Prepared For: Emblem 2019 4th qtr Nassau Suffolk Select

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 10/01/2019 Prepared On: 08/05/2019

Report ID: 36685683

SIC: 0000

	EmblemHealth EH Platinum Choice NG Select Care (H (UCR=N/A)	EmblemHealth MOc) EH Gold Choice NG Select Care (HMOc) (UCR=N/A)	EmblemHealth EH Gold Value G Select Care (HMOc) (UCR=N/A)	EmblemHealth EH Silver Choice NG Select Care (HMOc) (UCR=N/A)
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs				
Drug Card	15/30/70 IntDed T2-3	20/45/75 IntDed T2-3	25/0%/0% IntDed T2-3	15/35/75 IntDed T2-3
Cost Share Information				
Individual/Family Deductible Individual/Family OOP Limit	\$200/\$400 \$2,200/\$4,400 (incl ded)	\$750/\$1,500 \$5,000/\$10,000 (incl ded)	\$3,000/\$6,000 \$3,000/\$6,000 (incl ded)	\$2,800/\$5,600 \$7,100/\$14,200 (incl ded)
Co-Insurance	0%	0%	0%	0%
Office Visits				
Primary Care	No charge visits 1-3; \$15 ded waived visits 4+	No charge visits 1-3; \$30 ded waived visits 4+	No charge visits 1-3; \$45 ded waived visits 4+	No charge visits 1-3; \$30 ded waived visits 4+
Specialist	\$35 ded waived	\$50 ded waived	\$65 ded waived	\$50 after ded
Inpatient Services				
Inpatient Hospital	\$500/admit after ded; pre-auth req	\$2,000/admit after ded	0% after ded; pre-auth req	\$2,000/admit after ded
Mental Health Inpatient	\$500/admit after ded; pre-auth req	\$2,000/admit after ded	0% after ded; pre-auth req	\$2,000/admit after ded
Outpatient Services				
Outpatient Facility Lab/X-Ray	\$100 after ded; pre-auth req Lab-PCP-\$15 ded waived; SP-\$35 ded waived; X-ray-PCP-\$15	\$150 after ded Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30	0% after ded; pre-auth req Lab-PCP-\$45 ded waived; SP-\$65 ded waived; X-ray-0% after	\$200 after ded Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30
	after ded; SP-\$35 after ded	after ded; SP-\$50 after ded	ded	after ded; SP-\$50 after ded
Mental Health Outpatient	\$15 ded waived	\$30 ded waived	\$45 ded waived	\$30 ded waived
Emergency Care				
Emergency Room	\$200 (waived if admitted) after ded	\$300 (waived if admitted) after ded	0% after ded	\$500 (waived if admitted) after ded
Urgent Care	\$75 ded waived	\$75 ded waived	\$75 ded waived	\$75 ded waived
Single	1 x \$1,089.76	1 x \$925.60	1 x \$856.18	1 x \$752.53
EE with Spouse	0 x \$2,179.52	0 x \$1,851.22	0 x \$1,712.35	0 x \$1,505.04
EE with Child(ren)	0 x \$1,852.58	0 x \$1,573.53	0 x \$1,455.49	0 x \$1,279.28
Family	1 x \$3,105.80	1 x \$2,637.99	1 x \$2,440.10	1 x \$2,144.69
Monthly Cost	2 \$4,195.56	2 \$3,563.59	2 \$3,296.28	2 \$2,897.22
Annual Cost	\$50,346.72	\$42,763.08	\$39,555.36	\$34,766.64

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

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	EmblemHealth EH Silver Value G Select Care (HMOc) (UCR=N/A)		EmblemHealth EH Bronze Value G Select Care (HMOc) (UCR=N/A)	
	In-Network		In-Network	
Prescription Drugs				
Drug Card	10/0%/0% IntDed T2-3		30/0%/0% IntDed T2-3	
Cost Share Information		1		<u> </u>
Individual/Family Deductible Individual/Family OOP Limit	\$6,300/\$12,600 \$6,300/\$12,600 (incl ded)		\$7,690/\$15,380 \$7,690/\$15,380 (incl ded)	
Co-Insurance Office Visits	0%		0%	
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+		No charge visits 1-3; 0% after ded visits 4+	
Specialist Inpatient Services	\$70 ded waived		0% after ded	
Inpatient Hospital	0% after ded; pre-auth		0% after ded; pre-auth	
Mental Health Inpatient	req 0% after ded; pre-auth req		req 0% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility Lab/X-Ray	0% after ded; pre-auth req Lab-\$35 ded waived; X-ray-0% after ded		0% after ded; pre-auth req Lab-\$20 ded waived; X-ray-0% after ded	
Mental Health Outpatient Emergency Care	\$35 ded waived		0% after ded	
Emergency Room	0% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived	
0. 1	4 4000.40		4 015.00	
Single EE with Spouse	1 x \$696.18 0 x \$1,392.37		1 x \$615.60 0 x \$1,231.21	
EE with Child(ren)	0 x \$1,183.52		0 x \$1,046.53	
Family	1 x \$1,984.12		1 x \$1,754.49	
Monthly Cost Annual Cost	2 \$2,680.30 \$32,163.60		2 \$2,370.09 \$28,441.08	

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