Prepared For: **Emblem 2021 3rd qtr Millenium Nassau Suffolk**

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 07/01/2021 Prepared On: 04/20/2021

Report ID: 38287543 SIC: 0000

	Emblem Millennium EmblemHealth Platinum Premier Gated-M (HMO) (UCR=N/A)	**Emblem Millennium EmblemHealth Platinum Value Gated-M (HMOc) (UCR=N/A)**	**Emblem Millennium EmblemHealth Gold Premier Gated-M (HMOc) (UCR=N/A)**	**Emblem Millennium EmblemHealth Gold Value Gated-M (HMOc) (UCR=N/A)**
	In-Network	**In-Network**	**In-Network**	**In-Network**
Prescription Drugs				
Drug Card	0/30/65	0/30/60 IntDed T2-3	0/40/80	0/40/80 IntDed T2-3
Cost Share Information				
Individual/Family Deductible	N/A	$250/$500	$450/$900	$2,300/$4,600
Individual/Family OOP Limit	$2,000/$4,000	$2,500/$5,000 (incl ded)	$5,600/$11,200 (incl ded)	$5,300/$10,600 (incl ded)
Co-Insurance	20%	20%	30%	30%
Office Visits				
Primary Care	No charge visits 1-3; $15 visits 4+	No charge visits 1-3; $15 ded waived visits 4+	No charge visits 1-3; $25 ded waived visits 4+	No charge visits 1-3; $25 ded waived visits 4+
Specialist	$35	$35 ded waived	$40 ded waived	$40 ded waived
Inpatient Services				
Inpatient Hospital	20%; pre-auth req	20% after ded; pre-auth req	30% after ded; pre-auth req	30% after ded; pre-auth req
Mental Health Inpatient	20%; pre-auth req	20% after ded; pre-auth req	30% after ded; pre-auth req	30% after ded; pre-auth req
Outpatient Services				
Outpatient Facility	$250; pre-auth req	$250 after ded; pre-auth req	$350 after ded; pre-auth req	$350 after ded; pre-auth req
Lab/X-Ray	$15/$35 (PCP/SP); pre-auth req	Lab-$15/$35 ded waived (PCP/SP)/X-ray-$15/$35 after ded (PCP/SP); pre-auth req	Lab-$25/$40 ded waived (PCP/SP)/X-ray-$25/$40 after ded (PCP/SP); pre-auth req	Lab-$25/$40 ded waived (PCP/SP)/X-ray-$25/$40 after ded (PCP/SP); pre-auth req
Mental Health Outpatient	$15	$15 ded waived	$25 ded waived	$25 ded waived
Emergency Care				
Emergency Room	$400 (waived if admitted)	$400 (waived if admitted) after ded	$800 (waived if admitted) after ded	$800 (waived if admitted) after ded
Urgent Care	$75	$75 ded waived	$75 ded waived	$75 ded waived
Single	2 x $1,215.11	2 x $1,181.18	2 x $989.37	2 x $934.70
EE with Spouse	0 x $2,430.22	0 x $2,362.38	0 x $1,978.74	0 x $1,869.42
EE with Child(ren)	0 x $2,065.69	0 x $2,008.02	0 x $1,681.92	0 x $1,589.00
Family	0 x $3,463.08	0 x $3,366.39	0 x $2,819.70	0 x $2,663.92
Monthly Cost	2 $2,430.22	2 $2,362.36	2 $1,978.74	2 $1,869.40
Annual Cost	$29,162.64	$28,348.32	$23,744.88	$22,432.80

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	Emblem Millennium EmblemHealth Gold Virtual EPO Gated-M (EPOc) (UCR=N/A)		**Emblem Millennium EmblemHealth Silver Premier Gated-M (HMOc) (UCR=N/A)**		**Emblem Millennium EmblemHealth Silver Value Gated-M (HMOc) (UCR=N/A)**		**Emblem Millennium EmblemHealth Bronze Premier Gated-M (HMOc) (UCR=N/A)**	
	In-Network	**Out-Network**	**In-Network**		**In-Network**		**In-Network**	
Prescription Drugs								
Drug Card	0/40/80 IntDed T2-3		0/40/80		0%/0%/0% IntDed T2-3		50/50%/50% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	$1,700/$3,400		$3,600/$7,200		$6,700/$13,400		$5,300/$10,600	
Individual/Family OOP Limit	$8,200/$16,400 (incl ded)		$7,800/$15,600 (incl ded)		$6,700/$13,400 (incl ded)		$8,450/$16,900 (incl ded)	
Co-Insurance	30%		40%		0%		50%	
Office Visits								
Primary Care	$40 ded waived (No charge preferred provider)		No charge visits 1-3; $35 ded waived visits 4+		No charge visits 1-3; $10 ded waived visits 4+		No charge visits 1-3; 50% after ded visits 4+	
Specialist	$60 ded waived		$65 ded waived		$55 ded waived		50% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded; pre-auth req		40% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Inpatient	30% after ded; pre-auth req		40% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Outpatient Services								
Outpatient Facility	$350 after ded; pre-auth req		$350 after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Lab/X-Ray	Lab-$0/$60 ded waived (PCP/SP)/X-ray-$40/$60 after ded (PCP/SP); pre-auth req		Lab-$35/$65 ded waived (PCP/SP)/X-ray-$35/$65 after ded (PCP/SP); pre-auth req		Lab-$10/$55 ded waived (PCP/SP); X-ray-0% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Outpatient	$40 ded waived		$35 ded waived		$10 ded waived		50% after ded	
Emergency Care								
Emergency Room	40% after ded		40% after ded		0% after ded		50% after ded	
Urgent Care	$75 ded waived		$75 ded waived		$75 ded waived		$75 ded waived	
Single	2 x $902.12		2 x $847.11		2 x $819.16		2 x $732.11	
EE with Spouse	0 x $1,804.24		0 x $1,694.23		0 x $1,638.34		0 x $1,464.23	
EE with Child(ren)	0 x $1,533.61		0 x $1,440.09		0 x $1,392.59		0 x $1,244.59	
Family	0 x $2,571.04		0 x $2,414.28		0 x $2,334.63		0 x $2,086.51	
Monthly Cost	2 $1,804.24		2 $1,694.22		2 $1,638.32		2 $1,464.22	
Annual Cost	$21,650.88		$20,330.64		$19,659.84		$17,570.64	

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

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	In-Network
Prescription Drugs	
Drug Card	35/0%/0% IntDed T2-3
Cost Share Information	
Individual/Family Deductible	$8,550/$17,100
Individual/Family OOP Limit	$8,550/$17,100 (incl ded)
Co-Insurance	0%
Office Visits	
Primary Care	No charge visits 1-3; 0% after ded visits 4+
Specialist	0% after ded
Inpatient Services	
Inpatient Hospital	0% after ded; pre-auth req
Mental Health Inpatient	0% after ded; pre-auth req
Outpatient Services	
Outpatient Facility	0% after ded; pre-auth req
Lab/X-Ray	0% after ded; pre-auth req
Mental Health Outpatient	0% after ded
Emergency Care	
Emergency Room	0% after ded
Urgent Care	$75 ded waived
Single	2 x $694.46
EE with Spouse	0 x $1,388.93
EE with Child(ren)	0 x $1,180.58
Family	0 x $1,979.21
Monthly Cost	2 $1,388.92
Annual Cost	$16,667.04