Health Plan Comparison Report (3P)

Prepared On: 04/10/2018

Prepared For: Emblem 2018 3rd qtr New York City

New York County, NY 10001

Prepared By: Clifford Grekin Inc. - (631)963-6020 Report ID: 34761923 SIC: 0000

Effective Date: 07/01/2018

EmblemHealth EmblemHealth EmblemHealth EmblemHealth Platinum (HMO) EmblemHealth Gold 40/60 (HMOc) **EmblemHealth Gold Open Access** (HMOc) (UCR=N/A) (UCR=N/A) (UCR=N/A) In-Network In-Network **Out-Network** In-Network **Out-Network** Prescription Drugs 10/30/60 10/30/70/100 ded 15/35/75/100 ded Drug Card Cost Share Information Individual/Family Deductible N/A \$700/\$1,400 \$250/\$500 Individual/Family OOP Limit \$2,000/\$4,000 \$5,000/\$10,000 (incl \$5,500/\$11,000 (incl ded) ded) 0% Co-Insurance lo% Office Visits No charge visits 1-3; \$10 Primary Care \$15 \$40 after ded ded waived visits 4+ Specialist \$35 \$50 after ded \$60 after ded Maternity Prenatal/Postnatal No charge No charge No charge Chiropractic Care \$35 \$50 after ded \$60 after ded Inpatient Services Inpatient Hospital \$500/admit; pre-auth req \$1,500/admit after ded \$1,500/admit after ded; pre-auth req \$1,500/admit after ded; Mental Health Inpatient \$1,500/admit after ded \$500/admit; pre-auth reg pre-auth rea \$1,500/admit after ded \$1,500/admit after ded; Substance Abuse Inpatient \$500/admit; pre-auth req pre-auth req **Outpatient Services** 0% after ded Outpatient Facility \$100; pre-auth req \$150 after ded; pre-auth Lab-\$10 after ded; \$60 after ded Lab/X-Ray PCP-\$15: SP-\$35 X-ray-PCP-\$10 ded waived; SP-\$50 ded waived \$35 \$50 after ded Advanced Radiology \$60 after ded Mental Health Outpatient \$15 \$10 after ded \$40 after ded \$10 after ded \$40 after ded Substance Abuse Outpatient \$15 **Emergency Care** Emergency Room \$100 (waived if \$150 (waived if \$200 (waived if admitted) admitted) after ded admitted) after ded \$100 \$150 after ded \$100 after ded Ambulance Urgent Care \$55 \$50 after ded \$60 after ded Recovery/Special Needs Home Health Care \$15; 40 visits/plan yr; \$50 after ded; 40 \$40 after ded; 40 visits/plan yr visits/plan yr; pre-auth pre-auth req \$500/admit; 200 \$1,500/admit after ded; \$1,500/admit after ded; Skilled Nursing days/plan yr; pre-auth 200 days/plan yr 200 days/plan yr; pre-auth req Durable Medical Equipment 10%; pre-auth req 10% after ded 10% after ded; pre-auth req Single 1 x \$911.94 1 x \$786.59 1 x \$760.12 EE with Spouse 0 x \$1,823.87 0 x \$1,573.18 0 x \$1,520.25 EE with Child(ren) 0 x \$1,550.29 \$1,337.20 0 x 0 x \$1,292,21 \$2,599.02 \$2,241.78 \$2,166.36 Family 1 x 1 x 1 x Monthly Cost \$3,510.96 2 \$3,028.37 \$2,926.48 2 2 Annual Cost \$36,340.44 \$42,131.52 \$35,117.76

Health Plan Comparison Report (3P)

Prepared On: 04/10/2018

Emblem 2018 3rd qtr New York City

New York County, NY 10001

Prepared For:

Prepared By: Clifford Grekin Inc. - (631)963-6020 Report ID: 34761923 SIC: 0000

Effective Date: 07/01/2018

EmblemHealth EmblemHealth EmblemHealth EmblemHealth Silver Value (HMOc) EmblemHealth Bronze Value (HMOc) EmblemHealth Bronze HSA (HSA) (UCR=N/A) (UCR=N/A) (UCR=N/A) In-Network **Out-Network** In-Network **Out-Network** In-Network **Out-Network** Prescription Drugs 30/0%/0% IntDed T2-3 10/0%/0% IntDed T2-3 10/35/70 IntDed Drug Card Cost Share Information Individual/Family Deductible \$5,800/\$11,600 \$7,150/\$14,300 \$5,500/\$11,000 Individual/Family OOP Limit \$5,800/\$11,600 (incl \$7,150/\$14,300 (incl \$6,550/\$13,100 (incl ded) ded) ded) Co-Insurance lo% 50% Office Visits Primary Care No charge visits 1-3; \$35 No charge visits 1-2; 0% 50% after ded ded waived visits 4+ after ded visits 3+ Specialist \$55 ded waived 0% after ded 50% after ded No charge No charge Maternity Prenatal/Postnatal No charge Care Chiropractic Care 0% after ded 0% after ded 50% after ded Inpatient Services Inpatient Hospital 0% after ded; pre-auth 0% after ded; pre-auth 50% after ded; pre-auth 0% after ded; pre-auth 0% after ded; pre-auth 50% after ded; pre-auth Mental Health Inpatient rea 0% after ded; pre-auth 0% after ded; pre-auth 50% after ded; pre-auth Substance Abuse Inpatient **Outpatient Services** Outpatient Facility 0% after ded; pre-auth 0% after ded; pre-auth 50% after ded; pre-auth Lab-No charge; X-ray-PCP-\$35 ded 50% after ded Lab/X-Ray Lab-\$20 ded waived: X-ray-0% after ded waived; SP-\$55 ded waived 0% after ded 0% after ded Advanced Radiology 50% after ded Mental Health Outpatient \$35 ded waived 0% after ded 50% after ded \$35 ded waived Substance Abuse Outpatient 0% after ded 50% after ded **Emergency Care** Emergency Room 0% after ded 0% after ded 50% after ded 0% after ded 0% after ded Ambulance 50% after ded Urgent Care \$75 ded waived 0% after ded 50% after ded Recovery/Special Needs Home Health Care 0% after ded; 40 0% after ded; 40 50% after ded; 40 visits/plan yr; pre-auth visits/plan yr; pre-auth visits/plan yr; pre-auth 0% after ded; 200 0% after ded; 200 50% after ded; 200 Skilled Nursing days/plan yr; pre-auth days/plan yr; pre-auth days/plan yr; pre-auth Durable Medical Equipment 30% ded waived; 0% after ded; pre-auth 50% after ded; pre-auth pre-auth req req Single 1 x \$592.75 1 x \$515.98 1 x \$503.21 \$1,031.96 EE with Spouse 0 x \$1,185.51 0 x 0 x \$1,006.42 EE with Child(ren) 0 x \$1,007.68 \$855.46 0 x \$877.16 0 x \$1,689.35 \$1,470.54 Family 1 x 1 x 1 x \$1,434.15 Monthly Cost \$2,282.10 \$1,986.52 \$1,937.36 2 2 2 Annual Cost \$27,385.20 \$23,838.24 \$23,248.32