

	EmblemHealth Select Care Platinum HMO 15/35		EmblemHealth Select Care Silver Value 35/55		EmblemHealth Select Care Gold HMO 40/60		EmblemHealth Select Care Bronze Value HD 7150	
	In-Network		In-Network		In-Network		In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/30/60		0%/0%/0% IntDed T2-3		15/35/75/100 ded		30/0%/0% IntDed T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$5,800/\$11,600		\$250/\$500		\$7,150/\$14,300	
Individual/Family OOP Limit	\$2,000/\$4,000		\$5,800/\$11,600 (incl ded)		\$5,500/\$11,000 (incl ded)		\$7,150/\$14,300 (incl ded)	
Co-Insurance	0%		0%		0%		0%	
<b>Office Visits</b>								
Primary Care	\$15		No charge visits 1-3; \$35 ded waived visits 4+		\$40 after ded		No charge visits 1-2; 0% after ded visits 3+	
Specialist	\$35		\$55 ded waived		\$60 after ded		0% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit; pre-auth req		0% after ded; pre-auth req		\$1,500/admit after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Inpatient	\$500/admit; pre-auth req		0% after ded; pre-auth req		\$1,500/admit after ded; pre-auth req		0% after ded; pre-auth req	
<b>Outpatient Services</b>								
Outpatient Facility	\$100; pre-auth req		0% after ded; pre-auth req		\$150 after ded; pre-auth req		0% after ded; pre-auth req	
Lab/X-Ray	PCP-\$15; SP-\$35		No charge		PCP-\$40 after ded; SP-\$60 after ded		No charge	
Mental Health Outpatient	\$15		\$35 ded waived		\$40 after ded		0% after ded	
<b>Emergency Care</b>								
Emergency Room	\$100 (waived if admitted)		0% after ded		\$200 (waived if admitted) after ded		0% after ded	
Urgent Care	\$55		\$75 ded waived		\$60 after ded		0% after ded	
<b>Single</b>	1 x \$985.52		1 x \$637.68		1 x \$815.17		1 x \$570.16	
EE with Spouse	0 x \$1,971.04		0 x \$1,275.36		0 x \$1,630.34		0 x \$1,140.32	
EE with Child(ren)	0 x \$1,675.38		0 x \$1,084.06		0 x \$1,385.79		0 x \$969.27	
Family	1 x \$2,808.73		1 x \$1,817.39		1 x \$2,323.23		1 x \$1,624.96	
<b>Monthly Cost</b>	2 \$3,794.25		2 \$2,455.07		2 \$3,138.40		2 \$2,195.12	
<b>Annual Cost</b>	\$45,531.00		\$29,460.84		\$37,660.80		\$26,341.44	