

Prepared For: Emblem 2018 1st qtr New York
City
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Health Plan Comparison Report (3P)
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	EmblemHealth EmblemHealth Platinum (HMO) (UCR=N/A)	EmblemHealth EmblemHealth Gold Open Access (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Gold 40/60 (HMOc) (UCR=N/A)	
	In-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs					
Drug Card	10/30/60	10/30/70/100 ded		15/35/75/100 ded	
Cost Share Information					
Individual/Family Deductible	N/A	\$700/\$1,400		\$250/\$500	
Individual/Family OOP Limit	\$2,000/\$4,000	\$5,000/\$10,000 (incl ded)		\$5,500/\$11,000 (incl ded)	
Co-Insurance	0%	0%		0%	
Office Visits					
Primary Care	\$15	No charge visits 1-3; \$10 ded waived visits 4+		\$40 after ded	
Specialist	\$35	\$50 after ded		\$60 after ded	
Maternity Prenatal/Postnatal Care	No charge	No charge		No charge	
Chiropractic Care	\$35	\$50 after ded		\$60 after ded	
Inpatient Services					
Inpatient Hospital	\$500/admit; pre-auth req	\$1,500/admit after ded		\$1,500/admit after ded; pre-auth req	
Mental Health Inpatient	\$500/admit; pre-auth req	\$1,500/admit after ded		\$1,500/admit after ded; pre-auth req	
Substance Abuse Inpatient	\$500/admit; pre-auth req	\$1,500/admit after ded		\$1,500/admit after ded; pre-auth req	
Outpatient Services					
Outpatient Facility	\$100; pre-auth req	0% after ded		\$150 after ded; pre-auth req	
Lab/X-Ray	PCP-\$15; SP-\$35	Lab-\$10 after ded; X-ray-PCP-\$10 ded waived; SP-\$50 ded waived		\$60 after ded	
Advanced Radiology	\$35	\$50 after ded		\$60 after ded	
Mental Health Outpatient	\$15	\$10 after ded		\$40 after ded	
Substance Abuse Outpatient	\$15	\$10 after ded		\$40 after ded	
Emergency Care					
Emergency Room	\$100 (waived if admitted)	\$150 (waived if admitted) after ded		\$200 (waived if admitted) after ded	
Ambulance	\$100	\$150 after ded		\$100 after ded	
Urgent Care	\$55	\$50 ded waived		\$60 ded waived	
Recovery/Special Needs					
Home Health Care	\$15; 40 visits/plan yr; pre-auth req	\$50 after ded; 40 visits/plan yr		\$40 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	\$500/admit; 200 days/plan yr; pre-auth req	\$1,500/admit after ded; 200 days/plan yr		\$1,500/admit after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	10%; pre-auth req	10% after ded		10% after ded; pre-auth req	
Single	1 x \$886.93	1 x \$765.02		1 x \$739.28	
EE with Spouse	0 x \$1,773.86	0 x \$1,530.04		0 x \$1,478.56	
EE with Child(ren)	0 x \$1,507.78	0 x \$1,300.53		0 x \$1,256.78	
Family	1 x \$2,527.75	1 x \$2,180.31		1 x \$2,106.95	
Monthly Cost	2 \$3,414.68	2 \$2,945.33		2 \$2,846.23	
Annual Cost	\$40,976.16	\$35,343.96		\$34,154.76	

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

	EmblemHealth EmblemHealth Silver Value (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Bronze Value (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Bronze HSA (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/0%/0% IntDed T2-3		30/0%/0% IntDed T2-3		10/35/70 IntDed	
Cost Share Information						
Individual/Family Deductible	\$5,800/\$11,600		\$7,150/\$14,300		\$5,500/\$11,000	
Individual/Family OOP Limit	\$5,800/\$11,600 (incl ded)		\$7,150/\$14,300 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	0%		0%		50%	
Office Visits						
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+		No charge visits 1-2; 0% after ded visits 3+		50% after ded	
Specialist	\$55 ded waived		0% after ded		50% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	0% after ded		0% after ded		50% after ded	
Inpatient Services						
Inpatient Hospital	0% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Inpatient	0% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Substance Abuse Inpatient	0% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	0% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Lab/X-Ray	Lab-No charge; X-ray-PCP-\$35 ded waived; SP-\$55 ded waived		Lab-\$20 ded waived; X-ray-0% after ded		50% after ded	
Advanced Radiology	No charge		0% after ded		50% after ded	
Mental Health Outpatient	\$35 ded waived		0% after ded		50% after ded	
Substance Abuse Outpatient	\$35 ded waived		0% after ded		50% after ded	
Emergency Care						
Emergency Room	0% after ded		0% after ded		50% after ded	
Ambulance	0% after ded		0% after ded		50% after ded	
Urgent Care	\$75 ded waived		0% after ded		50% after ded	
Recovery/Special Needs						
Home Health Care	0% after ded; 40 visits/plan yr; pre-auth req		0% after ded; 40 visits/plan yr; pre-auth req		50% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	0% after ded; 200 days/plan yr; pre-auth req		0% after ded; 200 days/plan yr; pre-auth req		50% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	30% ded waived; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Single	1 x	\$576.50	1 x	\$501.83	1 x	\$489.41
EE with Spouse	0 x	\$1,153.00	0 x	\$1,003.66	0 x	\$978.82
EE with Child(ren)	0 x	\$980.05	0 x	\$853.11	0 x	\$832.00
Family	1 x	\$1,643.03	1 x	\$1,430.22	1 x	\$1,394.82
Monthly Cost	2	\$2,219.53	2	\$1,932.05	2	\$1,884.23
Annual Cost		\$26,634.36		\$23,184.60		\$22,610.76