



Plan Comparison

User Guide 2020



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Overview

Plan Comparison report allows you a side-by-side comparison of plans based on their Costs and Benefit features. Select plans in your market areas to compare their Enrollment, Star rating and cost features like Premium, Deductible, MOOP and their changes over year. This report also presents a granular view of benefits offered by plans in your market. Compare plans by each benefit's authorization, coverage, services, co-payment, co-insurance, out-of-pocket costs and other features in a comprehensible view.

What data is available in this report and when is it refreshed?

This report is created from the PBP files that CMS releases at the start of AEP in October each year. More than 50 benefit features are cleansed, structured and coded to create a granular view of each benefit at a Plan county segment level.

This report is refreshed within 72 hours of CMS release of AEP data in October and is refreshed monthly to include enrolment numbers.

What decisions can I make using this report?

With CMS' flexible benefit features policy, Medicare Payer Organizations are introducing innovative plan benefits to make their plans stand out in the marketplace. Use this report to quickly understand what new benefits or changes your competitors have made in their plans this year. Typically, these are a few ways to use this report:

- Activate broker messaging: Learn about your competitor plans within three days of CMS release of plan data to educate your brokers on changes your competitors have made in their plans
- Alter messaging on Digital channels: Commit last-minute changes in your Digital media messaging by understanding your plan competitiveness
- Decode your competitor plan strategy: Learn y.o.y changes in plan costs and new benefits that are offered in your market



How can I navigate this report?

Default view for your state, county and plans will be pre-set for this report. Follow these steps to navigate this report:

Dropdown Filter

1

State

New York ▼

County

Bronx ▼

Plan Type

(Multiple values) ▼

SNP Plans

Non-SNP ▼

2

Plan Description

(All) ▼

Plans

(Multiple values) ▼

3

Benefits

Comprehensive Dental ▼

Quick Filters

Premium Range

0.0 350.0

Enr Range

21 8,553

Plans with Part B Giveback

Provides Health and Drug Coverage

Plans with only Part D Premium

Change in Enrollment

From Apr19 ▼ To Apr20 ▼

Plan Information	Aetna Medicare Value Plan (HMO)H3312-002-000	EmblemHealth VIP Essential (HMO)H3330-032-001	EmblemHealth VIP Go (HMO-POS)H3330-041-001	EmblemHealth VIP Gold (HMO)H3330-021-001	EmblemHealth VIP Gold Plus (HMO)H3330-038-000
Parent Organization	CVS Health Corporation	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.
Contract Number	H3312-002-000	H3330-032-001	H3330-041-001	H3330-021-001	H3330-038-000
Plan Type	Local HMO	Local HMO	Local HMO	Local HMO	Local HMO
SNP Type	Non-SNP	Non-SNP	Non-SNP	Non-SNP	Non-SNP
Enrollment (Apr 2020)	1,006	8,553	21	807	118
Enrollment Change (Apr19 to Apr20)	-3	976	4	-112	-25
Estimated OOPC	\$314.38	\$215.98	\$233.18	\$185.34	\$153.47
Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage
Overall Star Ratings	3.5	3	3	3	3
No. of Counties	3	4	23	4	14
HealthWorks True Plan Value Total	\$49.76	\$139.66	\$50.76	\$89.75	-\$120.55
Part C	\$38.79	\$121.54	\$69.79	\$119.32	-\$84.89
Part D	\$10.96	\$18.12	-\$19.02	-\$29.57	-\$55.87
Supp Benefit Value Add	\$22.80	\$39.79	\$39.02	\$41.37	\$37.89
Actuarial Value (%)	9.05%	37.75%	29.25%	49.56%	65.08%
Monthly Premium	\$ 0 (\$ 0)	\$ 0 (\$ 0)	\$ 71 (\$ 3 ▲)	\$ 95 (\$ 7 ▲)	\$ 301 (\$ 3 ▲)
Health Premium	\$0	\$0	\$33	\$41	\$221
Drug Premium	\$0	\$0	\$38	\$54	\$80
Part B Reduction Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Annual Drug Deductible	\$300	\$295	\$250	\$200	\$200

Steps to compare plans in your market

Compare plans in your market by following the above highlighted six steps:

1. Select your Market
2. Select Plans to compare
3. Select your benefits
4. Filter Plans
5. View Plan Comparison
6. Download view as spreadsheet



1

1.1 Select your State

HealthWorks AI Confidential



Step 1: Select your market

Select your geographical market, plan offering (SNP/Non-SNP) and Plan type.

