

## PEAK ADVISORS, INC ONE SOURCE INSURANCE SOLUTIONS

www.peakinsuranceadvisors.com • (631) 207-1800

### **2018 SMALL GROUP HEALTH INSURANCE RATES**

3Q - Long Island - For New Groups Starting Third Quarter 2018

	Aetna Gold EPO 1000 90% ID: 14038844 (EPOc) (UCR=N/A)	EmblemHealth EmblemHealth Gold 40/60 (HMOc) (UCR=N/A)	Empire Blue Priority Gold Blue Priority EPO 35/10%/5850 (EPOc) (UCR=N/A)	Empire EPO/PPO Gold EPO 25/0%/6000 (EPO) (UCR=N/A)	HealthFirst Gold Pro EPO (EPOc) (UCR=N/A)	Oscar Classic Gold (EPO) (UCR=N/A)	Oxford Metro M Gold EPO 25/40 Gated OHI CNT (EPOc) (UCR=N/A)	Oxford Liberty L Gold EPO 30/60 Gated OHI CNT (EPOc) (UCR=N/A)
Prescription Drugs Drug Card	15/65/50%/TCS/100 ded T2-4	15/35/75/100 ded	10/35/75	10/35/75	10/50/85	10/50/100	10/65/50%to\$800	15/35/75/100 ded T2-3
In-Network	3434 m h /2 m /4 /2 m /2		4.454		100			And the same of the same
Ind/Fam Deductible Ind/Fam OOP Limit Co-Insurance Primary Care Specialist Inpatient Hospital	\$1,000/\$2,000 embedded \$6,000/\$12,000 (incl ded) 10% \$30 ded waived \$60 ded waived 10% after ded	\$250/\$500 \$5,500/\$11,000 (incl ded) 0% \$40 after ded \$60 after ded \$1,500/admit after ded; pre-auth req	N/A \$5,850/\$11,700 10% \$35 \$50 \$500/day; 4 days/admit	N/A \$6,000/\$12,000 0% \$25 \$50 \$350/day; 4 days max/admit	N/A \$5,000/\$10,000 (incl ded) 0% \$25 \$40 \$500/day; \$1,500 max/admit	N/A \$5,000/\$10,000 (incl ded) 0% \$25 \$50 \$500/admit	\$1,250/\$2,500 \$5,500/\$11,000 (incl ded) 20% \$25 ded waived \$40 ded waived 20% after ded	\$1,000/\$2,000 \$4,000/\$8,000 (incl ded) 0% \$30 ded waived \$60 ded waived \$500/day after ded; \$2,000 max/admit
Out-Network								
Ind/Fam Deductible Ind/Fam OOP Limit Co-Insurance Primary Care Specialist Inpatient Hospital								
Single EE with Spouse EE with Child(ren) Family Monthly Cost Annual Cost	\$934.56 \$1,869.13 \$1,588.76 \$2,663.51	\$864.68 \$1,729.37 \$1,469.97 \$2,464.33	\$874.18 \$1,748.36 \$1,486.11 \$2,491.41	\$962.60 \$1,925.20 \$1,636.42 \$2,743.41	\$738.95 \$1,477.90 \$1,256.22 \$2,106.01	\$746.13 \$1,492.26 \$1,268.42 \$2,126.47	\$717.10 \$1,434.20 \$1,219.07 \$2,043.73	\$862.45 \$1,724.91 \$1,466.17 \$2,457.99



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	Oxford Freedom F Gold EPO 15/35 Non-Gated OHI CNT (EPOc) (UCR=N/A)
Prescription Drugs Drug Card	15/35/75/100 ded T2-3
In-Network	262.5 0.0 4 0.0
Ind/Fam Deductible Ind/Fam OOP Limit Co-Insurance Primary Care Specialist Inpatient Hospital	\$1,000/\$2,000 \$4,000/\$8,000 (incl ded) 10% \$15 ded waived \$35 ded waived 10% after ded
Out-Network	
Ind/Fam Deductible Ind/Fam OOP Limit Co-Insurance Primary Care Specialist Inpatient Hospital	
Single EE with Spouse EE with Child(ren) Family	\$922.93 \$1,845.87 \$1,568.99 \$2,630.36
Monthly Cost Annual Cost	



