Prepared For: Emblem 2017 4th qtr New York

New York County, NY 10001

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Health Plan Comparison Report (4L)

Effective Date: 10/01/2017

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	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
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs				In-Network
Drug Card	10/30/60	15/35/75/100 ded	0%/0%/0% IntDed T2-3	30/0%/0% IntDed T2-3
Cost Share Information				
ndividual/Family Deductible ndividual/Family OOP Limit	N/A \$2,000/\$4,000	\$250/\$500 \$5,500/\$11,000 (incl ded)	\$5,800/\$11,600 \$5,800/\$11,600 (incl ded)	\$7,150/\$14,300 \$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 ded waived visits 4+	No charge visits 1-2; 0% after ded visits 3+
Specialist	\$35	\$60 after ded	\$55 ded waived	0% after ded
npatient Services				
npatient 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; pre-auth req	0% after ded; pre-auth req	0% after ded; pre-auth req
Outpatient Services				
Dutpatient Facility	\$100; pre-auth req	\$150 after ded; pre-auth req	0% after ded; pre-auth req	0% after ded; pre-auth req
_ab/X-Ray	PCP-\$15; SP-\$35	PCP-\$40 after ded; SP- \$60 after ded	No charge	No charge
Mental Health Outpatient Emergency Care	\$15	\$40 after ded	\$35 ded waived	0% after ded
Emergency Room	\$100 (waived if admitted)	\$200 (waived if admitted) after ded	0% after ded	0% after ded
Jrgent Care	\$55	\$60 after ded	\$75 ded waived	0% after ded
Single	1 x \$862.16	1 x \$713.14	1 x \$557.88	1 x \$498.80
EE with Spouse	0 x \$1,724.33	0 x \$1,426.29	0 x \$1,115.74	0 x \$997.59
EE with Child(ren) Family	0 x \$1,465.68 1 x \$2,457.18	0 x \$1,212.35 1 x \$2,032.46	0 x \$948.39 1 x \$1,589.94	0 x \$847.95 1 x \$1,421.57
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Monthly Cost	2 \$3,319.34	2 \$2,745.60	2 \$2,147.82	2 \$1,920.37
		\$32,947.20	\$25,773.84	\$23,044.44

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