Prepared For: Emblem 2021 3rd qtr Selectcare NY City

New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 07/01/2021 Prepared On: 04/20/2021

Report ID: 38287534

SIC: 0000

Prescription Drugs Drug Card 0/3	In Natural			
	In-Network	In-Network	In-Network	In-Network
Drug Card 0/3				
	30/65	0/30/60 IntDed T2-3	0/40/80	0/40/80 IntDed T2-3
Cost Share Information				
Individual/Family Deductible N/A Individual/Family OOP Limit \$2,	/A 2,000/\$4,000	\$250/\$500 \$2,500/\$5,000 (incl ded)	\$450/\$900 \$5,600/\$11,200 (incl ded)	\$2,300/\$4,600 \$5,300/\$10,600 (incl ded)
Co-Insurance 209 Office Visits)%	20%	30%	30%
	o charge visits 1-3; \$15 sits 4+	No charge visits 1-3; \$15 ded waived visits 4+	No charge visits 1-3; \$25 ded waived visits 4+	No charge visits 1-3; \$25 ded waived visits 4+
Specialist \$35	35	\$35 ded waived	\$40 ded waived	\$40 ded waived
Inpatient Services				
Inpatient Hospital 209)%; pre-auth req	20% after ded; pre-auth req	30% after ded; pre-auth req	30% after ded; pre-auth req
-)%; pre-auth req	20% after ded; pre-auth req	30% after ded; pre-auth req	30% after ded; pre-auth req
Outpatient Services				
	250; pre-auth req (5/\$35 (PCP/SP);	\$250 after ded; pre-auth req Lab-\$15/\$35 ded waived	\$350 after ded; pre-auth req Lab-\$25/\$40 ded waived	\$350 after ded; pre-auth req Lab-\$25/\$40 ded waived
pre	e-auth req	(PCP/SP)/X-ray-\$15/\$35 after ded (PCP/SP); pre-auth req	(PCP/SP)/X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req	(PCP/SP)/X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req
Mental Health Outpatient \$15	5	\$15 ded waived	\$25 ded waived	\$25 ded waived
Emergency Care				
Emergency Room \$40	00 (waived if admitted)	\$400 (waived if admitted) after ded	\$800 (waived if admitted) after ded	\$800 (waived if admitted) after ded
Urgent Care \$75	/5	\$75 ded waived	\$75 ded waived	\$75 ded waived
Single	2 x \$1,135.27	2 x \$1,103.64	2 x \$924.84	2 x \$873.89
EE with Spouse	0 x \$2,270.53	0 x \$2,207.28	0 x \$1,849.68	0 x \$1,747.79
EE with Child(ren)	0 x \$1,929.95	0 x \$1,876.19	0 x \$1,572.23	0 x \$1,485.61
Family	0 x \$3,235.51	0 x \$3,145.37	0 x \$2,635.79	0 x \$2,490.59
Monthly Cost	2 \$2,270.54	2 \$2,207.28	2 \$1,849.68	2 \$1,747.78
Annual Cost	\$27,246.48	\$26,487.36	\$22,196.16	\$20,973.36

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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	Emblem Select Care EmblemHealth Silver Premier Non-Gate (HMOc) (UCR=N/A)	Emblem Select Care d-S EmblemHealth Silver Value Non-Gated-S (HMOc (UCR=N/A)	Emblem Select Care EmblemHealth Bronze Premier Non-Gated-S (HMOc) (UCR=N/A)	Emblem Select Care EmblemHealth Bronze Value Non-Gated-S (HMOc) (UCR=N/A)
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs				
Drug Card	0/40/80	0%/0%/0% IntDed T2-3	50/50%/50% IntDed T2-3	35/0%/0% IntDed T2-3
Cost Share Information				
Individual/Family Deductible Individual/Family OOP Limit	\$3,600/\$7,200 \$7,800/\$15,600 (incl ded)	\$6,700/\$13,400 \$6,700/\$13,400 (incl ded)	\$5,300/\$10,600 \$8,450/\$16,900 (incl ded)	\$8,550/\$17,100 \$8,550/\$17,100 (incl ded)
Co-Insurance	40%	0%	50%	0%
Office Visits				
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+	No charge visits 1-3; \$10 ded waived visits 4+	No charge visits 1-3; 50% after ded visits 4+	No charge visits 1-3; 0% after ded visits 4+
Specialist	\$65 ded waived	\$55 ded waived	50% after ded	0% after ded
Inpatient Services				
Inpatient Hospital	40% after ded; pre-auth req	0% after ded; pre-auth req	50% after ded; pre-auth req	0% after ded; pre-auth req
Mental Health Inpatient	40% after ded; pre-auth req	0% after ded; pre-auth req	50% after ded; pre-auth req	0% after ded; pre-auth req
Outpatient Services				
Outpatient Facility	\$350 after ded; pre-auth req	0% after ded; pre-auth req	50% after ded; pre-auth req	0% after ded; pre-auth req
Lab/X-Ray	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	50% after ded; pre-auth req	0% after ded; pre-auth req
Mental Health Outpatient	\$35 ded waived	\$10 ded waived	50% after ded	0% after ded
Emergency Care				
Emergency Room	40% after ded	0% after ded	50% after ded	0% after ded
Urgent Care	\$75 ded waived	\$75 ded waived	\$75 ded waived	\$75 ded waived
Single	2 x \$795.84	2 x \$769.80	2 x \$688.65	2 x \$653.56
EE with Spouse	0 x \$1,591.69	0 x \$1,539.61	0 x \$1,377.30	0 x \$1,307.13
EE with Child(ren)	0 x \$1,352.94	0 x \$1,308.67	0 x \$1,170.70	0 x \$1,111.06
Family	0 x \$2,268.15	0 x \$2,193.93	0 x \$1,962.66	0 x \$1,862.68
	2 \$1,591.68	2 \$1,539.60	2 \$1,377.30	2 \$1,307.12
Monthly Cost	2 \$1,331.00			

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