Pediatric Vision Exam

Pediatric Vision Hardware Pediatric Dental Check-Up

### **2018 SMALL GROUP HEALTH INSURANCE RATES**

3Q - Long Island - For New Groups Starting Third Quarter 2018

	Aetna Gold EPO 1000 90% ID: 14038844 (EPOc) (UCR≂N/A)			
	The second second			
	In-Network	Out-Network		
Prescription Drugs				
Orug Card	15/65/50%/TCS/100 ded T2-4			
Cost Share Information				
ndividual/Family Deductible	\$1,000/\$2,000 embedded			
ndividual/Family OOP Limit	\$6,000/\$12,000 (incl ded)			
o-Insurance	10%			
fetime Maximum	None			
ffice Visits				
rimary Care	\$30 ded waived			
pecialist	\$60 ded waived			
dult Preventive Care	No charge; visit limits apply			
nild Preventive Care	No charge; visit limits apply			
ternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier			
ehabilitation Services	\$60 ded waived; visit limits apply			
iropractic Care	\$60 ded waived			
atient Services				
atient Hospital	10% after ded			
atient Surgery	Refer to Inpatient Hospital			
ernity Delivery/Inpatient	10% after ded			
ntal Health Inpatient	10% after ded			
estance Abuse Inpatient	10% after ded			
to at least Services				
tpatient Services	And the second second			
patient Facility	Refer to Outpatient Surgery			
patient Surgery	10% after ded			
X-Ray	10% after ded			
anced Radiology	10% after ded			
ntal Health Outpatient	\$60 ded waived			
ostance Abuse Outpatient	\$60 ded waived			
ergency Care				
nergency Room	\$750 (waived if admitted) ded waived			
nbulance	10% after ded			
gent Care	\$75 ded waived			
covery/Special Needs				
me Health Care	25% ded waived; 40 visits/cal yr			
abilitation services	\$60 ded waived, visit limits apply			
killed Nursing	10% after ded			
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
urable Medical Equipment	50% after ded			
ospice Services	10% after ded			
innellancous Persisse				
scellaneous Services				

50% after ded; 1 exam/12 mo 50% after ded; 1 pair/12 mo

0% after ded; 1 exam/6 mo



**3Q - Long Island - For New Groups Starting Third Quarter 2018** 

EmblemHealth
EmblemHealth Gold 40/60 (HMOc) (UCR=N/A)

In-Network

Out-Network

**Prescription Drugs** 

Drug Card 15/35/75/100 ded

Cost Share Information.

Individual/Family Deductible \$250/\$500

Individual/Family OOP Limit \$5,500/\$11,000 (incl ded)

Co-Insurance 0% Lifetime Maximum None

Office Visits

Primary Care \$40 after ded Specialist \$60 after ded Adult Preventive Care No charge Child Preventive Care No charge Maternity Prenatal/Postnatal Care No charge

Rehabilitation Services \$60 after ded; 60 visits/cond/plan yr comb

PT/OT/ST; pre-auth req

Chiropractic Care \$60 after ded

Inpatient Services

Inpatient Hospital \$1,500/admit after ded; pre-auth req

Inpatient Surgery No charge; pre-auth req

Maternity Delivery/Inpatient Delivery-No charge; IP-\$1,500/admit after ded;

pre-auth req

Mental Health Inpatient \$1,500/admit after ded; pre-auth req Substance Abuse Inpatient \$1,500/admit after ded; pre-auth req

**Outpatient Services** 

Outpatient Facility \$150 after ded; pre-auth req Outpatient Surgery No charge; pre-auth req

