

	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 \$1,068.39		1 x \$907.45		1 x \$839.39		1 x \$737.77	
EE with Spouse	0 x \$2,136.78		0 x \$1,814.92		0 x \$1,678.77		0 x \$1,475.53	
EE with Child(ren)	0 x \$1,816.25		0 x \$1,542.68		0 x \$1,426.95		0 x \$1,254.20	
Family	1 x \$3,044.90		1 x \$2,586.26		1 x \$2,392.25		1 x \$2,102.64	
Monthly Cost	2 \$4,113.29		2 \$3,493.71		2 \$3,231.64		2 \$2,840.41	
Annual Cost	\$49,359.48		\$41,924.52		\$38,779.68		\$34,084.92	

Prepared For: **Emblem 2019 3rd qtr Select Care Long Island**

Nassau County, NY 11565

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

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Prepared On: 04/29/2019

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	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	\$682.53	1 x	\$603.53
EE with Spouse	0 x	\$1,365.07	0 x	\$1,207.07
EE with Child(ren)	0 x	\$1,160.31	0 x	\$1,026.01
Family	1 x	\$1,945.22	1 x	\$1,720.09
Monthly Cost	2	\$2,627.75	2	\$2,323.62
Annual Cost		\$31,533.00		\$27,883.44

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