

	EmblemHealth EH Platinum Choice NG Select Care (HMOc) (UCR=N/A)		EmblemHealth EH Gold Choice NG Select Care (HMOc) (UCR=N/A)		EmblemHealth EH Gold Value G Select Care (HMOc) (UCR=N/A)		EmblemHealth EH Silver Choice NG Select Care (HMOc) (UCR=N/A)	
	In-Network		In-Network		In-Network		In-Network	
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	\$1,047.44	1 x	\$889.66	1 x	\$822.93	1 x	\$723.30
EE with Spouse	0 x	\$2,094.88	0 x	\$1,779.33	0 x	\$1,645.85	0 x	\$1,446.60
EE with Child(ren)	0 x	\$1,780.64	0 x	\$1,512.43	0 x	\$1,398.97	0 x	\$1,229.61
Family	1 x	\$2,985.20	1 x	\$2,535.55	1 x	\$2,345.34	1 x	\$2,061.41
Monthly Cost	2	\$4,032.64	2	\$3,425.21	2	\$3,168.27	2	\$2,784.71
Annual Cost		\$48,391.68		\$41,102.52		\$38,019.24		\$33,416.52

Prepared For: **Emblem 2019 2nd qtr Select Care Long Island**

Nassau County, NY 11565

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**Health Plan Comparison Report (4L)**

Effective Date: 04/01/2019

Prepared On: 01/22/2019

Report ID: 36074834

SIC: 0000

	EmblemHealth EH Silver Value G Select Care (HMOc) (UCR=N/A)		EmblemHealth EH Bronze Value G Select Care (HMOc) (UCR=N/A)	
	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	\$669.15	1 x	\$591.70
EE with Spouse	0 x	\$1,338.30	0 x	\$1,183.40
EE with Child(ren)	0 x	\$1,137.56	0 x	\$1,005.89
Family	1 x	\$1,907.08	1 x	\$1,686.36
Monthly Cost	2	\$2,576.23	2	\$2,278.06
Annual Cost		\$30,914.76		\$27,336.72