1

Dropdown Filter		State New York	County Bronx	Plan Type (Multiple values)	SNP Plans Non-SNP	Plan Description I)	Plans (Multiple values)	Benefits Comprehensive Dental
Quick Filters		Premium Range 0.0 350.0	<input type="checkbox"/> (All) <input type="checkbox"/> Albany <input type="checkbox"/> Allegany <input checked="" type="checkbox"/> Bronx <input type="checkbox"/> Broome <input type="checkbox"/> Cattaraugus <input type="checkbox"/> Cayuga <input type="checkbox"/> Chautauqua <input type="checkbox"/> Chemung <input type="checkbox"/> Chenango <input type="checkbox"/> Clinton <input type="checkbox"/> Columbia <input type="checkbox"/> Cortland <input type="checkbox"/> Delaware	Plans with Part B Giveback Provides Health and Drug Coverage Plans with only Part D Premium Change in Enrollment From Apr19 To Apr20				
Plan Information	Plan Name	Aetna Medicare Valian (HMO)H3312-01		EmblemHealth VIP Essen-MO)H3330-032-001	EmblemHealth VIP Go (-HMO-POS)H3330-041-001	EmblemHealth VIP Gold (HMO)H3330-021-001	EmblemHealth VIP Gold - Plus (HMO)H3330-038-000	
	Parent Organization	CVS Health Corp		EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.	
Plan Indicator	Contract Number	H3312-002-00		H3330-032-001	H3330-041-001	H3330-021-001	H3330-038-000	
	Plan Type	Local HMO		Local HMO	Local HMO	Local HMO	Local HMO	
	SNP Type	Non-SNP		Non-SNP	Non-SNP	Non-SNP	Non-SNP	
	Enrollment (Apr 2020)	1,006		8,553	21	807	118	
	Enrollment Change (Apr19 to Apr20)	-3		976	4	-112	-25	
	Estimated OOPC	\$314.38		\$215.98	\$233.18	\$185.34	\$153.47	
	Plan Coverage	Provides Health and Drug		Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	
	Overall Star Ratings	3.5		3	3	3	3	
	No. of Counties	3		4	23	4	14	
	HealthWorks True Plan Value Total	\$49.76		\$139.66	\$50.76	\$89.75	-\$120.55	
	Part C	\$38.79		\$121.54	\$69.79	\$119.32	-\$64.89	
	Part D	\$10.96		\$18.12	-\$19.02	-\$29.57	-\$55.67	
	Supp Benefit Value Add	\$22.80		\$39.79	\$39.02	\$41.37	\$37.89	
	Actuarial Value (%)	9.05%		37.75%	29.25%	49.56%	65.08%	
Monthly Premium	\$ 0 (\$ 0)		\$ 0 (\$ 0)	\$ 71 (\$ 3 ▲)	\$ 95 (\$ 7 ▲)	\$ 301 (\$ 3 ▲)		
Health Premium	\$ 0		\$ 0	\$ 33	\$ 41	\$ 221		
Drug Premium	\$ 0		\$ 0	\$ 38	\$ 54	\$ 80		
Part B Reduction Amount	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
Annual Drug Deductible	\$300		\$295	\$250	\$200	\$200		

1.2 Select your County

Select one or more than one county by clicking on the drop-down County filter and click apply



Step 1: Select your market

Select your geographical market, plan offering (SNP/Non-SNP) and Plan type.

1

Dropdown Filter		State New York	County Bronx	Plan Type (Multiple values)	SNP Plans Non-SNP	Plan Description I)	Plans (Multiple values)	Benefits Comprehensive Dental
Quick Filters		Premium Range 0.0 350.0	Enr Range 21 8,553					
Plan Information	Plan Name	Aetna Medicare Value Plan (HMO)H3312-002-000	EmblemHealth (HMO)H3312-002-000					
	Parent Organization	CVS Health Corporation	EmblemHealth, Inc.					
	Contract Number	H3312-002-000	H3312-002-000					
	Plan Type	Local HMO	Local HMO					
	SNP Type	Non-SNP	Non-SNP					
	Enrollment (Apr 2020)	1,006	807					
	Enrollment Change (Apr19 to Apr20)	-3	-112					
	Estimated OOPC	\$314.38	\$233.18					
	Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage					
	Overall Star Ratings	3.5	3					
Plan Indicator	No. of Counties	3	4					
	HealthWorks True Plan Value Total	\$49.76	\$139.66					
	Part C	\$38.79	\$121.54					
	Part D	\$10.96	\$18.12					
	Supp Benefit Value Add	\$22.80	\$39.79					
	Actuarial Value (%)	9.05%	37.75%					
	Monthly Premium	\$0 (\$0)	\$0 (\$0)					
	Health Premium	\$0	\$0					
	Drug Premium	\$0	\$0					
	Part B Reduction Amount	\$0.00	\$0.00					
Annual Drug Deductible	\$300	\$295						

☐ (All)

☒ Local HMO

☒ Local HMO(without Part D)

☐ Local PPO

☐ Local PPO (without Part D)

☐ MMP

☐ Regional PPO

☐ Regional PPO (without Part D)

Cancel

Apply

1.3 Select your Plan type

Select one or more than one plan type (HMO, PPO, Regional PPO etc.) to filter plans of a type.



Step 1: Select your market

Select your geographical market, plan offering (SNP/Non-SNP) and Plan type.

