Prepared For: Emblem 2022 1st qtr Selectcare New York City

Effective Date: 01/01/2022

New York County, NY 10001

Prepared On: 10/15/2021

Prepared By: Clifford Grekin Inc. - (631)963-6020 Report ID: 38452778 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	,			ļ.
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 \$1,193.50	2 x \$1,160.14	2 x \$971.60	2 x \$917.88
EE with Spouse	0 x \$2,387.00	0 x \$2,320.28	0 x \$1,943.20	0 x \$1,835.76
EE with Child(ren)	0 x \$2,028.95	0 x \$1,972.24	0 x \$1,651.72	0 x \$1,560.40
Family	0 x \$3,401.48	0 x \$3,306.40	0 x \$2,769.06	0 x \$2,615.96
Monthly Cost	2 \$2,387.00	2 \$2,320.28	2 \$1,943.20	2 \$1,835.76
Annual Cost	\$28,644.00	\$27,843.36	\$23,318.40	\$22,029.12

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In-Network  Prescription Drugs  Drug Card  O/40/80  Cost Share Information Individual/Family Deductible Individual/Family OOP Limit  Co-Insurance Office Visits  Primary Care  No charge visits 1-3; \$35 ded waived visits 4+  Specialist Inpatient Services Inpatient Hospital  Mental Health Inpatient  In-Network  \$3,800/\$1,600  \$8,000/\$16,000 (incl ded)  No charge visits 1-3; \$35 ded waived visits 4+  \$40% after ded; pre-auth req  Mental Health Inpatient  40% after ded; pre-auth			1
Drug Card  O/40/80  Cost Share Information Individual/Family Deductible Individual/Family OOP Limit  Co-Insurance Office Visits  Primary Care  No charge visits 1-3; \$35 ded waived visits 4+  Specialist Inpatient Hospital  40% after ded; pre-auth req	In-Network	In-Network	In-Network
Cost Share Information Individual/Family Deductible Individual/Family OOP Limit \$3,800/\$7,600 \$8,000/\$16,000 (incl ded)  Co-Insurance 40% Office Visits  Primary Care No charge visits 1-3; \$35 ded waived visits 4+  Specialist \$65 ded waived Inpatient Services  Inpatient Hospital 40% after ded; pre-auth req			
Individual/Family Deductible Individual/Family OOP Limit  Co-Insurance Office Visits  Primary Care  No charge visits 1-3; \$35 ded waived visits 4+  Specialist Inpatient Services  Inpatient Hospital  \$3,800/\$7,600  \$8,000/\$16,000 (incl ded)  40%  For including the service of t	0%/0%/0% IntDed T2-3	50/50%/50% IntDed T2-3	35/0%/0% IntDed T2-3
Individual/Family OOP Limit \$8,000/\$16,000 (incl ded)  Co-Insurance 40%  Office Visits  Primary Care No charge visits 1-3; \$35 ded waived visits 4+  Specialist \$65 ded waived  Inpatient Services  Inpatient Hospital 40% after ded; pre-auth req			
Individual/Family OOP Limit \$8,000/\$16,000 (incl ded)  Co-Insurance 40%  Office Visits  Primary Care No charge visits 1-3; \$35 ded waived visits 4+  Specialist \$65 ded waived  Inpatient Services  Inpatient Hospital 40% after ded; pre-auth req	\$7,000/\$14,000	\$5,500/\$11,000	\$8,550/\$17,100
Office Visits  Primary Care  No charge visits 1-3; \$35 ded waived visits 4+  Specialist Inpatient Services  Inpatient Hospital  40% after ded; pre-auth req	\$7,000/\$14,000 (incl ded)	\$8,700/\$17,400 (incl ded)	\$8,550/\$17,100 (incl ded)
Primary Care  No charge visits 1-3; \$35 ded waived visits 4+  Specialist Inpatient Services  Inpatient Hospital  40% after ded; pre-auth req	0%	50%	0%
ded waived visits 4+  Specialist \$65 ded waived  Inpatient Services  Inpatient Hospital 40% after ded; pre-auth req			
Inpatient Services Inpatient Hospital 40% after ded; pre-auth req	No charge visits 1-3; \$10 ded waived visits 4+	No charge visits 1-3; 50% after ded visits 4+	No charge visits 1-3; 0% after ded visits 4+
Inpatient Services Inpatient Hospital 40% after ded; pre-auth req	\$55 ded waived	50% after ded	0% after ded
req			
Mental Health Innatient 40% after ded: pre-auth	0% after ded; pre-auth req	50% after ded; pre-auth	0% after ded; pre-auth req
req	0% after ded; pre-auth req	50% after ded; pre-auth req	0% after ded; pre-auth req
Outpatient Services			
Outpatient Facility \$350 after ded; pre-auth req	0% after ded; pre-auth req	50% after ded; pre-auth req	0% after ded; pre-auth req
Lab/X-Ray  Lab-\$35/\$65 ded waived (PCP/SP)/X-ray-\$35/\$65 after ded (PCP/SP); pre-auth req	Lab-\$10/\$55 ded waived (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 ded waived visits 4+	No charge visits 1-3; 50% after ded visits 4+	No charge visits 1-3; 0% after ded visits 4+
Emergency Care			
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	\$75 ded waived
Single 2 x \$831.76	2 x \$804.30	2 x \$718.73	2 x \$681.73
EE with Spouse 0 x \$1,663.52	0 x \$1,608.60	0 x \$1,437.46	0 x \$1,363.46
EE with Child(ren) 0 x \$1,413.99	0 x \$1,367.31	0 x \$1,221.84	0 x \$1,158.94
Family 0 x \$2,370.52	0 x \$2,292.26	0 x \$2,048.38	0 x \$1,942.93
Monthly Cost 2 \$1,663.52	2 \$1,608.60	2 \$1,437.46	2 \$1,363.46
Annual Cost \$19,962.24	\$19,303.20	\$17,249.52	1