Lab/X-Ray \$60 after ded

Advanced Radiology \$60 after ded Mental Health Outpatient \$40 after ded Substance Abuse Outpatient \$40 after ded

Emergency Care

Emergency Room \$200 (waived if admitted) after ded

Ambulance \$100 after ded Urgent Care \$60 after ded

Recovery/Special Needs

Home Health Care \$40 after ded; 40 visits/plan yr; pre-auth req

Habilitation services \$60 after ded; 60 visits/cond/plan yr comb

PT/OT/ST; pre-auth req

Skilled Nursing \$1,500/admit after ded; 200 days/plan yr;

pre-auth req

Durable Medical Equipment 10% after ded; pre-auth req

Hospice Services \$1,500/admit after ded IP; \$40 after ded OP;

210 days/plan yr; pre-auth req

Miscellaneous Services

Pediatric Vision Exam \$40 after ded; 1 exam/12 mo Pediatric Vision Hardware 10% after ded; 1 pair/12 mo Pediatric Dental Check-Up \$40 after ded; 1 exam/6 mo



3Q - Long Island - For New Groups Starting Third Quarter 2018

Empire Blue Priority
Gold Blue Priority EPO 35/10%/5850 (EPOc) (UCR=N/A)

In-Network

Out-Network

Prescription Drugs

Drug Card 10/35/75

Cost Share Information

Individual/Family Deductible N/A

Individual/Family OOP Limit \$5,850/\$11,700 Co-Insurance 10%

Lifetime Maximum

Office Visits

Primary Care \$35
Specialist \$50
Adult Preventive Care No charge
Child Preventive Care No charge

Maternity Prenatal/Postnatal Care No charge

Rehabilitation Services \$50; 60 visits/yr comb PT/OT/ST

None

Chiropractic Care \$50

Inpatient Services

Inpatient Hospital \$500/day, 4 days/admit

Inpatient Surgery No charge

Maternity Delivery/Inpatient \$500/day, 4 days/admit

Mental Health Inpatient \$500/day; 4 days/admit Substance Abuse Inpatient \$500/day; 4 days/admit

**Outpatient Services** 

Outpatient Facility \$500 Outpatient Surgery No charge

Lab/X-Ray Lab-No charge; X-ray: Office-No charge; OP-

\$100

Advanced Radiology Office-\$50; OP-\$200

Mental Health Outpatient \$50 Substance Abuse Outpatient \$50

**Emergency Care** 

 Emergency Room
 \$350

 Ambulance
 \$350

 Urgent Care
 \$100

Recovery/Special Needs

Home Health Care \$50; 40 visits/yr

Habilitation services \$50; 60 visits/yr comb PT/OT/ST

Skilled Nursing \$500/day; 4 days/admit; 200 days/yr

Durable Medical Equipment 10% Hospice Services 10%

Miscellaneous Services

Pediatric Vision Exam No charge
Pediatric Vision Hardware No charge
Pediatric Dental Check-Up No charge



