

	HealthFirst Gold Pro EPO (EPO) (UCR=N/A)		HealthFirst Gold 25/50/0 Pro EPO (EPO) (UCR=N/A)		HealthFirst Silver Pro EPO (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/50/85		10/50/85		20/60/110	
Cost Share Information						
Individual/Family Deductible	N/A		N/A		\$4,300/\$8,600	
Individual/Family OOP Limit	\$5,250/\$10,500 (incl ded)		\$7,000/\$14,000 (incl ded)		\$8,150/\$16,300 (incl ded)	
Co-Insurance	0%		0%		40%	
Office Visits						
Primary Care	\$25		\$25		\$35 ded waived	
Specialist	\$40		\$50		\$70 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$40		\$50		\$70 ded waived	
Inpatient Services						
Inpatient Hospital	\$500/admit		\$500/admit		40% after ded	
Mental Health Inpatient	\$500/admit		\$500/admit		40% after ded	
Substance Abuse Inpatient	\$500/admit		\$500/admit		40% after ded	
Outpatient Services						
Outpatient Facility	\$300		\$300		40% after ded	
Lab/X-Ray	PCP-\$25; SP-\$40		PCP-\$25; SP-\$50		PCP-\$35 ded waived; SP-\$70 ded waived	
Advanced Radiology	\$40		\$50		\$70 ded waived	
Mental Health Outpatient	\$25		\$25		\$35 ded waived	
Substance Abuse Outpatient	\$25		\$25		\$35 ded waived	
Emergency Care						
Emergency Room	\$350 (waived if admitted)		\$350 (waived if admitted)		\$600 (waived if admitted) after ded	
Ambulance	\$150		\$150		\$300 after ded	
Urgent Care	\$60		\$60		\$70 ded waived	
Recovery/Special Needs						
Home Health Care	\$25; 40 visits/plan yr		\$25; 40 visits/plan yr		\$35 after ded; 40 visits/plan yr	
Skilled Nursing	\$500/admit; 200 days/plan yr		\$500/admit; 200 days/plan yr		40% after ded; 200 days/plan yr	
Durable Medical Equipment	15%		15%		40% after ded	
Single	2 x \$747.52		2 x \$717.62		2 x \$642.32	
EE with Spouse	0 x \$1,495.04		0 x \$1,435.24		0 x \$1,284.64	
EE with Child(ren)	0 x \$1,270.78		0 x \$1,219.95		0 x \$1,091.94	
Family	0 x \$2,130.43		0 x \$2,045.22		0 x \$1,830.61	
Monthly Cost	2 \$1,495.04		2 \$1,435.24		2 \$1,284.64	
Annual Cost	\$17,940.48		\$17,222.88		\$15,415.68	

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	HealthFirst Silver 40/75/4700 Pro EPO (EPOc) (UCR=N/A)		HealthFirst Bronze Pro EPO (HSA Compatible) (HSA) (UCR=N/A)		HealthFirst Bronze 6850 Pro EPO (HSA Compatible) (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	20/60/110		50%/50%/50% IntDed		0%/0%/0% IntDed	
Cost Share Information						
Individual/Family Deductible	\$4,700/\$9,400		\$5,950/\$11,900		\$6,850/\$13,700	
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)		\$6,900/\$13,800 (incl ded)		\$6,850/\$13,700 (incl ded)	
Co-Insurance	45%		50%		0%	
Office Visits						
Primary Care	\$40 ded waived		50% after ded		0% after ded	
Specialist	\$75 ded waived		50% after ded		0% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$75 ded waived		50% after ded		0% after ded	
Inpatient Services						
Inpatient Hospital	45% after ded		50% after ded		0% after ded	
Mental Health Inpatient	45% after ded		50% after ded		0% after ded	
Substance Abuse Inpatient	45% after ded		50% after ded		0% after ded	
Outpatient Services						
Outpatient Facility	45% after ded		50% after ded		0% after ded	
Lab/X-Ray	PCP-\$40 ded waived; SP-\$75 ded waived		50% after ded		0% after ded	
Advanced Radiology	\$75 ded waived		50% after ded		0% after ded	
Mental Health Outpatient	\$40 ded waived		50% after ded		0% after ded	
Substance Abuse Outpatient	\$40 ded waived		50% after ded		0% after ded	
Emergency Care						
Emergency Room	\$600 (waived if admitted) after ded		50% after ded		0% after ded	
Ambulance	\$300 after ded		50% after ded		0% after ded	
Urgent Care	\$75 ded waived		50% after ded		0% after ded	
Recovery/Special Needs						
Home Health Care	\$40 after ded; 40 visits/plan yr		50% after ded; 40 visits/plan yr		0% after ded; 40 visits/plan yr	
Skilled Nursing	45% after ded; 200 days/plan yr		50% after ded; 200 days/plan yr		0% after ded; 200 days/plan yr	
Durable Medical Equipment	45% after ded		50% after ded		0% after ded	
Single	2 x \$624.97		2 x \$537.03		2 x \$508.57	
EE with Spouse	0 x \$1,249.94		0 x \$1,074.06		0 x \$1,017.14	
EE with Child(ren)	0 x \$1,062.45		0 x \$912.95		0 x \$864.57	
Family	0 x \$1,781.16		0 x \$1,530.54		0 x \$1,449.42	
Monthly Cost	2 \$1,249.94		2 \$1,074.06		2 \$1,017.14	
Annual Cost	\$14,999.28		\$12,888.72		\$12,205.68	

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Prepared For: healthfirst 2021 2nd qtr Pro
 New York County, NY 10001
 Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (3P)
 Effective Date: 04/01/2021 Prepared On: 01/05/2021
 Report ID: 38173016 SIC: 0000

	HealthFirst Bronze 8150 Pro EPO (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed	
Cost Share Information		
Individual/Family Deductible	\$8,150/\$16,300	
Individual/Family OOP Limit	\$8,150/\$16,300 (includ ed)	
Co-Insurance	0%	
Office Visits		
Primary Care	0% after ded	
Specialist	0% after ded	
Maternity Prenatal/Postnatal Care	No charge	
Chiropractic Care	0% after ded	
Inpatient Services		
Inpatient Hospital	0% after ded	
Mental Health Inpatient	0% after ded	
Substance Abuse Inpatient	0% after ded	
Outpatient Services		
Outpatient Facility	0% after ded	
Lab/X-Ray	0% after ded	
Advanced Radiology	0% after ded	
Mental Health Outpatient	0% after ded	
Substance Abuse Outpatient	0% after ded	
Emergency Care		
Emergency Room	0% after ded	
Ambulance	0% after ded	
Urgent Care	0% after ded	
Recovery/Special Needs		
Home Health Care	0% after ded; 40 visits/plan yr	
Skilled Nursing	0% after ded; 200 days/plan yr	
Durable Medical Equipment	0% after ded	
Single	2 x	\$489.84
EE with Spouse	0 x	\$979.68
EE with Child(ren)	0 x	\$832.73
Family	0 x	\$1,396.04
Monthly Cost	2	\$979.68
Annual Cost		\$11,756.16

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