

	Emblem Prime EmblemHealth Platinum PPO Non-Gated (PPO) (UCR=80fh%)		Emblem Prime EmblemHealth Platinum Premier Non-Gated-P (HMO) (UCR=N/A)		Emblem Prime EmblemHealth Platinum Value Non-Gated-P (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network		In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	0/30/80		0/30/65		0/30/60 IntDed T2-3	
<b>Cost Share Information</b>						
Individual/Family Deductible	N/A	\$2,600/\$5,200	N/A		\$250/\$500	
Individual/Family OOP Limit	\$2,500/\$5,000	\$5,000/\$10,000 (incl ded)	\$2,000/\$4,000		\$2,500/\$5,000 (incl ded)	
Co-Insurance	0%	30%	20%		20%	
<b>Office Visits</b>						
Primary Care	No charge visits 1-3; \$15 visits 4+	30% after ded	No charge visits 1-3; \$15 visits 4+		No charge visits 1-3; \$15 ded waived visits 4+	
Specialist	\$35	30% after ded	\$35		\$35 ded waived	
Maternity Prenatal/Postnatal Care	No charge	30% after ded	No charge		No charge	
Chiropractic Care	\$35	30% after ded	\$35		\$35 ded waived	
<b>Inpatient Services</b>						
Inpatient Hospital	20%; pre-auth req	30% after ded; pre-auth req	20%; pre-auth req		20% after ded; pre-auth req	
Mental Health Inpatient	20%; pre-auth req	30% after ded; pre-auth req	20%; pre-auth req		20% after ded; pre-auth req	
Substance Abuse Inpatient	20%; pre-auth req	30% after ded; pre-auth req	20%; pre-auth req		20% after ded; pre-auth req	
<b>Outpatient Services</b>						
Outpatient Facility	\$150; pre-auth req	30% after ded; pre-auth req	\$250; pre-auth req		\$250 after ded; pre-auth req	
Lab/X-Ray	\$15/\$35 (PCP/SP); pre-auth req	30% after ded; pre-auth req	\$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	
Advanced Radiology	\$35; pre-auth req	30% after ded; pre-auth req	\$35; pre-auth req		\$35 after ded ; pre-auth req	
Mental Health Outpatient	\$15	30% after ded	\$15		\$15 ded waived	
Substance Abuse Outpatient	\$15	30% after ded	\$15		\$15 ded waived	
<b>Emergency Care</b>						
Emergency Room	\$750 (waived if admitted)	\$750 (waived if admitted) ded waived	\$400 (waived if admitted)		\$400 (waived if admitted) after ded	
Ambulance	20%	20% ded waived	\$250		\$250 after ded	
Urgent Care	\$75	30% after ded	\$75		\$75 ded waived	
<b>Recovery/Special Needs</b>						
Home Health Care	\$35; 40 visits/plan yr; pre-auth req	30% after ded; 40 visits/plan yr; pre-auth req	\$35; 40 visits/plan yr; pre-auth req		\$35 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	20%; 200 days/plan yr; pre-auth req	Not covered	20%; 200 days/plan yr; pre-auth req		20% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	10%; pre-auth req	Not covered	10%; pre-auth req		10% after ded; pre-auth req	
Single	2 x	\$1,269.70	2 x	\$1,259.65	2 x	\$1,224.53
EE with Spouse	0 x	\$2,539.41	0 x	\$2,519.30	0 x	\$2,449.05
EE with Child(ren)	0 x	\$2,158.49	0 x	\$2,141.41	0 x	\$2,081.70
Family	0 x	\$3,618.66	0 x	\$3,590.00	0 x	\$3,489.90
Monthly Cost	2	\$2,539.40	2	\$2,519.30	2	\$2,449.06
Annual Cost		\$30,472.80		\$30,231.60		\$29,388.72

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	Emblem Prime EmblemHealth Gold PPO Non-Gated (PPOc) (UCR=80fh%)		Emblem Prime EmblemHealth Gold Premier Non-Gated-P (HMOc) (UCR=N/A)		Emblem Prime EmblemHealth Gold Virtual EPO Non-Gated-P (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	0/35/100		0/40/80		0/40/80 IntDed T2-3	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$1,300/\$2,600	\$3,500/\$7,000	\$450/\$900		\$500/\$1,000	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$5,600/\$11,200 (incl ded)		\$7,800/\$15,600 (incl ded)	
Co-Insurance	30%	40%	30%		30%	
<b>Office Visits</b>						
Primary Care	No charge visits 1-3; \$25 ded waived visits 4+	40% after ded	No charge visits 1-3; \$25 ded waived visits 4+		\$40 ded waived (No charge preferred provider)	
Specialist	\$40 ded waived	40% after ded	\$40 ded waived		\$60 ded waived	
Maternity Prenatal/Postnatal Care	No charge	40% after ded	No charge		No charge	
Chiropractic Care	\$40 ded waived	40% after ded	\$40 ded waived		\$60 ded waived	
<b>Inpatient Services</b>						
Inpatient Hospital	30% after ded; pre-auth req	40% after ded; pre-auth req	30% after ded; pre-auth req		30% after ded; pre-auth req	
Mental Health Inpatient	30% after ded; pre-auth req	40% after ded; pre-auth req	30% after ded; pre-auth req		30% after ded; pre-auth req	
Substance Abuse Inpatient	30% after ded; pre-auth req	40% after ded; pre-auth req	30% after ded; pre-auth req		30% after ded; pre-auth req	
<b>Outpatient Services</b>						
Outpatient Facility	\$200 after ded; pre-auth req	40% after ded; pre-auth req	\$350 after ded; pre-auth req		\$350 after ded; pre-auth req	
Lab/X-Ray	\$25/\$40 after ded (PCP/SP); pre-auth req	40% after ded; pre-auth req	Lab-\$25/\$40 ded waived (PCP/SP)/X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req		Lab-\$0/\$60 ded waived (PCP/SP)/X-ray-\$40/\$60 after ded (PCP/SP); pre-auth req	
Advanced Radiology	\$40 after ded; pre-auth req	40% after ded; pre-auth req	\$40 after ded; pre-auth req		\$60 after ded; pre-auth req	
Mental Health Outpatient	\$25 ded waived	40% after ded	\$25 ded waived		\$40 ded waived	
Substance Abuse Outpatient	\$25 ded waived	40% after ded	\$25 ded waived		\$40 ded waived	
<b>Emergency Care</b>						
Emergency Room	\$1,000 (waived if admitted) after ded	\$1,000 (waived if admitted) after ded	\$800 (waived if admitted) after ded		40% after ded	
Ambulance	30% after ded	30% after ded	\$350 after ded		\$350 after ded	
Urgent Care	\$75 ded waived	40% after ded	\$75 ded waived		\$75 ded waived	
<b>Recovery/Special Needs</b>						
Home Health Care	\$40 after ded; 40 visits/plan yr; pre-auth req	40% after ded; 40 visits/plan yr; pre-auth req	\$40 after ded; 40 visits/plan yr; pre-auth req		\$60 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	30% after ded; 200 days/plan yr; pre-auth req	Not covered	30% after ded; 200 days/plan yr; pre-auth req		30% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	20% after ded; pre-auth req	Not covered	20% after ded; pre-auth req		20% after ded; pre-auth req	
Single	2 x \$1,027.10		2 x \$1,025.95		2 x \$971.13	
EE with Spouse	0 x \$2,054.20		0 x \$2,051.91		0 x \$1,942.26	
EE with Child(ren)	0 x \$1,746.08		0 x \$1,744.12		0 x \$1,650.93	
Family	0 x \$2,927.23		0 x \$2,923.98		0 x \$2,767.71	
Monthly Cost	2 \$2,054.20		2 \$2,051.90		2 \$1,942.26	
Annual Cost	\$24,650.40		\$24,622.80		\$23,307.12	

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	Emblem Prime EmblemHealth Gold Value Non-Gated-P (HMOc) (UCR=N/A)		Emblem Prime EmblemHealth Silver Premier Non-Gated-P (HMOc) (UCR=N/A)		Emblem Prime EmblemHealth Silver Value Non-Gated-P (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	0/40/80 IntDed T2-3		0/40/80		0%/0%/0% IntDed T2-3	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$2,300/\$4,600		\$3,600/\$7,200		\$6,700/\$13,400	
Individual/Family OOP Limit	\$5,300/\$10,600 (incl ded)		\$7,800/\$15,600 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	30%		40%		0%	
<b>Office Visits</b>						
Primary Care	No charge visits 1-3; \$25 ded waived visits 4+		No charge visits 1-3; \$35 ded waived visits 4+		No charge visits 1-3; \$10 ded waived visits 4+	
Specialist	\$40 ded waived		\$65 ded waived		\$55 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$40 ded waived		\$65 ded waived		\$55 ded waived	
<b>Inpatient Services</b>						
Inpatient Hospital	30% after ded; pre-auth req		40% after ded; pre-auth req		0% 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	
Substance Abuse Inpatient	30% after ded; pre-auth req		40% after ded; pre-auth req		0% after ded; pre-auth req	
<b>Outpatient Services</b>						
Outpatient Facility	\$350 after ded; pre-auth req		\$350 after ded; pre-auth req		0% after ded; pre-auth req	
Lab/X-Ray	Lab-\$25/\$40 ded waived (PCP/SP)/X-ray-\$25/\$40 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	
Advanced Radiology	\$40 after ded; pre-auth req		\$65 after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Outpatient	\$25 ded waived		\$35 ded waived		\$10 ded waived	
Substance Abuse Outpatient	\$25 ded waived		\$35 ded waived		\$10 ded waived	
<b>Emergency Care</b>						
Emergency Room	\$800 (waived if admitted) after ded		40% after ded		0% after ded	
Ambulance	\$350 after ded		\$350 after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived	
<b>Recovery/Special Needs</b>						
Home Health Care	\$50 after ded; 40 visits/plan yr; pre-auth req		\$65 after ded; 40 visits/plan yr; pre-auth req		0% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	30% after ded; 200 days/plan yr; pre-auth req		40% after ded; 200 days/plan yr; pre-auth req		0% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	20% after ded; pre-auth req		30% after ded; pre-auth req		0% after ded; pre-auth req	
Single	2 x	\$969.37	2 x	\$882.37	2 x	\$853.46
EE with Spouse	0 x	\$1,938.75	0 x	\$1,764.75	0 x	\$1,706.92
EE with Child(ren)	0 x	\$1,647.94	0 x	\$1,500.03	0 x	\$1,450.88
Family	0 x	\$2,762.71	0 x	\$2,514.76	0 x	\$2,432.35
Monthly Cost	2	\$1,938.74	2	\$1,764.74	2	\$1,706.92
Annual Cost		\$23,264.88		\$21,176.88		\$20,483.04

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	Emblem Prime EmblemHealth Silver Plus HSA Non-Gated (HSA) (UCR=N/A)		Emblem Prime EmblemHealth Bronze Premier Non-Gated-P (HMOc) (UCR=N/A)		Emblem Prime EmblemHealth Bronze Plus HSA Non-Gated (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	15/45/80 IntDed		50/50%/50% IntDed T2-3		15/65/80 IntDed	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$3,000/\$6,000		\$5,300/\$10,600		\$6,300/\$12,600	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$8,450/\$16,900 (incl ded)		\$6,900/\$13,800 (incl ded)	
Co-Insurance	40%		50%		50%	
<b>Office Visits</b>						
Primary Care	\$30 after ded		No charge visits 1-3; 50% after ded visits 4+		50% after ded	
Specialist	\$50 after ded		50% after ded		50% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$50 after ded		50% after ded		50% after ded	
<b>Inpatient Services</b>						
Inpatient Hospital	40% after ded; pre-auth req		50% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Inpatient	40% after ded; pre-auth req		50% after ded; pre-auth req		50% after ded; pre-auth req	
Substance Abuse Inpatient	40% after ded; pre-auth req		50% after ded; pre-auth req		50% after ded; pre-auth req	
<b>Outpatient Services</b>						
Outpatient Facility	\$350 after ded; pre-auth req		50% after ded; pre-auth req		50% after ded; pre-auth req	
Lab/X-Ray	\$30/\$50 after ded (PCP/SP); pre-auth req		50% after ded; pre-auth req		50% after ded; pre-auth req	
Advanced Radiology	\$50 after ded; pre-auth req		50% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Outpatient	\$30 after ded		50% after ded		50% after ded	
Substance Abuse Outpatient	\$30 after ded		50% after ded		50% after ded	
<b>Emergency Care</b>						
Emergency Room	40% after ded		50% after ded		50% after ded	
Ambulance	\$350 after ded		50% after ded		50% after ded	
Urgent Care	\$100 after ded		\$75 ded waived		\$100 after ded	
<b>Recovery/Special Needs</b>						
Home Health Care	\$50 after ded; 40 visits/plan yr; pre-auth req		50% after ded; 40 visits/plan yr; pre-auth req		50% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	40% after ded; 200 days/plan yr; pre-auth req		50% after ded; 200 days/plan yr; pre-auth req		50% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	30% after ded; pre-auth req		50% after ded; pre-auth req		50% after ded; pre-auth req	
Single	2 x	\$845.85	2 x	\$763.33	2 x	\$754.88
EE with Spouse	0 x	\$1,691.71	0 x	\$1,526.64	0 x	\$1,509.75
EE with Child(ren)	0 x	\$1,437.95	0 x	\$1,297.65	0 x	\$1,283.29
Family	0 x	\$2,410.68	0 x	\$2,175.47	0 x	\$2,151.39
Monthly Cost	2	\$1,691.70	2	\$1,526.66	2	\$1,509.76
Annual Cost		\$20,300.40		\$18,319.92		\$18,117.12

Prepared For: Emblem 2021 4th qtr Prime New York City  
New York County, NY 10001

**Health Plan Comparison Report (3P)**

Effective Date: 10/01/2021

Prepared On: 07/19/2021

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

Report ID: 38365835

SIC: 0000

	<b>Emblem Prime EmblemHealth Bronze Value Non-Gated-P (HMOc) (UCR=N/A)</b>	
	<b>In-Network</b>	<b>Out-Network</b>
<b>Prescription Drugs</b>		
Drug Card	35/0%/0% IntDed T2-3	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$8,550/\$17,100	
Individual/Family OOP Limit	\$8,550/\$17,100 (incl ded)	
Co-Insurance	0%	
<b>Office Visits</b>		
Primary Care	No charge visits 1-3; 0% after ded visits 4+	
Specialist	0% after ded	
Maternity Prenatal/Postnatal Care	No charge	
Chiropractic Care	0% after ded	
<b>Inpatient Services</b>		
Inpatient Hospital	0% after ded; pre-auth req	
Mental Health Inpatient	0% after ded; pre-auth req	
Substance Abuse Inpatient	0% after ded; pre-auth req	
<b>Outpatient Services</b>		
Outpatient Facility	0% after ded; pre-auth req	
Lab/X-Ray	0% after ded; pre-auth req	
Advanced Radiology	0% after ded; pre-auth req	
Mental Health Outpatient	0% after ded	
Substance Abuse Outpatient	0% after ded	
<b>Emergency Care</b>		
Emergency Room	0% after ded	
Ambulance	0% after ded	
Urgent Care	\$75 ded waived	
<b>Recovery/Special Needs</b>		
Home Health Care	0% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	0% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	0% after ded; pre-auth req	
Single	2 x	\$724.37
EE with Spouse	0 x	\$1,448.72
EE with Child(ren)	0 x	\$1,231.41
Family	0 x	\$2,064.42
Monthly Cost	2	\$1,448.74
Annual Cost		\$17,384.88

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