

	EmblemHealth EmblemHealth Platinum Choice (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Gold Choice (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Gold Value (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Silver Choice (HMOc) (UCR=N/A)	
	non-gated		non-gated		gated		non-gated	
	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	\$200/\$400		\$750/\$1,500		\$3,000/\$6,000		\$2,800/\$5,600	
Individual/Family OOP Limit	\$2,200/\$4,400 (incl ded)		\$5,000/\$10,000 (incl ded)		\$3,000/\$6,000 (incl ded)		\$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	\$100 after ded; pre-auth req		\$150 after ded		0% after ded; pre-auth req		\$200 after ded	
Lab/X-Ray	Lab-PCP-\$15 ded waived; SP-\$35 ded waived; X-ray-PCP-\$15 after ded; SP-\$35 after ded		Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30 after ded; SP-\$50 after ded		Lab-PCP-\$45 ded waived; SP-\$65 ded waived; X-ray-0% after ded		Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30 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 \$902.72		1 x \$766.75		1 x \$709.23		1 x \$623.38	
EE with Spouse	0 x \$1,805.44		0 x \$1,533.50		0 x \$1,418.46		0 x \$1,246.76	
EE with Child(ren)	0 x \$1,534.62		0 x \$1,303.48		0 x \$1,205.69		0 x \$1,059.75	
Family	1 x \$2,572.75		1 x \$2,185.24		1 x \$2,021.31		1 x \$1,776.63	
Monthly Cost	2 \$3,475.47		2 \$2,951.99		2 \$2,730.54		2 \$2,400.01	
Annual Cost	\$41,705.64		\$35,423.88		\$32,766.48		\$28,800.12	

Prepared For: **Emblem 2019 1st qtr Select Care New York City**

New York County, NY 10001

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Health Plan Comparison Report (4L)

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	EmblemHealth EmblemHealth Silver Value (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Bronze Value (HMOc) (UCR=N/A)	
	gated		gated	
	In-Network		In-Network	
Prescription Drugs				
Drug Card	10/0%/0% IntDed T2-3		30/0%/0% IntDed T2-3	
Cost Share Information				
Individual/Family Deductible	\$6,300/\$12,600		\$7,690/\$15,380	
Individual/Family OOP Limit	\$6,300/\$12,600 (incl ded)		\$7,690/\$15,380 (incl ded)	
Co-Insurance	0%		0%	
Office Visits				
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+		No charge visits 1-3; 0% after ded visits 4+	
Specialist	\$70 ded waived		0% after ded	
Inpatient Services				
Inpatient Hospital	0% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Inpatient	0% after ded; pre-auth req		0% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	0% after ded; pre-auth req		0% after ded; pre-auth req	
Lab/X-Ray	Lab-\$35 ded waived; X-ray-0% after ded		Lab-\$20 ded waived; X-ray-0% after ded	
Mental Health Outpatient	\$35 ded waived		0% after ded	
Emergency Care				
Emergency Room	0% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived	
Single	1 x	\$576.71	1 x	\$509.96
EE with Spouse	0 x	\$1,153.42	0 x	\$1,019.92
EE with Child(ren)	0 x	\$980.41	0 x	\$866.93
Family	1 x	\$1,643.62	1 x	\$1,453.39
Monthly Cost	2	\$2,220.33	2	\$1,963.35
Annual Cost		\$26,643.96		\$23,560.20