Prepared For : EmblemHealth 2015 1st Qtr Mid Hudson Delaware County, NY 12167

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Health Plan Comparison Report (4L)

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	EmblemHealth Platinum HMO 15/35 (HMO) (UC	EmblemHealth R=N/A) Gold HMO 40/60 (HMO) (UCR=N/A)	EmblemHealth Silver HMO 35/55 (HMOc) (UCR=N/A)	EmblemHealth Bronze HMO HD6300 (HSA) (UCR=N/A)
	In-Network	In-Network	In-Network Out-Network	In-Network Out-Network
Prescription Drugs				
Drug Card	10/30/60	15/35/75/100 ded	15/35/75/100 ded	0%/0%/0% IntDed
Cost Share Information				
Individual/Family Deductible	N/A	N/A	\$2,000/\$4,000	\$6,300/\$12,600
Individual/Family OOP Limit	\$2,000/\$4,000	\$4,000/\$8,000	\$6,000/\$12,000 (incl ded)	\$6,300/\$12,600 (incl ded)
Co-Insurance	N/A	N/A	30%	0%
Office Visits				
Primary Care	\$15	\$40	\$35 ded waived	0% after ded
Specialist	\$35	\$60	\$55 ded waived	0% after ded
Inpatient Services				
Inpatient Hospital	\$500/admit	\$1,500/admit	30% after ded	0% after ded
Mental Health Inpatient	\$500/admit	\$1,500/admit	30% after ded	0% after ded
Outpatient Services				
Outpatient Facility	\$100	\$150	30% after ded	0% after ded
Lab/X-Ray	\$35	\$60	\$55 ded waived	0% after ded
Mental Health Outpatient	\$15	\$40	\$35 ded waived	0% after ded
Emergency Care				
Emergency Room	\$100 (waived if admitted)	\$200 (waived if admitted)	\$200 (waived if admitted) ded waived	0% after ded
Urgent Care	\$55	\$60	\$60 ded waived	0% after ded
Single	1 x \$684.06	1 x \$595.55	1 x \$528.53	1 x \$443.86
EE with Spouse	0 x \$1,368.12	0 x \$1,191.10	0 x \$1,057.06	0 x \$887.72
EE with Child(ren) Family	0 x \$1,162.90 1 x \$1,949.57	0 x \$1,012.44 1 x \$1,697.32	0 x \$898.50 1 x \$1,506.31	0 x \$754.56 1 x \$1,265.00
Monthly Cost	2 \$2,633.63	2 \$2,292.87	2 \$2,034.84	2 \$1,708.86
Annual Cost	\$31,603.56	\$27,514.44	\$24,418.08	\$20,506.32

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible