

	EmblemHealth EmblemHealth Platinum Premier (HMO) (UCR=N/A)		EmblemHealth EmblemHealth Gold Premier (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Gold Plus (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Gold Premier 1 (HMOc) (UCR=N/A)	
	non-gated		non-gated		gated		non-gated	
	In-Network		In-Network		In-Network		In-Network	
Prescription Drugs								
Drug Card	15/30/70		10/30/70		15/30/70		15/45/70/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$450/\$900		\$550/\$1,100		\$2,000/\$4,000	
Individual/Family OOP Limit	\$2,000/\$4,000		\$4,000/\$8,000 (incl ded)		\$4,500/\$9,000 (incl ded)		\$6,800/\$13,600 (incl ded)	
Co-Insurance	0%		0%		0%		30%	
Office Visits								
Primary Care	No charge visits 1-3; \$15 visits 4+		No charge visits 1-3; \$30 ded waived visits 4+		No charge visits 1-3; \$40 ded waived visits 4+		\$30 ded waived	
Specialist	\$35		\$50 ded waived		\$60 ded waived		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit; pre-auth req		\$1,000/admit after ded		\$1,500/admit after ded; pre-auth req		30% after ded	
Mental Health Inpatient	\$500/admit; pre-auth req		\$1,000/admit after ded		\$1,500/admit after ded; pre-auth req		30% after ded	
Outpatient Services								
Outpatient Facility	\$100; pre-auth req		\$150 after ded		\$150 after ded; pre-auth req		30% after ded	
Lab/X-Ray	PCP-\$15; SP-\$35		Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30 after ded; SP-\$50 after ded		Lab-PCP-\$40 ded waived; SP-\$60 ded waived/X-ray-PCP-\$40 after ded; SP-\$60 after ded		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$15		\$30 ded waived		\$40 ded waived		\$60 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$300 (waived if admitted) after ded		\$300 (waived if admitted) after ded		\$500 (waived if admitted) after ded	
Single	1 x	\$1,025.17	1 x	\$900.76	1 x	\$843.45	1 x	\$794.30
EE with Spouse	0 x	\$2,050.34	0 x	\$1,801.52	0 x	\$1,686.90	0 x	\$1,588.60
EE with Child(ren)	0 x	\$1,742.79	0 x	\$1,531.29	0 x	\$1,433.87	0 x	\$1,350.31
Family	1 x	\$2,921.73	1 x	\$2,567.17	1 x	\$2,403.83	1 x	\$2,263.76
Monthly Cost	2	\$3,946.90	2	\$3,467.93	2	\$3,247.28	2	\$3,058.06
Annual Cost		\$47,362.80		\$41,615.16		\$38,967.36		\$36,696.72

	EmblemHealth EmblemHealth Gold Plus 1 (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Silver Premier (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Silver Plus 1 (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Silver Premier 1 (HMOc) (UCR=N/A)	
	gated		non-gated		non-gated		gated	
	In-Network		In-Network		In-Network		In-Network	
Prescription Drugs								
Drug Card	15/35/75/100 ded T2-3		15/35/75		15/65/85/200 ded T2-3		20/45/75/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000		\$3,300/\$6,600		\$3,000/\$6,000		\$2,700/\$5,400	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$7,000/\$14,000 (incl ded)		\$7,000/\$14,000 (incl ded)		\$7,300/\$14,600 (incl ded)	
Co-Insurance	0%		0%		50%		30%	
Office Visits								
Primary Care	\$30 ded waived		No charge visits 1-3; \$30 ded waived visits 4+		\$35 ded waived		\$40 ded waived	
Specialist	\$60 ded waived		\$55 ded waived		\$55 ded waived		\$70 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/day after ded; \$2,000 max/admit; pre-auth req		\$2,000/admit after ded		50% after ded		30% after ded; pre-auth req	
Mental Health Inpatient	\$500/day after ded; \$2,000 max/admit; pre-auth req		\$2,000/admit after ded		50% after ded		30% after ded; pre-auth req	
Outpatient Services								
Outpatient Facility	\$250 after ded; pre-auth req		\$200 after ded		50% after ded		30% after ded; pre-auth req	
Lab/X-Ray	Lab-No charge; X-ray-PCP-\$30 after ded; SP-\$60 after ded		Lab-PCP-\$30 ded waived; SP-\$55 ded waived; X-ray-PCP-\$30 after ded; SP-\$55 after ded		Lab-\$35 ded waived; X-ray-50% after ded		Lab-\$40 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$60 ded waived		\$30 ded waived		\$55 ded waived		\$70 ded waived	
Emergency Care								
Emergency Room	\$300 (waived if admitted) after ded		\$500 (waived if admitted) after ded		\$700 (waived if admitted) after ded		30% after ded	
Single	1 x	\$787.45	1 x	\$701.66	1 x	\$690.82	1 x	\$679.28
EE with Spouse	0 x	\$1,574.90	0 x	\$1,403.32	0 x	\$1,381.64	0 x	\$1,358.56
EE with Child(ren)	0 x	\$1,338.67	0 x	\$1,192.82	0 x	\$1,174.39	0 x	\$1,154.78
Family	1 x	\$2,244.23	1 x	\$1,999.73	1 x	\$1,968.84	1 x	\$1,935.95
Monthly Cost	2	\$3,031.68	2	\$2,701.39	2	\$2,659.66	2	\$2,615.23
Annual Cost		\$36,380.16		\$32,416.68		\$31,915.92		\$31,382.76

Prepared For: **Emblem 2019 1st qtr Pime New York City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2019

Prepared On: 10/17/2018

Report ID: 35522387

SIC: 0000

	EmblemHealth EmblemHealth Silver Plus (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Bronze HSA (HSA) (UCR=N/A)	
	gated		gated	
	In-Network		In-Network	Out-Network
Prescription Drugs				
Drug Card	20/40/75		10/35/75 IntDed	
Cost Share Information				
Individual/Family Deductible	\$2,550/\$5,100		\$5,500/\$11,000	
Individual/Family OOP Limit	\$7,300/\$14,600 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	0%		50%	
Office Visits				
Primary Care	No charge visits 1-3; \$40 after ded visits 4+		50% after ded	
Specialist	\$60 after ded		50% after ded	
Inpatient Services				
Inpatient Hospital	\$2,000/admit after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Inpatient	\$2,000/admit after ded; pre-auth req		50% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	\$200 after ded; pre-auth req		50% after ded; pre-auth req	
Lab/X-Ray	Lab-PCP-\$40 ded waived; SP-\$60 ded waived; X-ray-PCP-\$40 after ded; SP-\$60 after ded		50% after ded	
Mental Health Outpatient	\$40 after ded		50% after ded	
Emergency Care				
Emergency Room	\$500 (waived if admitted) after ded		50% after ded	
Single	1 x \$660.51		1 x \$568.62	
EE with Spouse	0 x \$1,321.02		0 x \$1,137.24	
EE with Child(ren)	0 x \$1,122.87		0 x \$966.65	
Family	1 x \$1,882.45		1 x \$1,620.57	
Monthly Cost	2 \$2,542.96		2 \$2,189.19	
Annual Cost	\$30,515.52		\$26,270.28	