#### Prepared For: Emblem 2021 3rd qtr Millenium NY City

New York County, NY 10001

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

### Health Plan Comparison Report (4L)

Effective Date: 07/01/2021 Prepared On: 04/20/2021

Report ID: 38287542

SIC: 0000

	Emblem Millennium EmblemHealth Platinum Premier Gated-N (UCR=N/A)	Emblem Millennium I (HMO) EmblemHealth Platinum Value Gated-M (HMOc) (UCR=N/A)	Emblem Millennium 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	0/30/65	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	\$250/\$500 \$2,500/\$5,000 (incl ded)	\$450/\$900 \$5,600/\$11,200 (incl ded)	\$2,300/\$4,600 \$5,300/\$10,600 (incl ded)
Co-Insurance Office Visits	20%	20%	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; \$25 ded waived visits 4+	No charge visits 1-3; \$25 ded waived visits 4+
Specialist	\$35	\$35 ded waived	\$40 ded waived	\$40 ded waived
Inpatient Services				
Inpatient Hospital	20%; pre-auth req	20% after ded; pre-auth req	30% after ded; pre-auth req	30% after ded; pre-auth req
Mental Health Inpatient	20%; pre-auth req	20% after ded; pre-auth req	30% after ded; pre-auth req	30% after ded; pre-auth req
Outpatient Services				
Outpatient Facility Lab/X-Ray	\$250; pre-auth req \$15/\$35 (PCP/SP); pre-auth req	\$250 after ded; pre-auth req Lab-\$15/\$35 ded waived (PCP/SP)/X-ray-\$15/\$35 after ded (PCP/SP); pre-auth req	\$350 after ded; pre-auth req Lab-\$25/\$40 ded waived (PCP/SP)/X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req	\$350 after ded; pre-auth req Lab-\$25/\$40 ded waived (PCP/SP)/X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req
Mental Health Outpatient	\$15	\$15 ded waived	\$25 ded waived	\$25 ded waived
Emergency Care				
Emergency Room	\$400 (waived if admitted)	\$400 (waived if admitted) after ded	\$800 (waived if admitted) after ded	\$800 (waived if admitted) after ded
Urgent Care	\$75	\$75 ded waived	\$75 ded waived	\$75 ded waived
Single	2 x \$1,068.31	2 x \$1,038.48	2 x \$869.84	2 x \$821.79
EE with Spouse	0 x \$2,136.62	0 x \$2,076.96	0 x \$1,739.67	0 x \$1,643.56
EE with Child(ren) Family	0 x \$1,816.12 0 x \$3,044.67	0 x \$1,765.42 0 x \$2,959.66	0 x \$1,478.72 0 x \$2,479.04	0 x \$1,397.03 0 x \$2,342.09
, ching		φ2,000.00		ψ2,0+2.00
	1		2 \$1,739.68	2 \$1,643.58

