

| | HealthFirst Gold Pro EPO (EPO) (UCR=N/A) | | HealthFirst Gold 25/50/0 Pro EPO (EPO) (UCR=N/A) | | HealthFirst Silver Pro EPO (EPOc) (UCR=N/A) | |
|-----------------------------------|---|-------------|---|-------------|--|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | |
| Drug Card | 10/50/85 | | 10/50/85 | | 20/60/110 | |
| Cost Share Information | | | | | | |
| Individual/Family Deductible | N/A | | N/A | | \$4,300/\$8,600 | |
| Individual/Family OOP Limit | \$5,000/\$10,000 (includ ed) | | \$7,000/\$14,000 (includ ed) | | \$8,150/\$16,300 (includ ed) | |
| Co-Insurance | 0% | | 0% | | 40% | |
| Office Visits | | | | | | |
| Primary Care | \$25 | | \$25 | | \$35 ded waived | |
| Specialist | \$40 | | \$50 | | \$70 ded waived | |
| Maternity Prenatal/Postnatal Care | No charge | | No charge | | No charge | |
| Chiropractic Care | \$40 | | \$50 | | \$70 ded waived | |
| Inpatient Services | | | | | | |
| Inpatient Hospital | \$500/admit | | \$500/admit | | 40% after ded | |
| Mental Health Inpatient | \$500/admit | | \$500/admit | | 40% after ded | |
| Substance Abuse Inpatient | \$500/admit | | \$500/admit | | 40% after ded | |
| Outpatient Services | | | | | | |
| Outpatient Facility | \$300 | | \$300 | | 40% after ded | |
| Lab/X-Ray | PCP-\$25; SP-\$40 | | PCP-\$25; SP-\$50 | | PCP-\$35 ded waived; SP-\$70 ded waived | |
| Advanced Radiology | \$40 | | \$50 | | \$70 ded waived | |
| Mental Health Outpatient | \$25 | | \$25 | | \$35 ded waived | |
| Substance Abuse Outpatient | \$25 | | \$25 | | \$35 ded waived | |
| Emergency Care | | | | | | |
| Emergency Room | \$350 (waived if admitted) | | \$350 (waived if admitted) | | \$600 (waived if admitted) after ded | |
| Ambulance | \$150 | | \$150 | | \$300 after ded | |
| Urgent Care | \$60 | | \$60 | | \$70 ded waived | |
| Recovery/Special Needs | | | | | | |
| Home Health Care | \$25; 40 visits/plan yr | | \$25; 40 visits/plan yr | | \$35 after ded; 40 visits/plan yr | |
| Skilled Nursing | \$500/admit; 200 days/plan yr | | \$500/admit; 200 days/plan yr | | 40% after ded; 200 days/plan yr | |
| Durable Medical Equipment | 15% | | 15% | | 40% after ded | |
| Single | 2 x \$762.44 | | 2 x \$731.95 | | 2 x \$655.13 | |
| EE with Spouse | 0 x \$1,524.88 | | 0 x \$1,463.90 | | 0 x \$1,310.26 | |
| EE with Child(ren) | 0 x \$1,296.15 | | 0 x \$1,244.32 | | 0 x \$1,113.72 | |
| Family | 0 x \$2,172.95 | | 0 x \$2,086.06 | | 0 x \$1,867.12 | |
| Monthly Cost | 2 \$1,524.88 | | 2 \$1,463.90 | | 2 \$1,310.26 | |
| Annual Cost | \$18,298.56 | | \$17,566.80 | | \$15,723.12 | |

