

| | EmblemHealth EH Platinum Premier NG Prime (HMO) (UCR=N/A) | | EmblemHealth EH Gold Premier NG Prime (HMOc) (UCR=N/A) | | EmblemHealth EH Gold Plus G Prime (HMOc) (UCR=N/A) | | EmblemHealth EH Gold Premier 1 NG Prime (HMOc) (UCR=N/A) | |
|------------------------------|---|-------------|--|-------------|---|-------------|---|-------------|
| | In-Network | | In-Network | | In-Network | | In-Network | |
| Prescription Drugs | | | | | | | | |
| Drug Card | 15/30/70 | | 10/30/70 | | 15/30/70 | | 15/45/70/100 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | N/A | | \$450/\$900 | | \$550/\$1,100 | | \$2,000/\$4,000 | |
| Individual/Family OOP Limit | \$2,000/\$4,000 | | \$4,000/\$8,000 (incl ded) | | \$4,500/\$9,000 (incl ded) | | \$6,800/\$13,600 (incl ded) | |
| Co-Insurance | 0% | | 0% | | 0% | | 30% | |
| Office Visits | | | | | | | | |
| Primary Care | No charge visits 1-3; \$15 visits 4+ | | No charge visits 1-3; \$30 ded waived visits 4+ | | No charge visits 1-3; \$40 ded waived visits 4+ | | \$30 ded waived | |
| Specialist | \$35 | | \$50 ded waived | | \$60 ded waived | | \$60 ded waived | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | \$500/admit; pre-auth req | | \$1,000/admit after ded | | \$1,500/admit after ded; pre-auth req | | 30% after ded | |
| Mental Health Inpatient | \$500/admit; pre-auth req | | \$1,000/admit after ded | | \$1,500/admit after ded; pre-auth req | | 30% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | \$100; pre-auth req | | \$150 after ded | | \$150 after ded; pre-auth req | | 30% after ded | |
| Lab/X-Ray | PCP-\$15; SP-\$35 | | Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30 after ded; SP-\$50 after ded | | Lab-PCP-\$40 ded waived; SP-\$60 ded waived/X-ray-PCP-\$40 after ded; SP-\$60 after ded | | Lab-No charge; X-ray-30% after ded | |
| Mental Health Outpatient | \$15 | | \$30 ded waived | | \$40 ded waived | | \$60 ded waived | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$200 (waived if admitted) | | \$300 (waived if admitted) after ded | | \$300 (waived if admitted) after ded | | \$500 (waived if admitted) after ded | |
| Urgent Care | \$75 | | \$75 ded waived | | \$75 ded waived | | \$75 ded waived | |
| Single | 1 x | \$1,237.57 | 1 x | \$1,087.38 | 1 x | \$1,018.19 | 1 x | \$958.87 |
| EE with Spouse | 0 x | \$2,475.14 | 0 x | \$2,174.78 | 0 x | \$2,036.40 | 0 x | \$1,917.75 |
| EE with Child(ren) | 0 x | \$2,103.86 | 0 x | \$1,848.57 | 0 x | \$1,730.93 | 0 x | \$1,630.09 |
| Family | 1 x | \$3,527.07 | 1 x | \$3,099.06 | 1 x | \$2,901.86 | 1 x | \$2,732.78 |
| Monthly Cost | 2 | \$4,764.64 | 2 | \$4,186.44 | 2 | \$3,920.05 | 2 | \$3,691.65 |
| Annual Cost | | \$57,175.68 | | \$50,237.28 | | \$47,040.60 | | \$44,299.80 |

