Prepared For: Emblem 2017 4th qtr Nassau

Prepared By:

Nassau County, NY 11565

Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 10/01/2017

Prepared On: 08/02/2017

SIC: 0000

Report ID: 33267930

| | EmblemHealth | EmblemHealth | EmblemHealth | EmblemHealth |
|------------------------------|--------------------------------|---|--------------------------------|---|
| | Select Care Platinum HMO 15/35 | Select Care Gold HMO 40/60 | Select Care Silver Value 35/55 | Select Care Bronze Value HD 7150 |
| | | | | |
| | | | | |
| Prescription Drugs | In-Network | In-Network | In-Network | In-Network |
| Drug Card | 10/30/60 | 15/35/75/100 ded | 0%/0%/0% IntDed T2-3 | 30/0%/0% IntDed T2-3 |
| Drug Caru | 10/30/00 | 13/33/73/100 ded | 07070701070 IIII.Ded 12-3 | 30/0 /0/0 /0 HitDed 12-3 |
| Cost Share Information | | | | |
| Individual/Family Deductible | N/A | \$250/\$500 | \$5,800/\$11,600 | \$7,150/\$14,300 |
| Individual/Family OOP Limit | \$2,000/\$4,000 | \$5,500/\$11,000 (incl ded) | \$5,800/\$11,600 (incl ded) | \$7,150/\$14,300 (incl ded) |
| , | | | | , |
| Co-Insurance | 0% | 0% | 0% | 0% |
| Office Visits | | | | |
| Primary Care | \$15 | \$40 after ded | No charge visits 1-3; \$35 | No charge visits 1-2; 0% |
| | | | ded waived visits 4+ | after ded visits 3+ |
| Specialist | \$ 35 | \$60 after ded | \$55 ded waived | 0% after ded |
| Inpatient Services | \$33 | \$60 after ded | \$55 ded walved | 0 % after ded |
| • | ¢500/admits are quite req | ¢1 500/admit after dad. | OV ofter deducte quite | 00/ offer deduces outh |
| Inpatient Hospital | \$500/admit; pre-auth req | \$1,500/admit after ded; pre-auth req | 0% after ded; pre-auth req | 0% after ded; pre-auth req |
| Mental Health Inpatient | \$500/admit; pre-auth req | \$1,500/admit after ded; | 0% after ded; pre-auth | 0% after ded; pre-auth |
| | | pre-auth req | req | req |
| Outpatient Services | | | | |
| Outpatient Facility | \$100; pre-auth req | \$150 after ded; pre-auth | 0% after ded; pre-auth | 0% after ded; pre-auth |
| | | req | req | req |
| Lab/X-Ray | PCP-\$15; SP-\$35 | PCP-\$40 after ded; SP- \$60 after ded | No charge | No charge |
| Mental Health Outpatient | \$15 | \$40 after ded | \$35 ded waived | 0% after ded |
| Emergency Care | | | | |
| Emergency Room | \$100 (waived if admitted) | \$200 (waived if admitted) | 0% after ded | 0% after ded |
| 3, | | after ded | | |
| Urgent Care | \$55 | \$60 after ded | \$75 ded waived | 0% after ded |
| Single | 1 x \$980.82 | 1 x \$811.28 | 1 x \$634.64 | 1 x \$567.45 |
| EE with Spouse | 0 x \$1,961.65 | 0 x \$1,622.55 | 0 x \$1,269.28 | 0 x \$1,134.87 |
| EE with Child(ren) | 0 x \$1,667.40 | 0 x \$1,379.18 | 0 x \$1,078.89 | 0 x \$964.65 |
| Family | 1 x \$2,795.35 | 1 x \$2,312.14 | 1 x \$1,808.73 | 1 x \$1,617.20 |
| | | | | |
| Monthly Cost | 2 \$3,776.17 | 2 \$3,123.42 | 2 \$2,443.37 | 2 \$2,184.65 |
| Annual Cost | \$45,314.04 | \$37,481.04 | \$29,320.44 | \$26,215.80 |
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