1

Dropdown Filter		State New York	County Bronx	Plan Type (Multiple values)	SNP Plans Non-SNP	Plan Description I)	Plans (Multiple values)	Benefits Comprehensive Dental
Quick Filters		Premium Range 0.0 350.0	Enr Range 21 8,553	Plans with Part B Giveback		Plans with only Part D Premium		
				<div><input type="checkbox"/> (All) <input checked="" type="checkbox"/> Non-SNP <input type="checkbox"/> Chronic or Disabling Condition <input type="checkbox"/> Dual-Eligible <input type="checkbox"/> Institutional Cancel Apply</div>		Change in Enrollment From Apr19 To Apr20		
Plan Information	Plan Name	Aetna Medicare Value Plan (HMO)H3312-002-000	EmblemHealth VIP Essential (HMO)H3330-032-001			EmblemHealth VIP Gold (HMO)H3330-021-001	EmblemHealth VIP Gold - Plus (HMO)H3330-038-000	
	Parent Organization	CVS Health Corporation	EmblemHealth, Inc.			EmblemHealth, Inc.	EmblemHealth, Inc.	
	Contract Number	H3312-002-000	H3330-032-001			H3330-021-001	H3330-038-000	
	Plan Type	Local HMO	Local HMO			Local HMO	Local HMO	
	SNP Type	Non-SNP	Non-SNP			Non-SNP	Non-SNP	
	Enrollment (Apr 2020)	1,006	8,553			807	118	
	Enrollment Change (Apr19 to Apr20)	-3	976			-112	-25	
	Estimated OOPC	\$314.38	\$215.98			\$185.34	\$153.47	
	Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage			Provides Health and Drug Coverage	Provides Health and Drug Coverage	
	Overall Star Ratings	3.5	3			3	3	
Plan Indicator	No. of Counties	3	4			4	14	
	HealthWorks True Plan Value Total	\$49.76	\$139.66			\$89.75	-\$120.55	
	Part C	\$38.79	\$121.54			\$119.32	-\$64.89	
	Part D	\$10.96	\$18.12			-\$29.57	-\$55.67	
	Supp Benefit Value Add	\$22.80	\$39.79			\$41.37	\$37.89	
	Actuarial Value (%)	9.05%	37.75%			49.56%	65.08%	
	Monthly Premium	\$ 0 (\$ 0)	\$ 0 (\$ 0)			\$ 95 (\$ 7 ▲)	\$ 301 (\$ 3 ▲)	
	Health Premium	\$ 0	\$ 0			\$ 41	\$ 221	
	Drug Premium	\$ 0	\$ 0			\$ 54	\$ 80	
	Part B Reduction Amount	\$ 0.00	\$ 0.00			\$ 0.00	\$ 0.00	
Annual Drug Deductible	\$300	\$295			\$200	\$200		

1.4 Select your Plan offering

Select 'Non-SNP' for Non-SNP plans, 'All' for SNP and Non-SNP plans.



Step 2: Select Plans to Compare

Select plan description and choose plans to compare.

2

Dropdown Filter

State
New York

County
Bronx

Plan Type
(Multiple values)

SNP Plans
Non-SNP

Plan Description
(All)

Plans
(Multiple values)

Benefits
Comprehensive Dental

Quick Filters

Premium Range
0.0 350.0

Enr Range
21 8,553

Plans with Part B Giveback

Provides Health and Drug Coverage

Change in Enrollment
From Apr19 To Apr20

Plan Name	Aetna Medicare Value Plan (HMO)H3312-002-000	EmblemHealth VIP Essential (HMO)H3330-032-001	EmblemHealth VIP Go (HMO-POS)H3330-041-001		
Parent Organization	CVS Health Corporation	EmblemHealth, Inc.	EmblemHealth, Inc.		
Contract Number	H3312-002-000	H3330-032-001	H3330-041-001		
Plan Type	Local HMO	Local HMO	Local HMO		
SNP Type	Non-SNP	Non-SNP	Non-SNP		
Enrollment (Apr 2020)	1,006	8,553	21		
Enrollment Change (Apr19 to Apr20)	-3	976	4		
Estimated OOPC	\$314.38	\$215.98	\$233.18	\$185.34	\$153.47
Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage
Overall Star Ratings	3.5	3	3	3	3
No. of Counties	3	4	23	4	14
HealthWorks True Plan Value Total	\$49.76	\$139.66	\$50.76	\$89.75	-\$120.55
Part C	\$38.79	\$121.54	\$69.79	\$119.32	-\$64.89
Part D	\$10.96	\$18.12	-\$19.02	-\$29.57	-\$55.67
Supp Benefit Value Add	\$22.60	\$39.79	\$39.02	\$41.37	\$37.89
Actuarial Value (%)	9.05%	37.75%	29.25%	49.56%	65.08%
Monthly Premium	\$ 0 (\$ 0)	\$ 0 (\$ 0)	\$ 71 (\$ 3 ▲)	\$ 95 (\$ 7 ▲)	\$ 301 (\$ 3 ▲)
Health Premium	\$0	\$0	\$33	\$41	\$221
Drug Premium	\$0	\$0	\$38	\$54	\$80
Part B Reduction Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Annual Drug Deductible	\$300	\$295	\$250	\$200	\$200

Plan Description

(All)

☒ (All)

☒ Consolidated Renewal Plan

☒ Initial Contract

☒ New Plan

☒ Renewal Plan

☒ Renewal Plan with SAE

☒ Renewal Plan with SAR

Cancel

Apply

2.1 Select Plan description

Select plans based on their length of contract.

