Prepared For: Emblem 2022 3rd qtr Selectcare New York City

New York County, NY 10001

Effective Date: 07/01/2022

Prepared On: 04/15/2022

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

Report ID: 38638480

38638480 SIC: 0000

Health Plan Comparison Report (4L)

| | Emblem Select Care EmblemHealth Platinum Premier Non-Gated-S (HMO) (UCR=N/A) | Emblem Select Care EmblemHealth Platinum Value Non-Gated-S (HMOc) (UCR=N/A) | 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 | In-Network | In-Network | In-Network |
| Prescription Drugs | , | | | |
| Drug Card | 0/30/65 | 0/30/65 IntDed T2-3 | 0/40/80 | 0/40/80 IntDed T2-3 |
| Cost Share Information | | | | |
| Individual/Family Deductible | N/A | \$250/\$500 | \$450/\$900 | \$2,500/\$5,000 |
| Individual/Family OOP Limit | \$2,000/\$4,000 | \$2,500/\$5,000 (incl ded) | \$6,000/\$12,000 (incl ded) | \$7,000/\$14,000 (incl ded) |
| Co-Insurance | 20% | 20% | 30% | 30% |
| Office Visits | | | | |
| 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 | \$250; pre-auth req | \$250 after ded; pre-auth req | \$350 after ded; pre-auth req | \$350 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 | 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 |
| Mental Health Outpatient | 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+ |
| 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 \$1,246.59 | 2 x \$1,211.74 | 2 x \$1,014.83 | 2 x \$958.71 |
| EE with Spouse | 0 x \$2,493.18 | 0 x \$2,423.50 | 0 x \$2,029.64 | 0 x \$1,917.43 |
| EE with Child(ren) | 0 x \$2,119.21 | 0 x \$2,059.97 | 0 x \$1,725.20 | 0 x \$1,629.81 |
| Family | 0 x \$3,552.79 | 0 x \$3,453.48 | 0 x \$2,892.24 | 0 x \$2,732.33 |
| Monthly Cost | 2 \$2,493.18 | 2 \$2,423.48 | 2 \$2,029.66 | 2 \$1,917.42 |
| Annual Cost | \$29,918.16 | \$29,081.76 | \$24,355.92 | \$23,009.04 |
| | | | | |

