

Prepared For: **Emblem 2016 4th qtr Albany**

Albany County, NY 12007

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Health Plan Comparison Report (4L)

Effective Date: 10/01/2016

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SIC: 0000

	EmblemHealth Platinum HMO 15/35		EmblemHealth Gold HMO 40/60		EmblemHealth Silver HMO 35/55		EmblemHealth Bronze HMO HD6300	
	In-Network		In-Network		In-Network		In-Network	Out-Network
Prescription Drugs								
Drug Card	10/30/60		15/35/75/100 ded		15/35/75/100 ded		0%/0%/0% IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		\$200/\$400		\$3,000/\$6,000		\$6,300/\$12,600	
Individual/Family OOP Limit	\$2,000/\$4,000		\$5,500/\$11,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,300/\$12,600 (incl ded)	
Co-Insurance	N/A		0%		30%		0%	
Office Visits								
Primary Care	\$15		\$40 after ded		\$35 ded waived		0% after ded	
Specialist	\$35		\$60 after ded		\$55 ded waived		0% after ded	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$1,500/admit after ded		30% after ded		0% after ded	
Mental Health Inpatient	\$500/admit		\$1,500/admit after ded		30% after ded		0% after ded	
Outpatient Services								
Outpatient Facility	\$100		\$150 after ded		30% after ded		0% after ded	
Lab/X-Ray	\$35		\$60 after ded		\$55 ded waived		0% after ded	
Mental Health Outpatient	\$15		\$40 after ded		\$35 ded waived		0% after ded	
Emergency Care								
Emergency Room	\$100 (waived if admitted)		\$200 (waived if admitted) after ded		\$200 (waived if admitted) ded waived		0% after ded	
Urgent Care	\$55		\$60 after ded		\$60 ded waived		0% after ded	
Single	1 x	\$978.57	1 x	\$800.74	1 x	\$711.95	1 x	\$577.91
EE with Spouse	0 x	\$1,957.13	0 x	\$1,601.48	0 x	\$1,423.90	0 x	\$1,155.83
EE with Child(ren)	0 x	\$1,663.55	0 x	\$1,361.26	0 x	\$1,210.32	0 x	\$982.45
Family	1 x	\$2,788.93	1 x	\$2,282.12	1 x	\$2,029.06	1 x	\$1,647.06
Monthly Cost	2	\$3,767.50	2	\$3,082.86	2	\$2,741.01	2	\$2,224.97
Annual Cost		\$45,210.00		\$36,994.32		\$32,892.12		\$26,699.64

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