Prescription Drugs

Cost Share Information Individual/Family Deductible

Individual/Family OOP Limit

Drug Card

Co-Insurance Lifetime Maximum

Office Visits Primary Care

Adult Preventive Care

Child Preventive Care

Rehabilitation Services

Chiropractic Care

Inpatient Surgery

Maternity Delivery/Inpatient

Substance Abuse Inpatient

Mental Health Inpatient

**Outpatient Services** Outpatient Facility

**Outpatient Surgery** 

Advanced Radiology

**Emergency Care Emergency Room** 

Ambulance

Urgent Care

Mental Health Outpatient

Recovery/Special Needs Home Health Care

**Durable Medical Equipment** 

Miscellaneous Services Pediatric Vision Exam

Pediatric Vision Hardware

Pediatric Dental Check-Up

Habilitation services

Skilled Nursing

Hospice Services

Substance Abuse Outpatient

Lab/X-Ray

Inpatient Services Inpatient Hospital

Specialist

### **2018 SMALL GROUP HEALTH INSURANCE RATES**

3Q - Long Island - For New Groups Starting Third Quarter 2018

Empire EPO/PPO Gold EPO 25/0%/6000 (EPO) (UCR=N/A) in-Network Out-Network 10/35/75 N/A \$6,000/\$12,000 None \$25 \$50 No charge No charge Maternity Prenatal/Postnatal Care No charge \$50; 60 visits/yr comb PT/OT/ST \$50 \$350/day; 4 days max/admit No charge \$350/day; 4 days max/admit \$350/day; 4 days max/admit \$350/day, 4 days max/admit \$300 No charge Lab-No charge; X-ray: Office-No charge; OP-Office-\$50; OP-\$150 \$50 \$50 \$300 \$300 \$75 \$50; 40 visits/yr \$50; 60 visits/yr comb PT/OT/ST

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

\$350/day; 4 days max/admit; 200 days/yr

No charge

No charge

No charge

No charge No charge



3Q - Long Island - For New Groups Starting Third Quarter 2018

## HealthFirst Gold Pre EPO (EPOc) (UCR≃N/A) In-Network Out-Network 10/50/85 N/A

Co-Insurance Office Visits

Lifetime Maximum

Drug Card

Prescription Drugs

Cost Share Information Individual/Family Deductible

Individual/Family OOP Limit

Primary Care \$25 Specialist \$40 Adult Preventive Care No charge Child Preventive Care No charge Maternity Prenatal/Postnatal Care No charge

Rehabilitation Services \$40; 60 visits/cond/plan yr comb PT/OT/ST \$40

None

\$5,000/\$10,000 (incl ded)

Chiropractic Care

Inpatient Services

Inpatient Hospital \$500/day; \$1,500 max/admit

Inpatient Surgery

Maternity Delivery/Inpatient Delivery-\$100; IP-\$500/day; \$1,500 max/admit

Mental Health Inpatient \$500/day; \$1,500 max/admit Substance Abuse Inpatient \$500/day; \$1,500 max/admit

**Outpatient Services** 

**Outpatient Facility** \$300 Outpatient Surgery \$300

Lab/X-Ray PCP-\$25; SP-\$40

Advanced Radiology \$40 Mental Health Outpatient \$25 \$25 Substance Abuse Outpatient

**Emergency Care** 

\$350 (waived if admitted) **Emergency Room** 

Ambulance \$150 \$60 Urgent Care

Recovery/Special Needs

Home Health Care \$25; 40 visits/plan yr

Habilitation services \$40; 60 visits/cond/plan yr comb PT/OT/ST

Skilled Nursing \$500/day; \$1,500 max/admit; 200 days/plan yr

**Durable Medical Equipment** 

Hospice Services \$500/day; \$1,500 max/admit IP; \$25 OP; 210

days/plan yr

Miscellaneous Services

Pediatric Vision Exam \$10; 1 exam/yr Pediatric Vision Hardware \$25; 1 pair/yr Pediatric Dental Check-Up \$25; 2 visits/yr



3Q - Long Island - For New Groups Starting Third Quarter 2018

Classic Gold 0 (EPO) (UCR=N/A) In-Network Out-Network

Prescription Drugs

10/50/100 Drug Card

Cost Share Information

Individual/Family Deductible N/A

Individual/Family OOP Limit

\$5,000/\$10,000 (incl ded)

Co-Insurance 0% None Lifetime Maximum

Office Visits

Primary Care \$25 Specialist \$50 Adult Preventive Care No charge Child Preventive Care No charge Maternity Prenatal/Postnatal Care No charge

\$50; 60 visits/cond/plan yr comb PT/OT/ST Rehabilitation Services

Chiropractic Care \$50

Inpatient Services

Inpatient Hospital \$500/admit Inpatient Surgery

Delivery-\$100; IP-\$500/admit Maternity Delivery/Inpatient

Mental Health Inpatient \$500/admit Substance Abuse Inpatient \$500/admit

**Outpatient Services** 

\$75 **Outpatient Facility Outpatient Surgery** \$75

Lab/X-Ray Lab-\$25; X-ray-\$50

Advanced Radiology \$100 Mental Health Outpatient \$50 \$50 Substance Abuse Outpatient

**Emergency Care** 

**Emergency Room** \$500 \$500 Ambulance \$75 **Urgent Care** 

Recovery/Special Needs

Home Health Care \$25; 40 visits/plan yr

Habilitation services \$50; 60 visits/cond/plan yr comb PT/OT/ST

Skilled Nursing \$500/admit; 200 days/plan yr

**Durable Medical Equipment** 

Hospice Services \$500/admit IP; \$25 OP; 210 days/yr

Miscellaneous Services

Pediatric Vision Exam \$25; 1 exam/12 mo Pediatric Vision Hardware \$100; 1 pair/12 mo Pediatric Dental Check-Up \$100; 1 exam/6 mo



3Q - Long Island - For New Groups Starting Third Quarter 2018

Oxford Metro
M Gold EPO 25/40 Gated OHI CNT (EPOc) (UCR=N/A)
In-Network
Out-Network

Prescription Drugs

Drug Card 10/65/50%to\$800

Cost Share Information

Individual/Family Deductible \$1,250/\$2,500

Individual/Family OOP Limit \$5,500/\$11,000 (incl ded)

Co-Insurance 20% Lifetime Maximum None

Office Visits

Primary Care \$25 ded waived
Specialist \$40 ded waived
Adult Preventive Care No charge
Child Preventive Care No charge
Maternity Prenatal/Postnatal Care No charge

Rehabilitation Services \$40 ded waived; 60 visits/contr yr comb

PT/OT/ST \$40 ded waived

Chiropractic Care

Inpatient Services

Inpatient Hospital 20% after ded Inpatient Surgery 20% after ded Maternity Delivery/Inpatient 20% after ded

Mental Health Inpatient 20% after ded
Substance Abuse Inpatient Rehab-20% after ded

**Outpatient Services** 

Outpatient Facility
Outpatient Surgery
Lab/X-Ray
Hosp-\$500 after ded; FS-\$200 after ded
Included in Outpatient Facility
Lab-No charge; X-ray-\$50 after ded

Advanced Radiology \$150 after ded

Mental Health Outpatient \$40 ded waived

Substance Abuse Outpatient Rehab-\$40 ded waived

**Emergency Care** 

Emergency Room \$500 (waived if admitted) ded waived

Ambulance No charge
Urgent Care \$65 ded waived

Recovery/Special Needs

Home Health Care \$40 ded waived; 40 visits/contr yr

Habilitation services \$40 ded waived; 60 visits/contr yr comb

PT/OT/ST

Skilled Nursing 20% after ded; 200 days/contr yr

Durable Medical Equipment 20% after ded

Hospice Services 20% after ded IP; \$40 ded waived OP

Miscellaneous Services

Pediatric Vision Exam \$25 ded waived
Pediatric Vision Hardware 50% ded waived
Pediatric Dental Check-Up 0% after ded



**3Q - Long Island - For New Groups Starting Third Quarter 2018** 

### Oxford Liberty L Gold EPO 30/60 Gated OHI CNT (EPOc) (UCR=N/A)

In-Network

Out-Network

Prescription Drugs

Drug Card

15/35/75/100 ded T2-3

Cost Share Information

Individual/Family Deductible Individual/Family OOP Limit \$1,000/\$2,000 \$4,000/\$8,000 (incl ded)

Co-Insurance Lifetime Maximum 0% None

Office Visits

Primary Care \$30 ded waived Specialist \$60 ded waived Adult Preventive Care No charge Child Preventive Care No charge Maternity Prenatal/Postnatal Care No charge

Rehabilitation Services

\$60 ded waived; 60 visits/contr yr comb

PT/OT/ST

Chiropractic Care

\$60 ded waived

Inpatient Services

Inpatient Hospital Inpatient Surgery \$500/day after ded; \$2,000 max/admit

0% after ded

Maternity Delivery/Inpatient \$5

\$500/day after ded; \$2,000 max/admit

Mental Health Inpatient Substance Abuse Inpatient \$500/day after ded; \$2,000 max/admit Rehab-\$500/day after ded; \$2,000 max/admit

**Outpatient Services** 

Outpatient Facility Outpatient Surgery Lab/X-Ray

Hosp-\$250 after ded; FS-\$150 after ded Included in Outpatient Facility

Included in Outpatient Facility Lab-No charge; X-ray-\$35 after ded

Advanced Radiology Mental Health Outpatient Substance Abuse Outpatient \$100 after ded \$60 ded waived Rehab-\$60 ded waived

**Emergency Care** 

Emergency Room \$300 (waived if admitted) ded waived

Ambulance No charge
Urgent Care \$75 ded waived

Recovery/Special Needs

Home Health Care \$60 ded waived; 40 visits/contr yr

Habilitation services \$60 ded waived; 60 visits/contr yr comb

PT/OT/ST

Skilled Nursing \$500/day after ded; \$2,000 max/admit; 200

days/contr yr

Durable Medical Equipment 0% after ded

Hospice Services \$500/day after ded; \$2,000 max/admit IP; \$60

ded waived OP

Miscellaneous Services

Pediatric Vision Exam \$30 ded waived
Pediatric Vision Hardware 50% ded waived
Pediatric Dental Check-Up 0% after ded



3Q - Long Island - For New Groups Starting Third Quarter 2018

Oxford Freedom F Gold EPO 15/35 Non-Gated OHI CNT (EPOs) (UCR=N/A) In-Network Out-Network

Prescription Drugs

Drug Card 15/35/75/100 ded T2-3

Cost Share Information

\$1,000/\$2,000 Individual/Family Deductible Individual/Family OOP Limit \$4,000/\$8,000 (incl ded) Co-Insurance 10%

Lifetime Maximum Office Visits

Primary Care \$15 ded waived Specialist \$35 ded waived Adult Preventive Care No charge Child Preventive Care No charge Maternity Prenatal/Postnatal Care No charge

Rehabilitation Services \$35 ded waived; 60 visits/contr yr comb PT/OT/ST

None

\$35 ded waived Chiropractic Care

Inpatient Services

Inpatient Hospital 10% after ded Inpatient Surgery 10% after ded 10% after ded Maternity Delivery/Inpatient

Mental Health Inpatient 10% after ded Substance Abuse Inpatient Rehab-10% after ded

**Outpatient Services** 

Hosp-\$300 after ded; FS-\$150 after ded **Outpatient Facility Outpatient Surgery** Included in Outpatient Facility Lab/X-Ray Lab-No charge; X-ray-\$80 after ded

Advanced Radiology \$150 after ded \$35 ded waived Mental Health Outpatient Substance Abuse Outpatient Rehab-\$35 ded waived

**Emergency Care** 

\$400 (waived if admitted) ded waived Emergency Room Ambulance No charge

**Urgent Care** \$75 ded waived

Recovery/Special Needs

Home Health Care \$35 ded waived; 40 visits/contr yr

Habilitation services \$35 ded waived; 60 visits/contr yr comb

PT/OT/ST

Skilled Nursing 10% after ded; 200 days/contr yr

**Durable Medical Equipment** 10% after ded

Hospice Services 10% after ded IP; \$35 ded waived OP

Miscellaneous Services

Pediatric Vision Exam \$15 ded waived 50% ded waived Pediatric Vision Hardware Pediatric Dental Check-Up 0% after ded