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| In-Network | | 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/A) | 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 | | In-Network | In-Network | In-Network | In-Network |
| Cost Share Information Individual Family Deducible Individual Family Deducible St. 500/\$17,100 \$3,500/\$17, | Prescription Drugs | | i i i i i i i i i i i i i i i i i i i | | |
| Individual Family Deductible individual Family Deductible individual Family OPP Limit \$3,800/31,600 (incl ded) \$7,000/314,000 (incl ded) \$5,000/317,400 (incl ded) \$8,500/317,400 (incl ded) \$8,500/317, | Drug Card | 0/40/80 | 0%/0%/0% IntDed T2-3 | 50/50%/50% IntDed T2-3 | 35/0%/0% IntDed T2-3 |
| Sample S | Cost Share Information | | | | |
| ## Description Comparison C | | | | | |
| Primary Care No charge visits 1-3; \$33 ded waived visits 4+ Specialist Spec | | 40% | 0% | 50% | 0% |
| ded waived visits 4+ ded waived visits 4+ after ded visits 4 | Office Visits | | | | |
| Inpatient Services Inpatient Hospital 40% after ded; pre-auth req req | Primary Care | | | | No charge visits 1-3; 0% after ded visits 4+ |
| Inpatient Hospital 40% after ded; pre-auth req where the ded; pre-auth req where ded; pre-auth req where ded; pre-auth req by after ded; pre-auth req by aft | Specialist | \$65 ded waived | \$55 ded waived | 50% after ded | 0% after ded |
| Mental Health Inpatient | Inpatient Services | | | | |
| Coutpatient Services | Inpatient Hospital | | 0% after ded; pre-auth req | | 0% after ded; pre-auth req |
| Outpatient Facility \$350 after ded; pre-auth req req 0% after ded; pre-auth req 50% after ded; pre-auth req 0% after ded; pre-auth req Lab/X-Ray Lab-\$35(665 ded waived (PCP/SP)X-ray-\$35/565 after ded (PCP/SP); x-ray-0% after ded (PCP/SP); x-ray-0% after ded; pre-auth req 50% after ded; pre-auth req 0% after ded; pre-auth req Mental Health Outpatient No charge visits 1-3; \$35 ded waived visits 4+ No charge visits 1-3; \$10 after ded visits 4+ No charge visits 1-3; 50% after ded visits 4+ No charge visits 1-3; 50% after ded visits 4+ No charge visits 1-3; 50% after ded visits 4+ No charge visits 1-3; 50% after ded visits 4+ No charge visits 1-3; 50% after ded visits 4+ No charge visits 1-3; 50% after ded visits 4+ No charge visits 1-3; 50% after ded visits 4+ No charge visits 1-3; 50% after ded visits 4+ No charge visits 1-3; 50% after ded visits 4+ No charge visits 1-3; 50% after ded visits 4+ No charge visits 1-3; 50% after ded visits 4+ No charge visits 1-3; 50% after ded visits 4+ No charge visits 1-3; 50% after ded visits 4+ No after ded visits 4+ < | Mental Health Inpatient | | 0% after ded; pre-auth req | | 0% after ded; pre-auth req |
| Lab/X-Ray | Outpatient Services | ļ | | , | |
| (PCP/SP):X-ray-S3s/665 after ded (PCP/SP); pre-auth req PCP/SP): Aray-0% after ded; pre-auth req PCP/SP): pre-auth req PCP/SP): After ded (PCP/SP); pre-auth req PCP/SP): After ded (PCP/SP): After | Outpatient Facility | | 0% after ded; pre-auth req | | 0% after ded; pre-auth req |
| Emergency Care | Lab/X-Ray | (PCP/SP)/X-ray-\$35/\$65 after ded (PCP/SP); | (PCP/SP); X-ray-0% after | | 0% after ded; pre-auth req |
| 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 Single 2 x \$868.76 2 x \$840.07 2 x \$750.70 2 x \$712.06 EE with Spouse 0 x \$1,737.52 0 x \$1,680.16 0 x \$1,501.40 0 x \$1,424.12 EE with Child(ren) 0 x \$1,476.89 0 x \$1,428.13 0 x \$1,276.19 0 x \$1,210.50 Family 0 x \$2,475.97 0 x \$2,394.23 0 x \$2,139.50 0 x \$2,029.35 Monthly Cost 2 \$1,737.52 2 \$1,680.14 2 \$1,501.40 2 \$1,424.12 | Mental Health Outpatient | | | | |
| Urgent Care \$75 ded waived \$75 ded waived \$75 ded waived Single 2 x \$868.76 2 x \$840.07 2 x \$750.70 2 x \$712.06 EE with Spouse 0 x \$1,737.52 0 x \$1,680.16 0 x \$1,501.40 0 x \$1,424.12 EE with Child(ren) 0 x \$1,476.89 0 x \$1,428.13 0 x \$1,276.19 0 x \$1,210.50 Family 0 x \$2,394.23 0 x \$2,139.50 0 x \$2,029.35 Monthly Cost 2 \$1,737.52 2 \$1,680.14 2 \$1,501.40 2 \$1,424.12 | Emergency Care | | | | |
| Single 2 x \$868.76 2 x \$840.07 2 x \$750.70 2 x \$712.06 EE with Spouse 0 x \$1,737.52 0 x \$1,680.16 0 x \$1,501.40 0 x \$1,424.12 EE with Child(ren) 0 x \$1,476.89 0 x \$1,428.13 0 x \$1,276.19 0 x \$1,210.50 Family 0 x \$2,475.97 0 x \$2,394.23 0 x \$2,139.50 0 x \$2,029.35 Monthly Cost 2 \$1,737.52 2 \$1,680.14 2 \$1,501.40 2 \$1,424.12 | Emergency Room | 40% after ded | 0% after ded | 50% after ded | 0% after ded |
| EE with Spouse 0 x \$1,737.52 0 x \$1,680.16 0 x \$1,501.40 0 x \$1,424.12 EE with Child(ren) 0 x \$1,476.89 0 x \$1,428.13 0 x \$1,276.19 0 x \$1,210.50 Family 0 x \$2,475.97 0 x \$2,394.23 0 x \$2,139.50 0 x \$2,029.35 Monthly Cost 2 \$1,737.52 2 \$1,680.14 2 \$1,501.40 2 \$1,424.12 | | | | | |
| EE with Child(ren) 0 x \$1,476.89 0 x \$1,428.13 0 x \$1,276.19 0 x \$1,210.50 Family 0 x \$2,475.97 0 x \$2,394.23 0 x \$2,139.50 0 x \$2,029.35 Monthly Cost 2 \$1,737.52 2 \$1,680.14 2 \$1,501.40 2 \$1,424.12 | _ | | | | |
| Family 0 x \$2,475.97 0 x \$2,394.23 0 x \$2,139.50 0 x \$2,029.35 Monthly Cost 2 \$1,737.52 2 \$1,680.14 2 \$1,501.40 2 \$1,424.12 | · · | | 1 | . , | |
| Monthly Cost 2 \$1,737.52 2 \$1,680.14 2 \$1,501.40 2 \$1,424.12 | · · | · ' | 1 | | . , |
| | Family | 0 x \$2,475.97 | 0 x \$2,394.23 | 0 x \$2,139.50 | 0 x \$2,029.35 |
| Annual Cost \$20,850.24 \$20,161.68 \$18,016.80 \$17,089.44 | Monthly Cost | 2 \$1,737.52 | 2 \$1,680.14 | 2 \$1,501.40 | 2 \$1,424.12 |
| | Annual Cost | \$20,850.24 | \$20,161.68 | \$18,016.80 | \$17,089.44 |