- Consolidated Renewal Plan: Plans that merged into one plan
- Initial Contract: Plans released under a new contract
- New Plan: Plan introduced for the first time under an existing contract
- Renewal Plan: Plans carrying over from last year
- Renewal plan with SAE: Plans carrying over from last year and expanding into new service areas
- Renewal plan with SAR: Plans carrying over from last year but reducing their service areas



Step 2: Select Plans to Compare

Select plan description and choose plans to compare.

2

Dropdown Filter		State		County		Plan Type		SNP Plans		Plan Description		Plans		Benefits	
		New York		Bronx		(Multiple values)		Non-SNP		(All)		(Multiple values)		Comprehensive Dental	
Quick Filters		Premium Range		Enr Range		Plans with Part B Giveback		Provides Health and Drug Coverage		Plans with only Part B Premium					
		0.0 350.0		21 8,553											
Plan Information	Plan Name	Aetna Medicare Value Plan (HMO)H3312-002-000			EmblemHealth VIP Essential (HMO)H3330-032-001			EmblemHealth VIP Go (HMO-POS)H3330-041-001			EmblemHealth VIP Gold (HMO)H3330-051-001				
	Parent Organization	CVS Health Corporation			EmblemHealth, Inc.			EmblemHealth, Inc.			EmblemHealth, Inc.				
	Contract Number	H3312-002-000			H3330-032-001			H3330-041-001			H3330-021-000				
	Plan Type	Local HMO			Local HMO			Local HMO			Local HMO				
	SNP Type	Non-SNP			Non-SNP			Non-SNP			Non-SNP				
	Enrollment (Apr 2020)	1,006			8,553			21			807				
	Enrollment Change (Apr19 to Apr20)	-3			976			4			-112				
	Estimated OOPC	\$314.38			\$215.98			\$233.18			\$185.34				
Plan Indicator	Plan Coverage	Provides Health and Drug Coverage			Provides Health and Drug Coverage			Provides Health and Drug Coverage			Provides Health and Drug Coverage				
	Overall Star Ratings	3.5			3			3			3				
	No. of Counties	3			4			23			4				
	HealthWorks True Plan Value Total	\$49.76			\$139.66			\$50.76			\$89.75				
	Part C	\$38.79			\$121.54			\$69.79			\$119.32				
	Part D	\$10.96			\$18.12			-\$19.02			-\$29.57				
	Supp Benefit Value Add	\$22.60			\$39.79			\$39.02			\$41.37				
	Actuarial Value (%)	9.05%			37.75%			29.25%			49.56%				
	Monthly Premium	\$ 0 (\$ 0)			\$ 0 (\$ 0)			\$ 71 (\$ 3 ▲)			\$ 95 (\$ 7 ▲)				
	Health Premium	\$0			\$0			\$33			\$41				
Drug Premium	\$0			\$0			\$38			\$54					
Part B Reduction Amount	\$0.00			\$0.00			\$0.00			\$0.00					
Annual Drug Deductible	\$300			\$295			\$250			\$200					

☒ EmblemHealth VIP Essential (HMO)H33...

☐ EmblemHealth VIP Essential (HMO)H33...

☐ EmblemHealth VIP Essential (HMO)H33...

☐ EmblemHealth VIP Essential (HMO)H33...

☒ EmblemHealth VIP Go (HMO-POS)H333...

☐ EmblemHealth VIP Go (HMO-POS)H333...

☒ EmblemHealth VIP Gold (HMO)H3330-0...

☐ EmblemHealth VIP Gold (HMO)H3330-0...

☐ EmblemHealth VIP Gold (HMO)H3330-0...

☒ EmblemHealth VIP Gold Plus (HMO)H33...

☐ EmblemHealth VIP Part B Saver (HMO)...

☐ EmblemHealth VIP Passport (HMO)H59...

- ☒ EmblemHealth VIP Essential (HMO)H33...
- ☐ EmblemHealth VIP Essential (HMO)H33...
- ☐ EmblemHealth VIP Essential (HMO)H33...
- ☐ EmblemHealth VIP Essential (HMO)H33...
- ☒ EmblemHealth VIP Go (HMO-POS)H333...
- ☐ EmblemHealth VIP Go (HMO-POS)H333...
- ☐ EmblemHealth VIP Go (HMO-POS)H333...
- ☒ EmblemHealth VIP Gold (HMO)H3330-0...
- ☐ EmblemHealth VIP Gold (HMO)H3330-0...
- ☐ EmblemHealth VIP Gold (HMO)H3330-0...
- ☐ EmblemHealth VIP Gold (HMO)H3330-0...
- ☒ EmblemHealth VIP Gold Plus (HMO)H33...
- ☐ EmblemHealth VIP Part B Saver (HMO)...
- ☐ EmblemHealth VIP Passport (HMO)H59...

