Prepared For: **Emblem 2019 3rd qtr Pime Long Island**

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 07/01/2019 Prepared On: 04/29/2019

Report ID: 36397010 SIC: 0000

	EmblemHealth EH Platinum Premier NG Prime (HMO) (UCR=N/A)	EmblemHealth EH Gold Premier NG Prime (HMOc) (UCR=N/A)	EmblemHealth EH Gold Plus G Prime (HMOc) (UCR=N/A)	EmblemHealth EH Gold Premier 1 NG Prime (HMOc) (UCR=N/A)
	In-Network	**In-Network**	**In-Network**	**In-Network**
Prescription Drugs				
Drug Card	15/30/70	10/30/70	15/30/70	15/45/70/100 ded T2-3
Cost Share Information				
Individual/Family Deductible	N/A	$450/$900	$550/$1,100	$2,000/$4,000
Individual/Family OOP Limit	$2,000/$4,000	$4,000/$8,000 (incl ded)	$4,500/$9,000 (incl ded)	$6,800/$13,600 (incl ded)
Co-Insurance	0%	0%	0%	30%
Office Visits				
Primary Care	No charge visits 1-3; $15 visits 4+	No charge visits 1-3; $30 ded waived visits 4+	No charge visits 1-3; $40 ded waived visits 4+	$30 ded waived
Specialist	$35	$50 ded waived	$60 ded waived	$60 ded waived
Inpatient Services				
Inpatient Hospital	$500/admit; pre-auth req	$1,000/admit after ded	$1,500/admit after ded; pre-auth req	30% after ded
Mental Health Inpatient	$500/admit; pre-auth req	$1,000/admit after ded	$1,500/admit after ded; pre-auth req	30% after ded
Outpatient Services				
Outpatient Facility	$100; pre-auth req	$150 after ded	$150 after ded; pre-auth req	30% after ded
Lab/X-Ray	PCP-$15; SP-$35	Lab-PCP-$30 ded waived; SP-$50 ded waived; X-ray-PCP-$30 after ded; SP-$50 after ded	Lab-PCP-$40 ded waived; SP-$60 ded waived/X-ray-PCP-$40 after ded; SP-$60 after ded	Lab-No charge; X-ray-30% after ded
Mental Health Outpatient	$15	$30 ded waived	$40 ded waived	$60 ded waived
Emergency Care				
Emergency Room	$200 (waived if admitted)	$300 (waived if admitted) after ded	$300 (waived if admitted) after ded	$500 (waived if admitted) after ded
Urgent Care	$75	$75 ded waived	$75 ded waived	$75 ded waived
Single	1 x $1,213.30	1 x $1,066.06	1 x $998.23	1 x $940.07
EE with Spouse	0 x $2,426.61	0 x $2,132.14	0 x $1,996.47	0 x $1,880.15
EE with Child(ren)	0 x $2,062.61	0 x $1,812.32	0 x $1,696.99	0 x $1,598.13
Family	1 x $3,457.91	1 x $3,038.29	1 x $2,844.96	1 x $2,679.20
Monthly Cost	2 $4,671.21	2 $4,104.35	2 $3,843.19	2 $3,619.27
Annual Cost	$56,054.52	$49,252.20	$46,118.28	$43,431.24