| | HealthFirst Silver 40/75/4700 Pro EPO (EPOc) (UCR=N/A) | | HealthFirst Bronze Pro EPO (HSA Compatible) (HSA) (UCR=N/A) | | HealthFirst Bronze 6650 Pro EPO (HSA Compatible) (HSA) (UCR=N/A) | |
|-----------------------------------|--|-------------|---|-------------|--|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | |
| Drug Card | 20/60/110 | | 20%/20%/20% IntDed | | 0%/0%/0% IntDed | |
| Cost Share Information | | | | | | |
| Individual/Family Deductible | \$4,700/\$9,400 | | \$4,500/\$9,000 | | \$6,650/\$13,300 | |
| Individual/Family OOP Limit | \$7,900/\$15,800 (incl ded) | | \$6,750/\$13,500 (incl ded) | | \$6,650/\$13,300 (incl ded) | |
| Co-Insurance | 45% | | 20% | | 0% | |
| Office Visits | | | | | | |
| Primary Care | \$40 ded waived | | 20% after ded | | 0% after ded | |
| Specialist | \$75 ded waived | | 20% after ded | | 0% after ded | |
| Maternity Prenatal/Postnatal Care | No charge | | No charge | | No charge | |
| Chiropractic Care | \$75 ded waived | | 20% after ded | | 0% after ded | |
| Inpatient Services | | | | | | |
| Inpatient Hospital | 45% after ded | | 20% after ded | | 0% after ded | |
| Mental Health Inpatient | 45% after ded | | 20% after ded | | 0% after ded | |
| Substance Abuse Inpatient | 45% after ded | | 20% after ded | | 0% after ded | |
| Outpatient Services | | | | | | |
| Outpatient Facility | 45% after ded | | 20% after ded | | 0% after ded | |
| Lab/X-Ray | PCP-\$40 ded waived; SP-\$75 ded waived | | 20% after ded | | 0% after ded | |
| Advanced Radiology | \$75 ded waived | | 20% after ded | | 0% after ded | |
| Mental Health Outpatient | \$40 ded waived | | 20% after ded | | 0% after ded | |
| Substance Abuse Outpatient | \$40 ded waived | | 20% after ded | | 0% after ded | |
| Emergency Care | | | | | | |
| Emergency Room | \$600 (waived if admitted) after ded | | 20% after ded | | 0% after ded | |
| Ambulance | \$300 after ded | | 20% after ded | | 0% after ded | |
| Urgent Care | \$75 ded waived | | 20% after ded | | 0% after ded | |
| Recovery/Special Needs | | | | | | |
| Home Health Care | \$40 after ded; 40 visits/plan yr | | 20% after ded; 40 visits/plan yr | | 0% after ded; 40 visits/plan yr | |
| Skilled Nursing | 45% after ded; 200 days/plan yr | | 20% after ded; 200 days/plan yr | | 0% after ded; 200 days/plan yr | |
| Durable Medical Equipment | 45% after ded | | 20% after ded | | 0% after ded | |
| Single | 2 x \$637.44 | | 2 x \$547.75 | | 2 x \$518.71 | |
| EE with Spouse | 0 x \$1,274.88 | | 0 x \$1,095.50 | | 0 x \$1,037.42 | |
| EE with Child(ren) | 0 x \$1,083.65 | | 0 x \$931.18 | | 0 x \$881.81 | |
| Family | 0 x \$1,816.70 | | 0 x \$1,561.09 | | 0 x \$1,478.32 | |
| Monthly Cost | 2 \$1,274.88 | | 2 \$1,095.50 | | 2 \$1,037.42 | |
| Annual Cost | \$15,298.56 | | \$13,146.00 | | \$12,449.04 | |

Prepared For: healthfirst 2020 4th qtr Pro
 New York County, NY 10001
 Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (3P)
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 Report ID: 37975813
 Prepared On: 10/19/2020
 SIC: 0000

| | HealthFirst Bronze 8150 Pro EPO (EPOc) (UCR=N/A) | |
|--------------------------------------|---|--------------------|
| | In-Network | Out-Network |
| Prescription Drugs | | |
| Drug Card | 0%/0%/0% IntDed | |
| Cost Share Information | | |
| Individual/Family Deductible | \$8,150/\$16,300 | |
| Individual/Family OOP Limit | \$8,150/\$16,300 (includ ded) | |
| Co-Insurance | 0% | |
| Office Visits | | |
| Primary Care | 0% after ded | |
| Specialist | 0% after ded | |
| Maternity Prenatal/Postnatal Care | No charge | |
| Chiropractic Care | 0% after ded | |
| Inpatient Services | | |
| Inpatient Hospital | 0% after ded | |
| Mental Health Inpatient | 0% after ded | |
| Substance Abuse Inpatient | 0% after ded | |
| Outpatient Services | | |
| Outpatient Facility | 0% after ded | |
| Lab/X-Ray | 0% after ded | |
| Advanced Radiology | 0% after ded | |
| Mental Health Outpatient | 0% after ded | |
| Substance Abuse Outpatient | 0% after ded | |
| Emergency Care | | |
| Emergency Room | 0% after ded | |
| Ambulance | 0% after ded | |
| Urgent Care | 0% after ded | |
| Recovery/Special Needs | | |
| Home Health Care | 0% after ded; 40 visits/plan yr | |
| Skilled Nursing | 0% after ded; 200 days/plan yr | |
| Durable Medical Equipment | 0% after ded | |
| Single | 2 x | \$499.61 |
| EE with Spouse | 0 x | \$999.22 |
| EE with Child(ren) | 0 x | \$849.34 |
| Family | 0 x | \$1,423.89 |
| Monthly Cost | 2 | \$999.22 |
| Annual Cost | | \$11,990.64 |

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