

	HealthFirst Gold Pro EPO (EPO) (UCR=N/A)		HealthFirst Gold 25/50/0 Pro EPO (EPO) (UCR=N/A)		HealthFirst Silver Pro EPO (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/50/85		10/50/85		20/60/110	
Cost Share Information						
Individual/Family Deductible	N/A		N/A		\$4,300/\$8,600	
Individual/Family OOP Limit	\$5,250/\$10,500 (includ ed)		\$7,000/\$14,000 (includ ed)		\$8,150/\$16,300 (includ ed)	
Co-Insurance	0%		0%		40%	
Office Visits						
Primary Care	\$25		\$25		\$35 ded waived	
Specialist	\$40		\$50		\$70 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$40		\$50		\$70 ded waived	
Inpatient Services						
Inpatient Hospital	\$500/admit		\$500/admit		40% after ded	
Mental Health Inpatient	\$500/admit		\$500/admit		40% after ded	
Substance Abuse Inpatient	\$500/admit		\$500/admit		40% after ded	
Outpatient Services						
Outpatient Facility	\$300		\$300		40% after ded	
Lab/X-Ray	PCP-\$25; SP-\$40		PCP-\$25; SP-\$50		PCP-\$35 ded waived; SP-\$70 ded waived	
Advanced Radiology	\$40		\$50		\$70 ded waived	
Mental Health Outpatient	\$25		\$25		\$35 ded waived	
Substance Abuse Outpatient	\$25		\$25		\$35 ded waived	
Emergency Care						
Emergency Room	\$350 (waived if admitted)		\$350 (waived if admitted)		\$600 (waived if admitted) after ded	
Ambulance	\$150		\$150		\$300 after ded	
Urgent Care	\$60		\$60		\$70 ded waived	
Recovery/Special Needs						
Home Health Care	\$25; 40 visits/plan yr		\$25; 40 visits/plan yr		\$35 after ded; 40 visits/plan yr	
Skilled Nursing	\$500/admit; 200 days/plan yr		\$500/admit; 200 days/plan yr		40% after ded; 200 days/plan yr	
Durable Medical Equipment	15%		15%		40% after ded	
Single	2 x \$759.48		2 x \$729.10		2 x \$652.60	
EE with Spouse	0 x \$1,518.96		0 x \$1,458.20		0 x \$1,305.20	
EE with Child(ren)	0 x \$1,291.12		0 x \$1,239.47		0 x \$1,109.42	
Family	0 x \$2,164.52		0 x \$2,077.94		0 x \$1,859.91	
Monthly Cost	2 \$1,518.96		2 \$1,458.20		2 \$1,305.20	
Annual Cost	\$18,227.52		\$17,498.40		\$15,662.40	

Prepared For: healthfirst 2021 3rd qtr Pro Plans
 New York County, NY 10001
 Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (3P)
 Effective Date: 07/01/2021
 Report ID: 38274704
 Prepared On: 04/06/2021
 SIC: 0000

	HealthFirst Silver 40/75/4700 Pro EPO (EPOc) (UCR=N/A)		HealthFirst Bronze Pro EPO (HSA Compatible) (HSA) (UCR=N/A)		HealthFirst Bronze 6850 Pro EPO (HSA Compatible) (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	20/60/110		50%/50%/50% IntDed		0%/0%/0% IntDed	
Cost Share Information						
Individual/Family Deductible	\$4,700/\$9,400		\$5,950/\$11,900		\$6,850/\$13,700	
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)		\$6,900/\$13,800 (incl ded)		\$6,850/\$13,700 (incl ded)	
Co-Insurance	45%		50%		0%	
Office Visits						
Primary Care	\$40 ded waived		50% after ded		0% after ded	
Specialist	\$75 ded waived		50% after ded		0% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$75 ded waived		50% after ded		0% after ded	
Inpatient Services						
Inpatient Hospital	45% after ded		50% after ded		0% after ded	
Mental Health Inpatient	45% after ded		50% after ded		0% after ded	
Substance Abuse Inpatient	45% after ded		50% after ded		0% after ded	
Outpatient Services						
Outpatient Facility	45% after ded		50% after ded		0% after ded	
Lab/X-Ray	PCP-\$40 ded waived; SP-\$75 ded waived		50% after ded		0% after ded	
Advanced Radiology	\$75 ded waived		50% after ded		0% after ded	
Mental Health Outpatient	\$40 ded waived		50% after ded		0% after ded	
Substance Abuse Outpatient	\$40 ded waived		50% after ded		0% after ded	
Emergency Care						
Emergency Room	\$600 (waived if admitted) after ded		50% after ded		0% after ded	
Ambulance	\$300 after ded		50% after ded		0% after ded	
Urgent Care	\$75 ded waived		50% after ded		0% after ded	
Recovery/Special Needs						
Home Health Care	\$40 after ded; 40 visits/plan yr		50% after ded; 40 visits/plan yr		0% after ded; 40 visits/plan yr	
Skilled Nursing	45% after ded; 200 days/plan yr		50% after ded; 200 days/plan yr		0% after ded; 200 days/plan yr	
Durable Medical Equipment	45% after ded		50% after ded		0% after ded	
Single	2 x \$634.97		2 x \$545.62		2 x \$516.71	
EE with Spouse	0 x \$1,269.94		0 x \$1,091.24		0 x \$1,033.42	
EE with Child(ren)	0 x \$1,079.45		0 x \$927.55		0 x \$878.41	
Family	0 x \$1,809.66		0 x \$1,555.02		0 x \$1,472.62	
Monthly Cost	2 \$1,269.94		2 \$1,091.24		2 \$1,033.42	
Annual Cost	\$15,239.28		\$13,094.88		\$12,401.04	

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

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 Effective Date: 07/01/2021
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	HealthFirst Bronze 8150 Pro EPO (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed	
Cost Share Information		
Individual/Family Deductible	\$8,150/\$16,300	
Individual/Family OOP Limit	\$8,150/\$16,300 (includ ed)	
Co-Insurance	0%	
Office Visits		
Primary Care	0% after ded	
Specialist	0% after ded	
Maternity Prenatal/Postnatal Care	No charge	
Chiropractic Care	0% after ded	
Inpatient Services		
Inpatient Hospital	0% after ded	
Mental Health Inpatient	0% after ded	
Substance Abuse Inpatient	0% after ded	
Outpatient Services		
Outpatient Facility	0% after ded	
Lab/X-Ray	0% after ded	
Advanced Radiology	0% after ded	
Mental Health Outpatient	0% after ded	
Substance Abuse Outpatient	0% after ded	
Emergency Care		
Emergency Room	0% after ded	
Ambulance	0% after ded	
Urgent Care	0% after ded	
Recovery/Special Needs		
Home Health Care	0% after ded; 40 visits/plan yr	
Skilled Nursing	0% after ded; 200 days/plan yr	
Durable Medical Equipment	0% after ded	
Single	2 x	\$497.68
EE with Spouse	0 x	\$995.36
EE with Child(ren)	0 x	\$846.06
Family	0 x	\$1,418.39
Monthly Cost	2	\$995.36
Annual Cost		\$11,944.32

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