

	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	\$1,001.29	1 x	\$647.88	1 x	\$828.21	1 x	\$579.28
EE with Spouse	0 x	\$2,002.58	0 x	\$1,295.77	0 x	\$1,656.43	0 x	\$1,158.57
EE with Child(ren)	0 x	\$1,702.19	0 x	\$1,101.40	0 x	\$1,407.96	0 x	\$984.78
Family	1 x	\$2,853.67	1 x	\$1,846.47	1 x	\$2,360.40	1 x	\$1,650.96
<b>Monthly Cost</b>	2	\$3,854.96	2	\$2,494.35	2	\$3,188.61	2	\$2,230.24
<b>Annual Cost</b>		\$46,259.52		\$29,932.20		\$38,263.32		\$26,762.88