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	EmblemHealth EH Gold Plus 1 G Prime (HMOc) (UCR=N/A)	EmblemHealth EH Silver Premier NG Prime (HMOc) (UCR=N/A)	EmblemHealth EH Silver Plus 1 NG Prime (HMOc) (UCR=N/A)	EmblemHealth EH Silver Premier 1 G Prime (HMOc) (UCR=N/A)
	In-Network	**In-Network**	**In-Network**	**In-Network**
Prescription Drugs				
Drug Card	15/35/75/100 ded T2-3	15/35/75	15/65/85/200 ded T2-3	20/45/75/200 ded T2-3
Cost Share Information				
Individual/Family Deductible	$1,000/$2,000	$3,300/$6,600	$3,000/$6,000	$2,700/$5,400
Individual/Family OOP Limit	$4,000/$8,000 (incl ded)	$7,000/$14,000 (incl ded)	$7,000/$14,000 (incl ded)	$7,300/$14,600 (incl ded)
Co-Insurance	0%	0%	50%	30%
Office Visits				
Primary Care	$30 ded waived	No charge visits 1-3; $30 ded waived visits 4+	$35 ded waived	$40 ded waived
Specialist	$60 ded waived	$55 ded waived	$55 ded waived	$70 ded waived
Inpatient Services				
Inpatient Hospital	$500/day after ded; $2,000 max/admit; pre-auth req	$2,000/admit after ded	50% after ded	30% after ded; pre-auth req
Mental Health Inpatient	$500/day after ded; $2,000 max/admit; pre-auth req	$2,000/admit after ded	50% after ded	30% after ded; pre-auth req
Outpatient Services				
Outpatient Facility	$250 after ded; pre-auth req	$200 after ded	50% after ded	30% after ded; pre-auth req
Lab/X-Ray	Lab-No charge; X-ray-PCP-$30 after ded; SP-$60 after ded	Lab-PCP-$30 ded waived; SP-$55 ded waived; X-ray-PCP-$30 after ded; SP-$55 after ded	Lab-$35 ded waived; X-ray-50% after ded	Lab-$40 ded waived; X-ray-30% after ded
Mental Health Outpatient	$60 ded waived	$30 ded waived	$55 ded waived	$70 ded waived
Emergency Care				
Emergency Room	$300 (waived if admitted) after ded	$500 (waived if admitted) after ded	$700 (waived if admitted) after ded	30% after ded
Urgent Care	$75 ded waived	$75 ded waived	$75 ded waived	$75 ded waived
Single	1 x $931.96	1 x $830.41	1 x $817.59	1 x $803.93
EE with Spouse	0 x $1,863.92	0 x $1,660.84	0 x $1,635.17	0 x $1,607.88
EE with Child(ren)	0 x $1,584.34	0 x $1,411.71	0 x $1,389.90	0 x $1,366.69
Family	1 x $2,656.08	1 x $2,366.69	1 x $2,330.12	1 x $2,291.23
Monthly Cost	2 $3,588.04	2 $3,197.10	2 $3,147.71	2 $3,095.16
Annual Cost	$43,056.48	$38,365.20	$37,772.52	$37,141.92

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	EmblemHealth EH Silver Plus G Prime (HMOc) (UCR=N/A)		EmblemHealth EH Bronze Plus HSA G Prime (HSA) (UCR=N/A)	
	In-Network		**In-Network**	**Out-Network**
Prescription Drugs				
Drug Card	20/40/75		10/35/75 IntDed	
Cost Share Information				
Individual/Family Deductible	$2,550/$5,100		$5,500/$11,000	
Individual/Family OOP Limit	$7,300/$14,600 (incl ded)		$6,550/$13,100 (incl ded)	
Co-Insurance	0%		50%	
Office Visits				
Primary Care	No charge visits 1-3; $40 after ded visits 4+		50% after ded	
Specialist	$60 after ded		50% after ded	
Inpatient Services				
Inpatient Hospital	$2,000/admit after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Inpatient	$2,000/admit after ded; pre-auth req		50% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	$200 after ded; pre-auth req		50% after ded; pre-auth req	
Lab/X-Ray	Lab-PCP-$40 ded waived; SP-$60 ded waived; X-ray-PCP-$40 after ded; SP-$60 after ded		50% after ded	
Mental Health Outpatient	$40 after ded		50% after ded	
Emergency Care				
Emergency Room	$500 (waived if admitted) after ded		50% after ded	
Urgent Care	$75 ded waived		50% after ded	
Single	1 x $781.73		1 x $672.98	
EE with Spouse	0 x $1,563.45		0 x $1,345.94	
EE with Child(ren)	0 x $1,328.94		0 x $1,144.05	
Family	1 x $2,227.91		1 x $1,917.97	
Monthly Cost	2 $3,009.64		2 $2,590.95	
Annual Cost	$36,115.68		$31,091.40	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible