

# MACKOUL RISK SOLUTIONS | Health Plan Comparison

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Emblem Health: NYC, Westchester & Rockland | Effective Date: 1st Quarter

	EmblemHealth EH Platinum Premier NG Prime* (HMO) (UCR=N/A)		EmblemHealth EH Gold Choice NG Select Care* (HMOc) (UCR=N/A)		EmblemHealth EH Silver Value G Select Care* (HMOc) (UCR=N/A)		EmblemHealth EH Bronze Plus HSA G Prime* (HSA) (UCR=N/A)	
	IN-NETWORK		IN-NETWORK		IN-NETWORK		IN-NETWORK	OUT-NETWORK
<b>PRESCRIPTION DRUGS</b>								
Drug Card	15/30/70		20/45/75 IntDed T2-3		10/0%/0% IntDed T2-3		10/35/75 IntDed	
<b>COST SHARE INFORMATION</b>								
Individual/Family Deductible	N/A		\$750/\$1,500		\$6,300/\$12,600		\$5,500/\$11,000	
Individual/Family OOP Limit	\$2,000/\$4,000		\$5,000/\$10,000 (incl ded)		\$6,300/\$12,600 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	0%		0%		0%		50%	
<b>OFFICE VISITS</b>								
Primary Care	No charge visits 1-3; \$15 visits 4+		No charge visits 1-3; \$30 ded waived visits 4+		No charge visits 1-3, \$35 ded waived visits 4+		50% after ded	
Specialist	\$35		\$50 ded waived		\$70 ded waived		50% after ded	
<b>INPATIENT SERVICES</b>								
Inpatient Hospital	\$500/admit; pre-auth req		\$2,000/admit after ded		0% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Inpatient	\$500/admit; pre-auth req		\$2,000/admit after ded		0% after ded; pre-auth req		50% after ded; pre-auth req	
<b>OUTPATIENT SERVICES</b>								
Outpatient Facility	\$100; pre-auth req		\$150 after ded		0% after ded; pre-auth req		50% after ded; pre-auth req	
Lab/X-Ray	PCP-\$15; SP-\$35		Lab-PCP-\$30 ded waived SP-\$50 ded waived X-ray-PCP-\$30 after ded; SP-\$50 after ded		Lab-\$35 ded waived; X-ray-0% after ded		50% after ded	
Mental Health Outpatient	\$15		\$30 ded waived		\$35 ded waived		50% after ded	
<b>EMERGENCY CARE</b>								
Emergency Room	\$200 (waived if admitted)		\$300 (waived if admitted after ded)		0% after ded		50% after ded	
Urgent Care	\$75		\$75 ded waived		\$75 ded waived		50% after ded	
<b>Single</b>	\$1,025.17		\$766.75		\$576.71		\$568.62	
<b>EE with Spouse</b>	\$2,050.34		\$1,533.50		\$1,153.42		\$1,137.24	
<b>EE with Child(ren)</b>	\$1,742.79		\$1,303.48		\$980.41		\$966.65	
<b>Family</b>	\$2,921.73		\$2,185.24		\$1,643.62		\$1,620.57	

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.