Prepared For: **Emblem 2019 4th qtr NY City Select**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 10/01/2019 Prepared On: 08/05/2019

Report ID: 36685672 SIC: 0000

	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**
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 $957.97	1 x $813.68	1 x $752.64	1 x $661.54
EE with Spouse	0 x $1,915.95	0 x $1,627.36	0 x $1,505.29	0 x $1,323.07
EE with Child(ren)	0 x $1,628.55	0 x $1,383.26	0 x $1,279.49	0 x $1,124.62
Family	1 x $2,730.22	1 x $2,318.99	1 x $2,145.03	1 x $1,885.37
Monthly Cost	2 $3,688.19	2 $3,132.67	2 $2,897.67	2 $2,546.91
Annual Cost	$44,258.28	$37,592.04	$34,772.04	$30,562.92

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

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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 $612.00	1 x $541.17
EE with Spouse	0 x $1,224.02	0 x $1,082.35
EE with Child(ren)	0 x $1,040.42	0 x $920.00
Family	1 x $1,744.22	1 x $1,542.35
Monthly Cost	2 $2,356.22	2 $2,083.52
Annual Cost	$28,274.64	$25,002.24

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