

Prepared For: **Healthfirst Downstate
Nassau County, NY 11001**
Prepared By: **NYSmallHealth - (516)358-3612**

Health Plan Comparison Report (3L)
Effective Date: **07/01/2019** Prepared On: **05/30/2019**
Report ID: **36498707** SIC: **0000**

| | HealthFirst Gold 25/50/0 Pro EPO (EPO) (UCR=N/A) | | HealthFirst Silver 40/75/4700 Pro EPO (EPOc) (UCR=N/A) | | HealthFirst Bronze 6650 Pro EPO (HSA Compatible) (HSA) (UCR=N/A) | |
|-------------------------------|---|-------------|---|-------------|--|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | |
| Drug Card | 10/50/85 | | 20/60/110 | | 0%/0%/0% IntDed | |
| Cost Share Information | | | | | | |
| Individual/Family Deductible | N/A | | \$4,700/\$9,400 | | \$6,650/\$13,300 | |
| Individual/Family OOP Limit | \$7,000/\$14,000 (incl ded) | | \$7,900/\$15,800 (incl ded) | | \$6,650/\$13,300 (incl ded) | |
| Co-Insurance | 0% | | 45% | | 0% | |
| Office Visits | | | | | | |
| Primary Care | \$25 | | \$40 ded waived | | 0% after ded | |
| Specialist | \$50 | | \$75 ded waived | | 0% after ded | |
| Inpatient Services | | | | | | |
| Inpatient Hospital | \$500/admit | | 45% after ded | | 0% after ded | |
| Mental Health Inpatient | \$500/admit | | 45% after ded | | 0% after ded | |
| Outpatient Services | | | | | | |
| Outpatient Facility | \$300 | | 45% after ded | | 0% after ded | |
| Lab/X-Ray | PCP-\$25; SP-\$50 | | PCP-\$40 ded waived; SP-\$75 ded waived | | 0% after ded | |
| Mental Health Outpatient | \$25 | | \$40 ded waived | | 0% after ded | |
| Emergency Care | | | | | | |
| Emergency Room | \$350 (waived if admitted) | | \$600 (waived if admitted) after ded | | 0% after ded | |
| Urgent Care | \$60 | | \$75 ded waived | | 0% after ded | |
| Single | 1 x | \$756.06 | 1 x | \$658.46 | 1 x | \$535.80 |
| EE with Spouse | 1 x | \$1,512.12 | 1 x | \$1,316.92 | 1 x | \$1,071.60 |
| EE with Child(ren) | 1 x | \$1,285.30 | 1 x | \$1,119.38 | 1 x | \$910.86 |
| Family | 1 x | \$2,154.77 | 1 x | \$1,876.61 | 1 x | \$1,527.03 |
| Monthly Cost | 4 | \$5,708.25 | 4 | \$4,971.37 | 4 | \$4,045.29 |
| Annual Cost | | \$68,499.00 | | \$59,656.44 | | \$48,543.48 |

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