Prepared On: 06/19/2020

SIC: 0000

Prepared For: Emblem 2020 4th qtr Nassau Suffolk Millenium

Nassau County, NY 11565

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

Effective Date: 10/01/2020 Report ID: 37739615

Emblem Millennium Emblem Millennium Emblem Millennium EmblemHealth Platinum Premier EmblemHealth Platinum Value Gated-M EmblemHealth Gold Premier Gated-M Gated-M (HMO) (UCR=N/A) (HMOc) (UCR=N/A) (HMOc) (UCR=N/A) In-Network In-Network **Out-Network** In-Network **Out-Network** Prescription Drugs Drug Card 0/30/60 0/30/60 IntDed T2-3 0/40/80 Cost Share Information N/A \$200/\$400 \$350/\$700 Individual/Family Deductible \$2,000/\$4,000 Individual/Family OOP Limit \$2,400/\$4,800 (incl ded) \$5,300/\$10,600 (incl ded) ln% ln% Co-Insurance Office Visits Primary Care No charge visits 1-3; \$15 No charge visits 1-3; \$40 No charge visits 1-3; \$15 ded waived visits 4+ ded waived visits 4+ visits 4+ \$35 \$35 ded waived \$60 ded waived Specialist Maternity Prenatal/Postnatal Care No charge No charge No charge Chiropractic Care \$35 \$35 ded waived \$60 ded waived Inpatient Services Inpatient Hospital \$500/admit; pre-auth req \$500/admit after ded: 30% after ded; pre-auth pre-auth req \$500/admit after ded; 30% after ded; pre-auth Mental Health Inpatient \$500/admit; pre-auth req pre-auth req \$500/admit after ded; Substance Abuse Inpatient \$500/admit; pre-auth req 30% after ded; pre-auth pre-auth req req Outpatient Services Outpatient Facility \$100; pre-auth req \$100 after ded; pre-auth \$200 after ded; pre-auth Lab/X-Ray PCP-\$15; SP-\$35; Lab-\$15/\$35 ded waived Lab-\$40/\$60 ded waived pre-auth req (PCP/SP); X-ray-\$15/\$35 (PCP/SP); X-ray-\$40/\$60 after ded (PCP/SP); after ded (PCP/SP); pre-auth req pre-auth req Advanced Radiology \$35; pre-auth req \$35 after ded ; pre-auth \$60 after ded; pre-auth req \$35 ded waived \$40 ded waived Mental Health Outpatient \$35 Substance Abuse Outpatient \$35 \$35 ded waived \$40 ded waived **Emergency Care** \$350 (waived if admitted) \$350 (waived if admitted) \$600 (waived if admitted) Emergency Room after ded after ded \$100 \$100 after ded \$200 after ded Ambulance Urgent Care \$75 \$75 ded waived \$75 ded waived Recovery/Special Needs Home Health Care \$35; 40 visits/plan yr; \$35 after ded; 40 \$60 after ded; 40 pre-auth req visits/plan yr; pre-auth visits/plan yr; pre-auth Skilled Nursing \$500/admit; 200 \$500/admit after ded; 30% after ded; 200 days/plan yr; pre-auth 200 days/plan yr; days/plan yr; pre-auth pre-auth req Durable Medical Equipment 10%; pre-auth req 10% after ded; pre-auth 20% after ded; pre-auth req Single 2 x \$1,077.90 2 x \$1,051.98 2 x \$880.25 EE with Spouse 0 x \$2,155.79 0 x \$2,103.97 0 x \$1,760.50 EE with Child(ren) 0 x \$1,788.37 \$1,496.42 \$1.832.43 0 x 0 x 0 x \$3,072.00 \$2,998.17 \$2,508.69 Family 0 x 0 x 2 \$2,103.96 \$1,760.50 Monthly Cost 2 \$2,155.80 2 Annual Cost \$25,869.60 \$25.247.52 \$21,126.00

Health Plan Comparison Report (3P)

