

	EmblemHealth EmblemHealth Platinum (HMO) (UCR=N/A)		EmblemHealth EmblemHealth Gold Open Access (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Gold 40/60 (HMOc) (UCR=N/A)	
	In-Network		In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/30/60		10/30/70/100 ded		15/35/75/100 ded	
Cost Share Information						
Individual/Family Deductible	N/A		\$700/\$1,400		\$250/\$500	
Individual/Family OOP Limit	\$2,000/\$4,000		\$5,000/\$10,000 (incl ded)		\$5,500/\$11,000 (incl ded)	
Co-Insurance	0%		0%		0%	
Office Visits						
Primary Care	\$15		No charge visits 1-3; \$10 ded waived visits 4+		\$40 after ded	
Specialist	\$35		\$50 after ded		\$60 after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$35		\$50 after ded		\$60 after ded	
Inpatient Services						
Inpatient Hospital	\$500/admit; pre-auth req		\$1,500/admit after ded		\$1,500/admit after ded; pre-auth req	
Mental Health Inpatient	\$500/admit; pre-auth req		\$1,500/admit after ded		\$1,500/admit after ded; pre-auth req	
Substance Abuse Inpatient	\$500/admit; pre-auth req		\$1,500/admit after ded		\$1,500/admit after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	\$100; pre-auth req		0% after ded		\$150 after ded; pre-auth req	
Lab/X-Ray	PCP-\$15; SP-\$35		Lab-\$10 after ded; X-ray-PCP-\$10 ded waived; SP-\$50 ded waived		\$60 after ded	
Advanced Radiology	\$35		\$50 after ded		\$60 after ded	
Mental Health Outpatient	\$15		\$10 after ded		\$40 after ded	
Substance Abuse Outpatient	\$15		\$10 after ded		\$40 after ded	
Emergency Care						
Emergency Room	\$100 (waived if admitted)		\$150 (waived if admitted) after ded		\$200 (waived if admitted) after ded	
Ambulance	\$100		\$150 after ded		\$100 after ded	
Urgent Care	\$55		\$50 after ded		\$60 after ded	
Recovery/Special Needs						
Home Health Care	\$15; 40 visits/plan yr; pre-auth req		\$50 after ded; 40 visits/plan yr		\$40 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	\$500/admit; 200 days/plan yr; pre-auth req		\$1,500/admit after ded; 200 days/plan yr		\$1,500/admit after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	10%; pre-auth req		10% after ded		10% after ded; pre-auth req	
Single	1 x	\$911.94	1 x	\$786.59	1 x	\$760.12
EE with Spouse	0 x	\$1,823.87	0 x	\$1,573.18	0 x	\$1,520.25
EE with Child(ren)	0 x	\$1,550.29	0 x	\$1,337.20	0 x	\$1,292.21
Family	1 x	\$2,599.02	1 x	\$2,241.78	1 x	\$2,166.36
Monthly Cost	2	\$3,510.96	2	\$3,028.37	2	\$2,926.48
Annual Cost		\$42,131.52		\$36,340.44		\$35,117.76

	EmblemHealth EmblemHealth Silver Value (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Bronze Value (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Bronze HSA (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/0%/0% IntDed T2-3		30/0%/0% IntDed T2-3		10/35/70 IntDed	
Cost Share Information						
Individual/Family Deductible	\$5,800/\$11,600		\$7,150/\$14,300		\$5,500/\$11,000	
Individual/Family OOP Limit	\$5,800/\$11,600 (incl ded)		\$7,150/\$14,300 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	0%		0%		50%	
Office Visits						
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+		No charge visits 1-2; 0% after ded visits 3+		50% after ded	
Specialist	\$55 ded waived		0% after ded		50% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	0% after ded		0% after ded		50% after ded	
Inpatient Services						
Inpatient Hospital	0% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Inpatient	0% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Substance Abuse Inpatient	0% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	0% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Lab/X-Ray	Lab-No charge; X-ray-PCP-\$35 ded waived; SP-\$55 ded waived		Lab-\$20 ded waived; X-ray-0% after ded		50% after ded	
Advanced Radiology	0% after ded		0% after ded		50% after ded	
Mental Health Outpatient	\$35 ded waived		0% after ded		50% after ded	
Substance Abuse Outpatient	\$35 ded waived		0% after ded		50% after ded	
Emergency Care						
Emergency Room	0% after ded		0% after ded		50% after ded	
Ambulance	0% after ded		0% after ded		50% after ded	
Urgent Care	\$75 ded waived		0% after ded		50% after ded	
Recovery/Special Needs						
Home Health Care	0% after ded; 40 visits/plan yr; pre-auth req		0% after ded; 40 visits/plan yr; pre-auth req		50% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	0% after ded; 200 days/plan yr; pre-auth req		0% after ded; 200 days/plan yr; pre-auth req		50% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	30% ded waived; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Single	1 x	\$592.75	1 x	\$515.98	1 x	\$503.21
EE with Spouse	0 x	\$1,185.51	0 x	\$1,031.96	0 x	\$1,006.42
EE with Child(ren)	0 x	\$1,007.68	0 x	\$877.16	0 x	\$855.46
Family	1 x	\$1,689.35	1 x	\$1,470.54	1 x	\$1,434.15
Monthly Cost	2	\$2,282.10	2	\$1,986.52	2	\$1,937.36
Annual Cost		\$27,385.20		\$23,838.24		\$23,248.32