2.2 Select Plans to compare

Select plans to compare by searching their name or contract. It is suggested to choose a maximum of six plans to compare, more than six plans misaligns the view. Reach out to your Point of contact to set a default view of more than six plans. However, if you wish to download as a spreadsheet, you can select all plans.



Step 3: Select Benefits to Compare Plans

Select Benefits to compare plans

3

Dropdown Filter

State
New York

County
Bronx

Plan Type
(Multiple values)

SNP Plans
Non-SNP

Plan Description
(All)

Plans
(Multiple values)

Benefits
Comprehensive Dental

Quick Filters

Premium Range
0.0 350.0

Enr Range
21 8,553

Plans with Part B Giveback

Provides Health and Drug Coverage

Plans with only Part D Premium

Plan Information

Plan Name	Aetna Medicare Value Plan (HMO)H3312-002-000	EmblemHealth VIP Essential (HMO)H3330-032-001	EmblemHealth VIP Go (-HMO-POS)H3330-041-001	EmblemHealth VIP Gold (HMO)H3330-021-001
Parent Organization	CVS Health Corporation	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.
Contract Number	H3312-002-000	H3330-032-001	H3330-041-001	H3330-021-001
Plan Type	Local HMO	Local HMO	Local HMO	Local HMO
SNP Type	Non-SNP	Non-SNP	Non-SNP	Non-SNP
Enrollment (Apr 2020)	1,006	8,553	21	807
Enrollment Change (Apr19 to Apr20)	-3	976	4	-112
Estimated OOPC	\$314.38	\$215.98	\$233.18	\$185.34

Plan Indicator

Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage
Overall Star Ratings	3.5	3	3	3
No. of Counties	3	4	23	4
HealthWorks True Plan Value Total	\$49.76	\$139.66	\$50.76	\$89.75
Part C	\$38.79	\$121.54	\$69.79	\$119.32
Part D	\$10.96	\$18.12	-\$19.02	-\$29.57
Supp Benefit Value Add	\$22.60	\$39.79	\$39.02	\$41.37
Actuarial Value (%)	9.05%	37.75%	29.25%	49.56%
Monthly Premium	\$ 0 (\$ 0)	\$ 0 (\$ 0)	\$ 71 (\$ 3 ▲)	\$ 95 (\$ 7 ▲)
Health Premium	\$0	\$0	\$33	\$41
Drug Premium	\$0	\$0	\$38	\$54
Part B Reduction Amount	\$0.00	\$0.00	\$0.00	\$0.00
Annual Drug Deductible	\$300	\$295	\$250	\$200

Benefits

☐ (All)
☐ Acupuncture
☐ Additional Telehealth
☐ Ambulatory Surgical Center Services
☐ Annual Physical Exam
☐ Cardiac and Pulmonary Rehabilitation S...
☐ Chiropractic Services
☒ Comprehensive Dental
☐ Diabetes
☐ Diabetic Supplies
☐ DME
☐ Emergency Care
☐ Eye Exams
☐ Eyewear
☐ Ground and Air Ambulance
☐ Hearing Aids

3.1 Select Benefits to compare plans

Select one or more than one benefit to compare selected plans. Scroll the drop-down menu to see more than 50 benefits that are coded to create a comprehensible view. Scroll down the page to see the benefits.



Plan Comparison View

Plan Comparison view to compare Enrollments and year over year cost trends

Dropdown Filter		State	County	Plan Type	SNP Plans	Plan Description	Plans	Benefits
		New York	Bronx	(Multiple values)	Non-SNP	(All)	(Multiple values)	Comprehensive Dental
Quick Filters		Premium Range	Enr Range	Plans with Part B Giveback	Provides Health and Drug Coverage	Plans with only Part D Premium	Change in Enrollment	
		0.0 350.0	21 8,553				From Apr19	To Apr20
Plan Information	Plan Name	Aetna Medicare Value Plan (HMO)H3312-002-000		H3312-002-000	EmblemHealth VIP Go (-HMO-POS)H3330-041-001	EmblemHealth VIP Gold (HMO)H3330-021-001	EmblemHealth VIP Gold - Plus (HMO)H3330-038-000	
	Parent Organization	CVS Health Corporation			EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.	
	Contract Number	H3312-002-000			H3330-041-001	H3330-021-001	H3330-038-000	
	Plan Type	Local HMO			Local HMO	Local HMO	Local HMO	
	SNP Type	Non-SNP			Non-SNP	Non-SNP	Non-SNP	
	Enrollment (Apr 2020)	1,006			21	807	118	
	Enrollment Change (Apr19 to Apr20)	-3			4	-112	-25	
	Estimated OOPC	\$314.38			\$233.18	\$185.34	\$153.47	
	Plan Coverage	Provides Health and Drug Coverage			Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	
	Overall Star Ratings	3.5			3	3	3	
Plan Indicator	No. of Counties	3			23	4	14	
	HealthWorks True Plan Value Total	\$49.76			\$50.76	\$89.75	-\$120.55	
	Part C	\$38.79			\$69.79	\$119.32	-\$64.89	
	Part D	\$10.96			-\$19.02	-\$29.57	-\$55.67	
	Supp Benefit Value Add	\$22.80			\$39.02	\$41.37	\$37.89	
	Actuarial Value (%)	9.05%			37.75%	49.56%	65.08%	
	Monthly Premium	\$ 0 (\$ 0)			\$ 71 (\$ 3 ▲)	\$ 95 (\$ 7 ▲)	\$ 301 (\$ 3 ▲)	
	Health Premium	\$0			\$33	\$41	\$221	
	Drug Premium	\$0			\$38	\$54	\$80	
	Part B Reduction Amount	\$0.00			\$0.00	\$0.00	\$0.00	
	Annual Drug Deductible	\$300			\$250	\$200	\$200	

