

# MACKOUL RISK SOLUTIONS | Health Plan Comparison

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HealthFirst: NYC & Nassau | Effective Date: 1st Quarter

	HEALTHFIRST Platinum Pro EPO* (EPOc) (UCR=N/A)		HEALTHFIRST Gold Pro EPO* (EPOc) (UCR=N/A)		HEALTHFIRST Silver Pro EPO* (EPOc) (UCR=N/A)		HEALTHFIRST Bronze Pro EPO (HSA Compatible)* (HSA) (UCR=N/A)	
	IN-NETWORK	OUT-NETWORK	IN-NETWORK	OUT-NETWORK	IN-NETWORK	OUT-NETWORK	IN-NETWORK	OUT-NETWORK
<b>PRESCRIPTION DRUGS</b>								
Drug Card	10/30/60		10/50/85		20/60/110		20%/20%/20% IntDed	
<b>COST SHARE INFORMATION</b>								
Individual/Family Deductible	N/A		N/A		\$2,950/\$5,900		\$4,000/\$8,000	
Individual/Family OOP Limit	\$2,000/\$4,000		\$5,000/\$10,000 (incl ded)		\$7,900/\$15,800 (incl ded)		\$6,650/\$13,300 (incl ded)	
Co-Insurance	0%		0%		40%		20%	
<b>OFFICE VISITS</b>								
Primary Care	\$20		\$25		\$35 ded waived		20% after ded	
Specialist	\$35		\$40		\$70 ded waived		20% after ded	
<b>INPATIENT SERVICES</b>								
Inpatient Hospital	\$500/admit		\$500/admit		40% after ded		20% after ded	
Mental Health Inpatient	\$500/admit		\$500/admit		40% after ded		20% after ded	
<b>OUTPATIENT SERVICES</b>								
Outpatient Facility	\$200		\$300		40% after ded		20% after ded	
Lab/X-Ray	PCP-\$20; SP-\$35		PCP-\$25; SP-\$40		PCP-\$35 ded waived; SP-\$70 ded waived		20% after ded	
Mental Health Outpatient	\$20		\$25		\$35 ded waived		20% after ded	
<b>EMERGENCY CARE</b>								
Emergency Room	\$250 (waived if admitted)		\$350 (waived if admitted)		\$600 (waived if admitted) after ded		20% after ded	
Urgent Care	\$50		\$60		\$70 ded waived		20% after ded	
<b>Single</b>	\$896.61		\$762.95		\$655.58		\$548.11	
<b>EE with Spouse</b>	\$1,793.22		\$1,525.90		\$1,311.16		\$1,096.22	
<b>EE with Child(ren)</b>	\$1,524.24		\$1,297.02		\$1,114.49		\$931.79	
<b>Family</b>	\$2,555.34		\$2,174.41		\$1,868.40		\$1,562.11	

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.