Prepared For: Emblem 2019 1st qtr Pime Nassau Suffolk

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2019

Report ID: 35522336

SIC: 0000

Prepared On: 10/17/2018

	EmblemHealth EmblemHealth Platinum Premier (HM (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					
ndividual/Family Deductible	N/A \$2,000/\$4,000	\$450/\$900 \$4,000/\$8,000 (incl ded)	\$550/\$1,100 \$4,500/\$9,000 (incl ded)	\$2,000/\$4,000 \$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	
npatient Services					
npatient 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 \$1,166.19	1 x \$1,024.67	1 x \$959.47	1 x \$903.57	
EE with Spouse	0 x \$2,332.38	0 x \$2,049.34	0 x \$1,918.94	0 x \$1,807.14	
EE with Child(ren) ⁼ amily	0 x \$1,982.52 1 x \$3,323.64	0 x \$1,741.94 1 x \$2,920.31	0 x \$1,631.10 1 x \$2,734.49	0 x \$1,536.07 1 x \$2,575.17	
Monthly Cost	2 \$4,489.83	2 \$3,944.98	2 \$3,693.96	2 \$3,478.74	
Annual Cost	\$53,877.96	\$47,339.76	\$44,327.52	\$41,744.88	

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	EmblemHealth EmblemHealth Gold Plus 1 (HM0	EmblemHealth Dc) (UCR=N/A) EmblemHealth Silver Premier (HMOc)	EmblemHealth (UCR=N/A) EmblemHealth Silver Plus 1 (HMOc) (UCR=I	EmblemHealth N/A) 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 Individual/Family OOP Limit	\$1,000/\$2,000 \$4,000/\$8,000 (incl ded)	\$3,300/\$6,600 \$7,000/\$14,000 (incl ded)	\$3,000/\$6,000 \$7,000/\$14,000 (incl ded)	\$2,700/\$5,400 \$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				
npatient 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 \$895.77	1 x \$798.17	1 x \$785.84	1 x \$772.72
EE with Spouse	0 x \$1,791.54	0 x \$1,596.34	0 x \$1,571.68	0 x \$1,545.44
EE with Child(ren)	0 x \$1,522.81	0 x \$1,356.89	0 x \$1,335.93	0 x \$1,313.62
Family	1 x \$2,552.94	1 x \$2,274.78	1 x \$2,239.64	1 x \$2,202.25
Monthly Cost	2 \$3,448.71	2 \$3,072.95	2 \$3.025.48	2 \$2,974.97
Annual Cost	\$41,384.52	\$36,875.40	\$36,305.76	\$35,699.64
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	EmblemHealth EmblemHealth Silver Plus (HMOc) (UCR=	EmblemHealth N/A) 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 Individual/Family OOP Limit	\$2,550/\$5,100 \$7,300/\$14,600 (incl ded)	\$5,500/\$11,000 \$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 Inpatient Services	\$60 after ded	50% after ded
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 Emergency Care	\$40 after ded	50% after ded
Emergency Room	\$500 (waived if admitted) after ded	50% after ded
Single	1 x \$751.37	1 x \$646.84
EE with Spouse	0 x \$1,502.74	0 x \$1,293.68
EE with Child(ren)	0 x \$1,277.33	0 x \$1,099.63
Family	1 x \$2,141.40	1 x \$1,843.49
Monthly Cost	2 \$2,892.77	2 \$2,490.33
Annual Cost	\$34,713.24	\$29,883.96

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