Plan comparison view

Hover on Enrollment (April 20) to view enrollments for the selected plan across counties.



Plan Comparison View

Plan Comparison view to compare Healthworks True Plan Value Total and year over year cost trends

Dropdown Filter		State	County	Plan Type	SNP Plans	Plan Description	Plans	Benefits
		New York	Bronx	(Multiple values)	Non-SNP	(All)	(Multiple values)	Comprehensive Dental
Quick Filters		Premium Range	Enr Range	Plans with Part B Giveback	Provides Health and Drug Coverage	Plans with only Part D Premium	Change in Enrollment	
		0.0 350.0	21 8,553				From Apr19	To Apr20
Plan Information	Plan Name	Aetna Medicare Value Plan (HMO)H3312-002-000	EmblemHealth VIP Essential (HMO)H3330-032-001	EmblemHealth VIP Go (HMO-POS)H3330-041-001	EmblemHealth VIP Gold (HMO)H3330-021-001	EmblemHealth VIP Gold Plus (HMO)H3330-038-000		
	Parent Organization	CVS Health Corporation	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.		
Plan Indicator	Contract Number	H3312-002-000	H3330-032-001	H3330-041-001	H3330-021-001	H3330-038-000		
	Plan Type	Local HMO	Local HMO	Local HMO	Local HMO	Local HMO		
Plan Indicator	SNP Type	Non-SNP	Non-SNP	Non-SNP	Non-SNP	Non-SNP		
	Enrollment (Apr 2020)	1,006	21	807	118	118		
Plan Indicator	Enrollment Change (Apr19 to Apr20)	-3	4	-112	-25	-25		
	Estimated OOPC	\$314.38	\$233.18	\$185.34	\$153.47	\$153.47		
Plan Indicator	Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage		
	Overall Star Ratings	3.5	3	3	3	3		
Plan Indicator	No. of Counties	3	23	4	14	14		
	HealthWorks True Plan Value Total	\$49.76	\$50.76	\$89.75	-\$120.55	-\$120.55		
Plan Indicator	Part C	\$38.79	\$69.79	\$119.32	-\$64.89	-\$64.89		
	Part D	\$10.96	-\$19.02	-\$29.57	-\$55.67	-\$55.67		
Plan Indicator	Supp Benefit Value Add	\$22.00	\$39.02	\$41.37	\$37.89	\$37.89		
	Actuarial Value (%)	9.05%	29.25%	49.56%	65.08%	65.08%		
Plan Indicator	Monthly Premium	\$ 0 (\$ 0)	\$ 71 (\$ 3 ▲)	\$ 95 (\$ 7 ▲)	\$ 301 (\$ 3 ▲)	\$ 301 (\$ 3 ▲)		
	Health Premium	\$ 0	\$ 33	\$ 41	\$ 221	\$ 221		
Plan Indicator	Drug Premium	\$ 0	\$ 38	\$ 54	\$ 80	\$ 80		
	Part B Reduction Amount	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
Plan Indicator	Annual Drug Deductible	\$300	\$295	\$250	\$200	\$200		

Plan comparison view

Hover on **HealthWorks True Plan Value Total** to view values for the selected plan across counties. By default, the **average** is shown for Healthworks TPV for a plan.