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	Emblem Millennium EmblemHealth Gold Value Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Silver Premier Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Silver Value Gated-M (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	0/40/80 IntDed T2-3		0/40/80		0%/0%/0% IntDed T2-3	
Cost Share Information						
Individual/Family Deductible	\$1,900/\$3,800		\$2,400/\$4,800		\$6,300/\$12,600	
Individual/Family OOP Limit	\$3,700/\$7,400 (incl ded)		\$7,800/\$15,600 (incl ded)		\$6,300/\$12,600 (incl ded)	
Co-Insurance	30%		40%		0%	
Office Visits						
Primary Care	No charge visits 1-3; \$25 ded waived visits 4+		No charge visits 1-3; \$35 ded waived visits 4+		No charge visits 1-3; \$10 ded waived visits 4+	
Specialist	\$40 ded waived		\$65 ded waived		\$55 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$40 ded waived		\$65 ded waived		\$55 ded waived	
Inpatient Services						
Inpatient Hospital	30% after ded; pre-auth		40% after ded; pre-auth		0% after ded; pre-auth	
Mental Health Inpatient	30% after ded; pre-auth		40% after ded; pre-auth		0% after ded; pre-auth	
Substance Abuse Inpatient	30% after ded; pre-auth		40% after ded; pre-auth		0% after ded; pre-auth	
Outpatient Services						
Outpatient Facility	\$200 after ded; pre-auth		\$250 after ded; pre-auth		0% after ded; pre-auth	
Outpatient racinty	req		req		req	
Lab/X-Ray	Lab-\$25/\$40 ded waived (PCP/SP); X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req		Lab-\$35/\$65 ded waived (PCP/SP); X-ray-\$35/\$65 after ded (PCP/SP); pre-auth req		Lab-\$10/\$55 ded waived (PCP/SP); X-ray-0% after ded; pre-auth req	
Advanced Radiology	\$40 after ded; pre-auth req		\$65 after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Outpatient	\$25 ded waived		\$35 ded waived		\$10 ded waived	
Substance Abuse Outpatient	\$25 ded waived		\$35 ded waived		\$10 ded waived	
Emergency Care						
Emergency Room	\$500 (waived if admitted) after ded		40% after ded		0% after ded	
Ambulance Urgent Care	\$200 after ded \$75 ded waived		\$250 after ded \$75 ded waived		0% after ded \$75 ded waived	
Recovery/Special Needs						
Home Health Care	\$25 after ded; 40 visits/plan yr; pre-auth		\$65 after ded; 40 visits/plan yr; pre-auth req		0% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	30% after ded; 200 days/plan yr; pre-auth		40% after ded; 200 days/plan yr; pre-auth		0% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	20% after ded; pre-auth req		30% after ded; pre-auth req		0% after ded; pre-auth req	
Single	2 x \$835.97		2 x \$740.64		2 x \$715.97	
EE with Spouse	0 x \$1,671.95		0 x \$1,481.29		0 x \$1,431.94	
EE with Child(ren)	0 x \$1,421.17		0 x \$1,259.09		0 x \$1,217.15	
Family	0 x \$2,382.54		0 x \$2,110.82		0 x \$2,040.51	
Monthly Cost	2 \$1,671.94		2 \$1,481.28		2 \$1,431.94	
Annual Cost	\$20,063.28		\$17,775.36		\$17,183.28	
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	Emblem Mi EmblemHealth Bronz (HMOc) (U	e Premier Gated-M	Emblem Millennium EmblemHealth Bronze Value Gated-M (HMOc) (UCR=N/A)		
	In-Network	Out-Network	In-Network	Out-Network	
Prescription Drugs					
Drug Card	25/50%/50% IntDed		35/0%/0% IntDed T2-3		
Cost Share Information					
Individual/Family Deductible Individual/Family OOP Limit	\$4,600/\$9,200 \$7,900/\$15,800 (incl ded)		\$8,150/\$16,300 \$8,150/\$16,300 (incl ded)		
Co-Insurance	50%		0%		
Office Visits					
Primary Care	No charge visits 1-3; \$40 after ded visits 4+		No charge visits 1-3; 0% after ded visits 4+		
Specialist Maternity Prenatal/Postnatal Care	\$70 after ded No charge		0% after ded No charge		
Chiropractic Care	\$70 after ded		0% after ded		
Inpatient Services					
Inpatient Hospital	50% after ded; pre-auth req		0% after ded; pre-auth req		
Mental Health Inpatient	50% after ded; pre-auth req		0% after ded; pre-auth req		
Substance Abuse Inpatient	50% after ded; pre-auth req		0% after ded; pre-auth req		
Outpatient Services					
Outpatient Facility	50% after ded; pre-auth req		0% after ded; pre-auth req		
Lab/X-Ray	Lab-\$40/\$70 after ded (PCP/SP); X-ray-50% after ded; pre-auth req		0% after ded; pre-auth req		
Advanced Radiology	50% after ded; pre-auth req		0% after ded; pre-auth req		
Mental Health Outpatient Substance Abuse Outpatient	\$40 after ded \$40 after ded		0% after ded 0% after ded		
Emergency Care					
Emergency Room	50% after ded		0% after ded		
Ambulance Urgent Care	50% after ded \$75 ded waived		0% after ded \$75 ded waived		
Recovery/Special Needs					
Home Health Care	50% after ded; 40 visits/plan yr; pre-auth req		0% after ded; 40 visits/plan yr; pre-auth req		
Skilled Nursing	50% after ded; 200 days/plan yr; pre-auth req		0% after ded; 200 days/plan yr; pre-auth req		
Durable Medical Equipment	50% after ded; pre-auth req		0% after ded; pre-auth req		
Single	2 x \$637.81		2 x \$608.90		
EE with Spouse	0 x \$1,275.63		0 x \$1,217.80		
EE with Child(ren)	0 x \$1,084.27		0 x \$1,035.12		
Family	0 x \$1,817.78		0 x \$1,735.36		
Monthly Cost	2 \$1,275.62		2 \$1,217.80		
Annual Cost	\$15,307.44		\$14,613.60		