Health Plan Comparison Report (3P)

Prepared On: 07/10/2018

Emblem 2018 4th qtr Nassau Suffolk

Nassau County, NY 11565

Prepared For:

Prepared By: Clifford Grekin Inc. - (631)963-6020 Report ID: 35103776 SIC: 0000

Effective Date: 10/01/2018

EmblemHealth EmblemHealth EmblemHealth EmblemHealth Platinum (HMO) EmblemHealth Gold 40/60 (HMOc) **EmblemHealth Gold Open Access** (HMOc) (UCR=N/A) (UCR=N/A) (UCR=N/A) In-Network In-Network **Out-Network** In-Network **Out-Network** Prescription Drugs 10/30/60 10/30/70/100 ded 15/35/75/100 ded Drug Card Cost Share Information Individual/Family Deductible N/A \$700/\$1,400 \$250/\$500 Individual/Family OOP Limit \$2,000/\$4,000 \$5,000/\$10,000 (incl \$5,500/\$11,000 (incl ded) ded) 0% Co-Insurance lo% Office Visits Primary Care \$15 No charge visits 1-3; \$10 \$40 after ded ded waived visits 4+ Specialist \$35 \$50 after ded \$60 after ded Maternity Prenatal/Postnatal No charge No charge No charge Chiropractic Care \$35 \$50 after ded \$60 after ded Inpatient Services Inpatient Hospital \$500/admit; pre-auth req \$1,500/admit after ded \$1,500/admit after ded; pre-auth req \$1,500/admit after ded; Mental Health Inpatient \$1,500/admit after ded \$500/admit; pre-auth reg pre-auth rea \$1,500/admit after ded \$1,500/admit after ded; Substance Abuse Inpatient \$500/admit; pre-auth req pre-auth req **Outpatient Services** 0% after ded Outpatient Facility \$100; pre-auth req \$150 after ded; pre-auth Lab-\$10 after ded; \$60 after ded Lab/X-Ray PCP-\$15: SP-\$35 X-ray-PCP-\$10 ded waived; SP-\$50 ded waived \$35 \$50 after ded Advanced Radiology \$60 after ded Mental Health Outpatient \$15 \$10 after ded \$40 after ded \$10 after ded \$40 after ded Substance Abuse Outpatient \$15 **Emergency Care** Emergency Room \$100 (waived if \$150 (waived if \$200 (waived if admitted) admitted) after ded admitted) after ded \$100 \$150 after ded \$100 after ded Ambulance Urgent Care \$55 \$50 after ded \$60 after ded Recovery/Special Needs Home Health Care \$15; 40 visits/plan yr; \$50 after ded; 40 \$40 after ded; 40 visits/plan yr visits/plan yr; pre-auth pre-auth req \$500/admit; 200 \$1,500/admit after ded; \$1,500/admit after ded; Skilled Nursing days/plan yr; pre-auth 200 days/plan yr 200 days/plan yr; pre-auth req Durable Medical Equipment 10%; pre-auth req 10% after ded 10% after ded; pre-auth req Single 1 x \$1,051.90 1 x \$907.31 1 x \$876.79 \$1,814.63 EE with Spouse 0 x \$2,103.81 0 x 0 x \$1,753.58 EE with Child(ren) 0 x \$1,788.23 \$1,542.44 \$1,490.55 0 x 0 x \$2,498.83 \$2,997.92 \$2,585.84 Family 1 x 1 x 1 x Monthly Cost \$4,049.82 \$3,493.15 \$3,375.62 2 2 2 \$41,917.80 Annual Cost \$48,597.84 \$40,507.44

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EmblemHealth EmblemHealth EmblemHealth EmblemHealth Silver Value (HMOc) EmblemHealth Bronze Value (HMOc) EmblemHealth Bronze HSA (HSA) (UCR=N/A) (UCR=N/A) (UCR=N/A) In-Network **Out-Network** In-Network **Out-Network** In-Network **Out-Network** Prescription Drugs 30/0%/0% IntDed T2-3 10/0%/0% IntDed T2-3 10/35/70 IntDed Drug Card Cost Share Information Individual/Family Deductible \$5,800/\$11,600 \$7,150/\$14,300 \$5,500/\$11,000 Individual/Family OOP Limit \$5,800/\$11,600 (incl \$7,150/\$14,300 (incl \$6,550/\$13,100 (incl ded) ded) ded) Co-Insurance lo% 50% Office Visits Primary Care No charge visits 1-3; \$35 No charge visits 1-2; 0% 50% after ded ded waived visits 4+ after ded visits 3+ Specialist \$55 ded waived 0% after ded 50% after ded No charge No charge Maternity Prenatal/Postnatal No charge Care Chiropractic Care 0% after ded 0% after ded 50% after ded Inpatient Services Inpatient Hospital 0% after ded; pre-auth 0% after ded; pre-auth 50% after ded; pre-auth 0% after ded; pre-auth 0% after ded; pre-auth 50% after ded; pre-auth Mental Health Inpatient rea 0% after ded; pre-auth 0% after ded; pre-auth 50% after ded; pre-auth Substance Abuse Inpatient **Outpatient Services** Outpatient Facility 0% after ded; pre-auth 0% after ded; pre-auth 50% after ded; pre-auth Lab-No charge; X-ray-PCP-\$35 ded 50% after ded Lab/X-Ray Lab-\$20 ded waived: X-ray-0% after ded waived; SP-\$55 ded waived 0% after ded 0% after ded Advanced Radiology 50% after ded Mental Health Outpatient \$35 ded waived 0% after ded 50% after ded \$35 ded waived Substance Abuse Outpatient 0% after ded 50% after ded **Emergency Care** Emergency Room 0% after ded 0% after ded 50% after ded 0% after ded 0% after ded Ambulance 50% after ded Urgent Care \$75 ded waived 0% after ded 50% after ded Recovery/Special Needs Home Health Care 0% after ded; 40 0% after ded; 40 50% after ded; 40 visits/plan yr; pre-auth visits/plan yr; pre-auth visits/plan yr; pre-auth 0% after ded; 200 0% after ded; 200 50% after ded; 200 Skilled Nursing days/plan yr; pre-auth days/plan yr; pre-auth days/plan yr; pre-auth Durable Medical Equipment 30% ded waived; 0% after ded; pre-auth 50% after ded; pre-auth pre-auth req req Single 1 x \$683.73 1 x \$595.17 1 x \$580.43 \$1,190.34 EE with Spouse 0 x \$1,367.46 0 x 0 x \$1,160.89 EE with Child(ren) 0 x \$1,011.80 \$986.75 \$1.162.35 0 x 0 x \$1,654.25 \$1,948.63 \$1,696.25 Family 1 x 1 x 1 x Monthly Cost \$2,632.36 2 \$2,291.42 \$2,234.68 2 2 Annual Cost \$27,497.04 \$31,588.32 \$26,816.16