cost Share Information  Individual/Family Deductible Individual/Family OOP Limit  Co-Insurance  Office Visits  Primary Care  No charge visits 1-3; 50% after ded visits 4+  Specialist  Maternity Prenatal/Postnatal Care  Chiropractic Care  Inpatient Services  Inpatient Hospital  50% after ded; pre-auth req	Emblem Select Care EmblemHealth Bronze Premier Non-Gated-S (HMOc) (UCR=N/A)		Emblem Select Care EmblemHealth Bronze Value Non-Gated-S (HMOc) (UCR=N/A)	
Drug Card  50/50%/50% IntDed T2-3  Cost Share Information Individual/Family Deductible Individual/Family OOP Limit  Co-Insurance  50%  Office Visits  Primary Care  No charge visits 1-3; 50% after ded visits 4+  Specialist  Maternity Prenatal/Postnatal Care  Chiropractic Care  50% after ded  Inpatient Services	Out-Network	In-Network	Out-Network	
Cost Share Information Individual/Family Deductible \$5,300/\$10,600 Individual/Family OOP Limit \$8,450/\$16,900 (incl ded) Co-Insurance 50% Office Visits Primary Care No charge visits 1-3; 50% after ded visits 4+ Specialist 50% after ded Maternity Prenatal/Postnatal Care 50% after ded Inpatient Services				
Individual/Family Deductible \$5,300/\$10,600 Individual/Family OOP Limit \$8,450/\$16,900 (incl ded) Co-Insurance 50%  Office Visits Primary Care No charge visits 1-3; 50% after ded visits 4+  Specialist 50% after ded Maternity Prenatal/Postnatal Care 50% after ded Inpatient Services		35/0%/0% IntDed T2-3		
Individual/Family OOP Limit \$8,450/\$16,900 (incl ded)  Co-Insurance 50%  Office Visits  Primary Care No charge visits 1-3; 50% after ded visits 4+  Specialist 50% after ded  Maternity Prenatal/Postnatal Care 50% after ded  Inpatient Services				
Co-Insurance 50%  Office Visits  Primary Care No charge visits 1-3; 50% after dec visits 4+  Specialist 50% after ded  Maternity Prenatal/Postnatal Care 50% after ded  Inpatient Services		\$8,550/\$17,100		
Office Visits  Primary Care  No charge visits 1-3; 50% after dec visits 4+  Specialist  Maternity Prenatal/Postnatal Care  Chiropractic Care  Inpatient Services		\$8,550/\$17,100 (incl ded)		
Primary Care  No charge visits 1-3; 50% after dec visits 4+  Specialist  50% after ded  No charge  Care  No charge  Third Prenatal/Postnatal Care  Chiropractic Care  Solva after ded  Inpatient Services		0%		
visits 4+  Specialist 50% after ded  Maternity Prenatal/Postnatal Care 50% after ded  Inpatient Services				
Maternity Prenatal/Postnatal Care  Chiropractic Care  Inpatient Services  No charge 50% after ded	1	No charge visits 1-3; 0% after ded visits 4+		
Care Chiropractic Care 50% after ded Inpatient Services		0% after ded		
Inpatient Services		No charge		
•		0% after ded		
•				
		0% after ded; pre-auth req		
Mental Health Inpatient 50% after ded; pre-auth req		0% after ded; pre-auth req		
Substance Abuse Inpatient 50% after ded; pre-auth req		0% after ded; pre-auth req		
Outpatient Services				
Outpatient Facility 50% after ded; pre-auth req		0% after ded; pre-auth req		
Lab/X-Ray 50% after ded; pre-auth req		0% after ded; pre-auth req		
Advanced Radiology 50% after ded; pre-auth req		0% after ded; pre-auth req		
Mental Health Outpatient 50% after ded		0% after ded		
Substance Abuse Outpatient 50% after ded		0% after ded		
Emergency Care				
Emergency Room 50% after ded		0% after ded		
Ambulance 50% after ded		0% after ded		
Urgent Care \$75 ded waived		\$75 ded waived		
Recovery/Special Needs				
Home Health Care 50% after ded; 40 visits/plan yr; pre-auth req		0% after ded; 40 visits/plan yr; pre-auth req		
Skilled Nursing 50% after ded; 200 days/plan yr; pre-auth req		0% after ded; 200 days/plan yr; pre-auth req		
Durable Medical Equipment 50% after ded; pre-auth req		0% after ded; pre-auth req		
Single 2 x \$770.19		2 x \$730.96		
EE with Spouse 0 x \$1,540.39		0 x \$1,461.92		
EE with Child(ren) 0 x \$1,309.33		0 x \$1,242.63		
Family 0 x \$2,195.05		0 x \$2,083.23		
Monthly Cost 2 \$1,540.38		2 \$1,461.92		
Annual Cost \$18,484.56		\$17,543.04		