Download Plan Comparison View

Download the selected view of Plan Comparison

Dropdown Filter		State	County	Plan Type	SNP Plans	Plan Description	Plans	Benefits
		New York	Bronx	(Multiple values)	Non-SNP	(All)	(Multiple values)	Comprehensive Dental
Quick Filters		Premium Range	Enr Range	Plans with Part B Giveback	Provides Health and Drug Coverage	Plans with only Part D Premium	Change in Enrollment	
		0.0 350.0	21 8,553				From Apr19	To Apr20
Plan Information	Plan Name	Aetna Medicare Value Plan (HMO)H3312-002-000	EmblemHealth VIP Essential (HMO)H3330-032-001	EmblemHealth VIP Go (-HMO-POS)H3330-041-001	EmblemHealth VIP Gold (HMO)H3330-021-001	EmblemHealth VIP Gold - Plus (HMO)H3330-038-000		
	Parent Organization	CVS Health Corporation	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.		
	Contract Number	H3312-002-000	H3330-032-001	H3330-041-001	H3330-021-001	H3330-038-000		
	Plan Type	Local HMO	Local HMO	Local HMO	Local HMO	Local HMO		
	SNP Type	Non-SNP	Non-SNP	Non-SNP	Non-SNP	Non-SNP		
	Enrollment (Apr 2020)	1,006	8,553	21	807	118		
Plan Indicator	Enrollment Change (Apr19 to Apr20)	-3	976	4	-112	-25		
	Estimated OOPC	\$314.38	\$215.98	\$233.18	\$185.34	\$153.47		
	Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage		
	Overall Star Ratings	3.5	3	3	3	3		
	No. of Counties	3	4	23	4	14		
	HealthWorks True Plan Value Total	\$49.76	\$139.66	\$50.76	\$89.75	-\$120.55		
	Part C	\$38.79	\$121.54	\$69.79	\$119.32	-\$64.89		
	Part D	\$10.96	\$18.12	-\$19.02	-\$29.57	-\$55.67		
	Supp Benefit Value Add	\$22.60	\$39.79	\$39.02	\$41.37	\$37.89		
	Actuarial Value (%)	9.05%	37.75%	29.25%	49.58%	65.08%		
	Monthly Premium	\$ 0 (\$ 0)	\$ 0 (\$ 0)	\$ 71 (\$ 3 ▲)	\$ 95 (\$ 7 ▲)	\$ 301 (\$ 3 ▲)		
	Health Premium	\$0	\$0	\$33	\$41	\$221		
	Drug Premium	\$0	\$0	\$38	\$54	\$80		
	Part B Reduction Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	Annual Drug Deductible	\$300	\$295	\$250	\$200			
		View: Original Alert Share Download						

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Dropdown Filter

State
New York

County
Bronx

Plan Type
(Multiple values)

SNP Plans
Non-SNP

Plan Description
(All)

Plans
(Multiple values)

Benefits
Comprehensive Dental

Quick Filters

Premium Range
0.0 350.0

Enr Range
21 8,553

Plans with Part B Giveback

Provides Health and Drug Coverage

Plans with only Part D

Change in Enrollment
From Apr19 To Apr20

Plan Information	Plan Name	Aetna Medicare Value Plan (HMO)H3312-002-000	EmblemHealth VIP Essential (HMO)H3330-032-001	EmblemHealth VIP Gold Plus (HMO)H3330-038-000
	Parent Organization	CVS Health Corporation	EmblemHealth, Inc.	EmblemHealth, Inc.
	Contract Number	H3312-002-000	H3330-032-001	H3330-038-000
	Plan Type	Local HMO	Local HMO	Local HMO
Plan Indicator	SNP Type	Non-SNP	Non-SNP	Non-SNP
	Enrollment (Apr 2020)	1,008	8,553	118
	Enrollment Change (Apr19 to Apr20)	-3	976	-25
	Estimated OOPC	\$314.38	\$215.98	\$153.47
	Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage
	Overall Star Ratings	3.5	3	3
	No. of Counties	3	4	14
	HealthWorks True Plan Value Total	\$49.76	\$139.06	-\$120.55
	Part C	\$38.79	\$121.54	-\$64.89
	Part D	\$10.96	\$18.12	-\$55.67
	Supp Benefit Value Add	\$22.60	\$39.79	\$37.89
	Actuarial Value (%)	9.05%	37.75%	65.08%
Monthly Premium	\$0 (\$0)	\$0 (\$0)	\$301 (\$3)	
Health Premium	\$0	\$0	\$221	
Drug Premium	\$0	\$0	\$80	
Part B Reduction Amount	\$0.00	\$0.00	\$0.00	
Annual Drug Deductible	\$300	\$295	\$250	

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Quick filters for plan selection

Use quick filters to further select plans based on pervious selection

Dropdown Filter

1

State

New York

County

Bronx

Plan Type

(Multiple values)

SNP Plans

Non-SNP

Plan Description

(All)

Plans

(Multiple values)

