

	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
Prescription Drugs								
Drug Card	10/30/60		0%/0%/0% IntDed T2-3		15/35/75/100 ded		30/0%/0% IntDed T2-3	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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	
Single	1 x \$950.17		1 x \$614.81		1 x \$785.93		1 x \$549.71	
EE with Spouse	0 x \$1,900.35		0 x \$1,229.62		0 x \$1,571.85		0 x \$1,099.41	
EE with Child(ren)	0 x \$1,615.30		0 x \$1,045.18		0 x \$1,336.08		0 x \$934.51	
Family	1 x \$2,708.00		1 x \$1,752.21		1 x \$2,239.89		1 x \$1,566.66	
Monthly Cost	2 \$3,658.17		2 \$2,367.02		2 \$3,025.82		2 \$2,116.37	
Annual Cost	\$43,898.04		\$28,404.24		\$36,309.84		\$25,396.44	