Prepared For: Emblem 2017 3rd qtr Mid

Delaware County, NY 12167

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

Health Plan Comparison Report (4L)

Effective Date: 07/01/2017

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	EmblemHealth	EmblemHealth	EmblemHealth EmblemHealth	
	Select Care Platinum HMO 15/3	5 Select Care Silver Value 35/55	Select Care Gold HMO 40/60	Select Care Bronze Value HD 7150
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs				
Drug Card	10/30/60	0%/0%/0% IntDed T2-3	15/35/75/100 ded	30/0%/0% IntDed T2-3
Cost Share Information				
ndividual/Family Deductible	N/A	\$5,800/\$11,600	\$250/\$500	\$7,150/\$14,300
ndividual/Family OOP Limit	\$2,000/\$4,000	\$5,800/\$11,600 (incl ded)	\$5,500/\$11,000 (incl ded)	\$7,150/\$14,300 (incl ded)
Co-Insurance	0%	0%	0%	0%
Office Visits				
Primary Care	\$15	No charge visits 1-3; \$35 ded waived visits 4+	\$40 after ded	No charge visits 1-2; 0% after ded visits 3+
Specialist	\$35	\$55 ded waived	\$60 after ded	0% after ded
npatient Services				
npatient Hospital	\$500/admit; pre-auth reg	0% after ded; pre-auth	\$1,500/admit after ded;	0% after ded; pre-auth
		req	pre-auth req	req
Mental Health Inpatient	\$500/admit; pre-auth req	0% after ded; pre-auth req	\$1,500/admit after ded; pre-auth req	0% after ded; pre-auth req
Outpatient Services				
Outpatient Facility	\$100; pre-auth req	0% after ded; pre-auth req	\$150 after ded; pre-auth req	0% after ded; pre-auth req
_ab/X-Ray	PCP-\$15; SP-\$35	No charge	PCP-\$40 after ded; SP- \$60 after ded	No charge
Mental Health Outpatient	\$15	\$35 ded waived	\$40 after ded	0% after ded
Emergency Care				
Emergency Room	\$100 (waived if admitted)	0% after ded	\$200 (waived if admitted) after ded	0% after ded
Urgent Care	\$55	\$75 ded waived	\$60 after ded	0% after ded
Single	1 x \$1,017.31	1 x \$658.25	1 x \$841.46	1 x \$588.55
EE with Spouse	0 x \$2,034.62	0 x \$1,316.50	0 x \$1,682.93	0 x \$1,177.11
EE with Child(ren)	0 x \$1,729.43	0 x \$1,119.02	0 x \$1,430.49	0 x \$1,000.54
amily	1 x \$2,899.33	1 x \$1,876.01	1 x \$2,398.17	1 x \$1,677.38
Manthly Cast	2 \$3,916.64	2 \$2,534.26	2 \$3,239.63	2 \$2,265.93
Monthly Cost		1		

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