Benefits

Comprehensive Dental

Quick Filters

Premium Range

0.0 350.0

Enr Range

247 31,275

Plans with Part B Giveback

Provides Health and Drug Coverage

Plans with only Part D Premium

Change in Enrollment

From

Apr19

To

Apr20

Plan Name	Aetna Medicare Value Plan (HMO)H3312-002-000	EmblemHealth VIP Essential (HMO)H3330-032-001	EmblemHealth VIP Go (HMO-POS)H3330-041-001	EmblemHealth VIP Gold (HMO)H3330-021-001	EmblemHealth VIP Gold Plus (HMO)H3330-038-000
Parent Organization	CVS Health Corporation	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.
Contract Number	H3312-002-000	H3330-032-001	H3330-041-001	H3330-021-001	H3330-038-000
Plan Type	Local HMO	Local HMO	Local HMO	Local HMO	Local HMO
SNP Type	Non-SNP	Non-SNP	Non-SNP	Non-SNP	Non-SNP
Enrollment (Apr 2020)	1,006	8,553	21	807	118
Enrollment Change (Apr19 to Apr20)	-3	976	4	-112	-25
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Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage
Overall Star Ratings	3.5	3	3	3	3
No. of Counties	3	4	23	4	14
HealthWorks True Plan Value Total	\$49.76	\$139.66	\$50.76	\$89.75	-\$120.55
Part C	\$38.79	\$121.54	\$69.79	\$119.32	-\$64.89
Part D	\$10.96	\$18.12	-\$19.02	-\$29.57	-\$55.67
Supp Benefit Value Add	\$22.80	\$39.79	\$39.02	\$41.37	\$37.89
Actuarial Value (%)	9.05%	37.75%	29.25%	49.56%	65.08%
Monthly Premium	\$ 0 (\$ 0)	\$ 0 (\$ 0)	\$ 71 (\$ 3 ▲)	\$ 95 (\$ 7 ▲)	\$ 301 (\$ 3 ▲)
Health Premium	\$0	\$0	\$33	\$41	\$221
Drug Premium	\$0	\$0	\$38	\$54	\$80
Part B Reduction Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Annual Drug Deductible	\$300	\$295	\$250	\$200	\$200

Quick filters for plan selection

Quick filters allow you to select specific set of plans in your market. The following filters are available:

- Premium Range: Range of premium offered in the State/County. Use the slider or enter \$ values to filter by premium range
- Enrollment Range: Range of Enrollment for the current month in State/County. Use the slider or enter values to filter by enrollment range
- Plans with Part B Giveback: Plans offering Part B Giveback
- Plans with Health and Drug coverage: Plans offering drug coverage
- Plans with only Part D Premium: Plans with Total Premium = Part D Premium



Quick filters for plan selection

Use quick filters to further select plans based on pervious selection

2

Dropdown Filter		State	County	Plan Type	SNP Plans	Plan Description	Plans	Benefits
		New York	Bronx	(Multiple values)	Non-SNP	(All)	(Multiple va	Comprehensive Dental
Quick Filters		Premium Range	Enr Range	Plans with Part B Giveback		Provides Health and Drug Coverage	Plans with only Part D Premium	Change in Enrollment
		0.0 350.0	21 8,553					From Apr19 To Apr20
Plan Information	Plan Name	Aetna Medicare Value Plan (HMO)H3312-002-000	EmblemHealth VIP Essential (HMO)H3330-032-001	EmblemHealth VIP Go (-HMO-POS)H3330-041-001	EmblemHealth VIP Gold (HMO)H3330-021-001	EmblemHealth VIP Gold Plus (HMO)H3330-038-000		
	Parent Organization	CVS Health Corporation	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.	EmblemHealth, Inc.		
	Contract Number	H3312-002-000	H3330-032-001	H3330-041-001	H3330-021-001	H3330-038-000		
	Plan Type	Local HMO	Local HMO	Local HMO	Local HMO	Local HMO		
	SNP Type	Non-SNP	Non-SNP	Non-SNP	Non-SNP	Non-SNP		
	Enrollment (Apr 2020)	1,006	8,553	21	807	118		
Plan Indicator	Enrollment Change (Apr19 to Apr20)	-3	978	4	-112	-25		
	Estimated OOPC	\$314.38	\$210.98	\$233.18	\$185.34	\$153.47		
	Plan Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage	Provides Health and Drug Coverage		
	Overall Star Ratings	3.5	3	3	3	3		
	No. of Counties	3	4	23	4	14		
	HealthWorks True Plan Value Total	\$49.78	\$139.88	\$50.78	\$89.75	-\$120.55		
	Part C	\$38.79	\$121.54	\$89.79	\$119.32	-\$84.89		
	Part D	\$10.98	\$18.12	-\$19.02	-\$29.57	-\$55.87		
	Supp Benefit Value Add	\$22.80	\$39.79	\$39.02	\$41.37	\$37.89		
	Actuarial Value (%)	9.05%	37.75%	29.25%	49.56%	65.08%		
	Monthly Premium	\$ 0 (\$0)	\$ 0 (\$0)	\$ 71 (\$3 ▲)	\$ 95 (\$7 ▲)	\$ 301 (\$3 ▲)		
	Health Premium	\$0	\$0	\$33	\$41	\$221		
	Drug Premium	\$0	\$0	\$38	\$54	\$80		
	Part B Reduction Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
	Annual Drug Deductible	\$300	\$295	\$250	\$200	\$200		

Quick filters for plan selection

Change in Enrollment to get the net enrollment figures. Select 'From' and 'To' month-year to view net enrollment.

An elderly couple is sitting on a wooden park bench. The woman on the left is wearing a grey patterned dress and is focused on reading a newspaper. The man on the right is wearing a light blue jacket, a red shirt, light-colored trousers, a fedora hat, and sunglasses. He is smiling and also reading a newspaper. A white plastic bag sits on the bench between them. The background shows a park setting with trees and a path. The entire image has a semi-transparent purple overlay.

Thank You



HealthWorks AI