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In-Network   In-Network <th>lem Millennium nze Premier Gated-M (HMOc) (UCR=N/A)</th> <th>EmblemHealth Bronze Pr</th> <th>alue Gated-M (HMOc)</th> <th>Emblem Mi EmblemHealth Silver Va (UCR=</th> <th>Emblem Millennium mHealth Silver Premier Gated-M (HMOc) (UCR=N/A)</th> <th>EmblemHealth Silver P</th> <th>ual EPO Gated-M (EPOc)</th> <th>Emblem Mi nblemHealth Gold Virtu (UCR=</th> <th></th>	lem Millennium nze Premier Gated-M (HMOc) (UCR=N/A)	EmblemHealth Bronze Pr	alue Gated-M (HMOc)	Emblem Mi EmblemHealth Silver Va (UCR=	Emblem Millennium mHealth Silver Premier Gated-M (HMOc) (UCR=N/A)	EmblemHealth Silver P	ual EPO Gated-M (EPOc)	Emblem Mi nblemHealth Gold Virtu (UCR=	
Drug Card Drug Card040/80 IntDed T2-3040/800%0%0% 0% IntDed T2-3S0/50% 50% IntDed T2-3Cost Share InformationII <th></th> <th>In-Network</th> <th> </th> <th>In-Network</th> <th>n-Network</th> <th>In-Network</th> <th>Out-Network</th> <th>In-Network</th> <th></th>		In-Network		In-Network	n-Network	In-Network	Out-Network	In-Network	
Cost Shale InformationImage: Solution In			1						Prescription Drugs
Individual Family Deductible Individual Family Deductible Sta.2008 16,400 (nd ded) $$3,60087,200$ \$7,8008 15,600 (nd ded) $$36,7008 13,400$ \$87,7008 13,400 (nd ded) $$5,300,610,600$ \$87,8008 15,600 (nd ded) $$5,7008 13,400$ \$87,7008 13,400 (nd ded) $$5,300,610,600$ \$87,8008 15,600 (nd ded)Co-insurance Office Visits0%<	T2-3	50/50%/50% IntDed T2-3		0%/0%/0% IntDed T2-3	)	0/40/80		0/80 IntDed T2-3	Drug Card
Individual Family OOP Limit   \$8,200 \$16,400 (incl ded)   \$7,800 \$15,600 (incl ded)   \$6,700 \$13,400 (incl ded)   \$8,450 \$16,900 (incl ded)   \$6,700 \$13,400 (incl ded)   \$6,700 \$13,700 (incl ded)   \$6,7			1		I I I I I I I I I I I I I I I I I I I			I	Cost Share Information
Office VisitsImage relationImage	ded)								
Primary Care\$40 ded waived (No charge preferred provider)No charge visits 1-3; \$35 ded waived visits 4+No charge visits 1-3; \$10 ded waived visits 4+Specialist\$60 ded waived\$65 ded waived\$55 ded waived $50\%$ after ded; pre-auth req $50\%$ after ded; pre-auth		50%		0%		40%		%	Co-Insurance
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$								I	Office Visits
Inpatient Services   over the det	50%	No charge visits 1-3; 50% after ded visits 4+		No charge visits 1-3; \$10 ded waived visits 4+				arge preferred	Primary Care
Inpatient Hospital Inpatient Hospital30% after ded; pre-auth req40% after ded; pre-auth req0% after ded; pre-auth 		50% after ded		\$55 ded waived	d waived	\$65 ded waived		0 ded waived	•
req mental Health Inpatientreq 30% after ded; pre-auth reqreqreqreqreqOutpatient Services </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Inpatient Services</td>									Inpatient Services
neqr		req		req		req		1	
Outpatient Facility   \$350 after ded; pre-auth   \$350 after ded; pre-auth   0% after ded; pre-auth   50% after ded; pre-auth   req     Lab/X-Ray   Lab-\$0\$\$0 ded waived   Lab-\$357\$65 ded waived   Lab-\$357\$65 ded waived   Lab-\$10/\$55 ded waived   50% after ded; pre-auth   req     Mental Health Outpatient   \$40 ded waived   \$350 after ded   \$350 after ded; PCP/SP); X-ray-\$35(\$65 after ded   \$10 ded waived   50% after ded; pre-auth   req     Mental Health Outpatient   \$40 ded waived   \$35 ded waived   \$10 ded waived   50% after ded   50% after ded     Emergency Care     40% after ded   \$75 ded waived   \$75	uth				ter ded; pre-auth				
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $			1						
$ \begin{array}{ c c c c } \begin{tabular}{ c c c c } \begin{tabular}{ c c c c c c } \begin{tabular}{ c c c c c c c } \begin{tabular}{ c c c c c c c c c c c c c c c c c c c$		req		req		req		1	
Emergency CareImage: CareImage: CareImage: CareImage: Care40% after ded0% after ded0% after ded50% after ded50% after dedUrgent Care\$75 ded waived\$75 ded waived\$75 ded waived\$75 ded waived\$75 ded waived\$75 ded waived\$75 ded waivedSingle2 x \$793.132 x \$744.772 x \$720.212 x \$643.66EE with Spouse0 x \$1,586.250 x \$1,489.540 x \$1,440.420 x \$1,287.32EE with Child(ren)0 x \$1,348.310 x \$1,266.110 x \$1,224.350 x \$1,094.21	uth			(PCP/SP); X-ray-0% after	SP)/X-ray-\$35/\$65 ed (PCP/SP);	(PCP/SP)/X-ray-\$35/\$65 after ded (PCP/SP);		CP/SP)/X-ray-\$40/\$60 er ded (PCP/SP);	Lab/X-Ray
Emergency Care40% after ded40% after ded0% after ded0% after ded50% after dedUrgent Care\$75 ded waived\$75 ded waived\$75 ded waived\$75 ded waived\$75 ded waived\$75 ded waivedSingle2 x \$793.132 x \$744.772 x \$720.212 x \$643.66EE with Spouse0 x \$1,586.250 x \$1,489.540 x \$1,440.420 x \$1,287.32EE with Child(ren)0 x \$1,348.310 x \$1,266.110 x \$1,224.350 x \$1,094.21		50% after ded		\$10 ded waived	d waived	\$35 ded waived		0 ded waived	Mental Health Outpatient
Urgent Care   \$75 ded waived   \$75 ded			1						
Single 2 x \$793.13 2 x \$744.77 2 x \$720.21 2 x \$643.66   EE with Spouse 0 x \$1,586.25 0 x \$1,489.54 0 x \$1,440.42 0 x \$1,287.32   EE with Child(ren) 0 x \$1,348.31 0 x \$1,266.11 0 x \$1,224.35 0 x \$1,094.21		50% after ded		0% after ded	ter ded	40% after ded		% after ded	Emergency Room
EE with Spouse     0 x     \$1,586.25     0 x     \$1,489.54     0 x     \$1,440.42     0 x     \$1,287.32       EE with Child(ren)     0 x     \$1,348.31     0 x     \$1,266.11     0 x     \$1,224.35     0 x     \$1,094.21		\$75 ded waived		\$75 ded waived	d waived	\$75 ded waived		5 ded waived	Urgent Care
EE with Child(ren)     0 x     \$1,348.31     0 x     \$1,266.11     0 x     \$1,224.35     0 x     \$1,094.21	13.66	2 x \$643.66		2 x \$720.21	x \$744.77	2 x \$744.7		2 x \$793.13	Single
	37.32	0 x \$1,287.32		0 x \$1,440.42	x \$1,489.54	0 x \$1,489.54		0 x \$1,586.25	EE with Spouse
Family     0 x     \$2,260.40     0 x     \$2,122.60     0 x     \$2,052.59     0 x     \$1,834.42	)4.21	0 x \$1,094.21		0 x \$1,224.35	x \$1,266.11	0 x \$1,266.1		0 x \$1,348.31	EE with Child(ren)
	34.42	0 x \$1,834.42		0 x \$2,052.59	x \$2,122.60	0 x \$2,122.6		0 x \$2,260.40	Family
Monthly Cost 2 \$1,586.26 2 \$1,489.54 2 \$1,440.42 2 \$1,287.32	22.22	0 ¢1.007.00		2 \$1 440 42	2 \$1.480.54	2 61400 5		2 ¢1 506 26	Monthly Cost
Annual Cost 2 \$1,500.20 2 \$1,403.34 2 \$1,440.42 2 \$1,440.42 2 \$1,207.32 Annual Cost \$19,035.12 \$17,874.48 \$17,285.04 \$15,447.84				. ,		. ,			-

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	Emblem M EmblemHealth Bronze (UCR	
	In-Network	
Prescription Drugs		1
Drug Card	35/0%/0% IntDed T2-3	
Cost Share Information		I
Individual/Family Deductible Individual/Family OOP Limit	\$8,550/\$17,100 \$8,550/\$17,100 (incl ded)	
Co-Insurance	0%	
Office Visits		
Primary Care	No charge visits 1-3; 0% after ded visits 4+	
Specialist	0% after ded	
Inpatient Services		
Inpatient Hospital	0% after ded; pre-auth req	
Mental Health Inpatient	0% after ded; pre-auth req	
Outpatient Services		
Outpatient Facility Lab/X-Ray	0% after ded; pre-auth req 0% after ded; pre-auth req	
Mental Health Outpatient	0% after ded	
Emergency Care		
Emergency Room	0% after ded	
Urgent Care	\$75 ded waived	
Single	2 x \$610.57	1
EE with Spouse	0 x \$1,221.12	
EE with Child(ren)	0 x \$1,037.95	
Family	0 x \$1,740.10	
Monthly Cost	2 \$1.221.14	
Monthly Cost Annual Cost	. ,	
iannual Cost	\$14,653.68	

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