| | EmblemHealth EH Gold Plus 1 G Prime (HMOc) (UCR=N/A) | | EmblemHealth EH Silver Premier NG Prime (HMOc) (UCR=N/A) | | EmblemHealth EH Silver Plus 1 NG Prime (HMOc) (UCR=N/A) | | EmblemHealth EH Silver Premier 1 G Prime (HMOc) (UCR=N/A) | |
|------------------------------|--|-------------|--|-------------|--|-------------|--|-------------|
| | In-Network | | In-Network | | In-Network | | In-Network | |
| Prescription Drugs | | | | | | | | |
| Drug Card | 15/35/75/100 ded T2-3 | | 15/35/75 | | 15/65/85/200 ded T2-3 | | 20/45/75/200 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$1,000/\$2,000 | | \$3,300/\$6,600 | | \$3,000/\$6,000 | | \$2,700/\$5,400 | |
| Individual/Family OOP Limit | \$4,000/\$8,000 (incl ded) | | \$7,000/\$14,000 (incl ded) | | \$7,000/\$14,000 (incl ded) | | \$7,300/\$14,600 (incl ded) | |
| Co-Insurance | 0% | | 0% | | 50% | | 30% | |
| Office Visits | | | | | | | | |
| Primary Care | \$30 ded waived | | No charge visits 1-3; \$30 ded waived visits 4+ | | \$35 ded waived | | \$40 ded waived | |
| Specialist | \$60 ded waived | | \$55 ded waived | | \$55 ded waived | | \$70 ded waived | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | \$500/day after ded; \$2,000 max/admit; pre-auth req | | \$2,000/admit after ded | | 50% after ded | | 30% after ded; pre-auth req | |
| Mental Health Inpatient | \$500/day after ded; \$2,000 max/admit; pre-auth req | | \$2,000/admit after ded | | 50% after ded | | 30% after ded; pre-auth req | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | \$250 after ded; pre-auth req | | \$200 after ded | | 50% after ded | | 30% after ded; pre-auth req | |
| Lab/X-Ray | Lab-No charge; X-ray-PCP-\$30 after ded; SP-\$60 after ded | | Lab-PCP-\$30 ded waived; SP-\$55 ded waived; X-ray-PCP-\$30 after ded; SP-\$55 after ded | | Lab-\$35 ded waived; X-ray-50% after ded | | Lab-\$40 ded waived; X-ray-30% after ded | |
| Mental Health Outpatient | \$60 ded waived | | \$30 ded waived | | \$55 ded waived | | \$70 ded waived | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$300 (waived if admitted) after ded | | \$500 (waived if admitted) after ded | | \$700 (waived if admitted) after ded | | 30% after ded | |
| Urgent Care | \$75 ded waived | | \$75 ded waived | | \$75 ded waived | | \$75 ded waived | |
| Single | 1 x | \$950.60 | 1 x | \$847.02 | 1 x | \$833.94 | 1 x | \$820.01 |
| EE with Spouse | 0 x | \$1,901.20 | 0 x | \$1,694.06 | 0 x | \$1,667.87 | 0 x | \$1,640.04 |
| EE with Child(ren) | 0 x | \$1,616.03 | 0 x | \$1,439.94 | 0 x | \$1,417.70 | 0 x | \$1,394.02 |
| Family | 1 x | \$2,709.20 | 1 x | \$2,414.02 | 1 x | \$2,376.72 | 1 x | \$2,337.05 |
| Monthly Cost | 2 | \$3,659.80 | 2 | \$3,261.04 | 2 | \$3,210.66 | 2 | \$3,157.06 |
| Annual Cost | | \$43,917.60 | | \$39,132.48 | | \$38,527.92 | | \$37,884.72 |

| | EmblemHealth EH Silver Plus G Prime (HMOc) (UCR=N/A) | | EmblemHealth EH Bronze Plus HSA G Prime (HSA) (UCR=N/A) | |
|-------------------------------|--|--|--|-------------|
| | In-Network | | In-Network | Out-Network |
| Prescription Drugs | | | | |
| Drug Card | 20/40/75 | | 10/35/75 IntDed | |
| Cost Share Information | | | | |
| Individual/Family Deductible | \$2,550/\$5,100 | | \$5,500/\$11,000 | |
| Individual/Family OOP Limit | \$7,300/\$14,600 (incl ded) | | \$6,550/\$13,100 (incl ded) | |
| Co-Insurance | 0% | | 50% | |
| Office Visits | | | | |
| Primary Care | No charge visits 1-3; \$40 after ded visits 4+ | | 50% after ded | |
| Specialist | \$60 after ded | | 50% after ded | |
| Inpatient Services | | | | |
| Inpatient Hospital | \$2,000/admit after ded; pre-auth req | | 50% after ded; pre-auth req | |
| Mental Health Inpatient | \$2,000/admit after ded; pre-auth req | | 50% after ded; pre-auth req | |
| Outpatient Services | | | | |
| Outpatient Facility | \$200 after ded; pre-auth req | | 50% after ded; pre-auth req | |
| Lab/X-Ray | Lab-PCP-\$40 ded waived; SP-\$60 ded waived; X-ray-PCP-\$40 after ded; SP-\$60 after ded | | 50% after ded | |
| Mental Health Outpatient | \$40 after ded | | 50% after ded | |
| Emergency Care | | | | |
| Emergency Room | \$500 (waived if admitted) after ded | | 50% after ded | |
| Urgent Care | \$75 ded waived | | 50% after ded | |
| Single | 1 x \$797.36 | | 1 x \$686.44 | |
| EE with Spouse | 0 x \$1,594.72 | | 0 x \$1,372.86 | |
| EE with Child(ren) | 0 x \$1,355.52 | | 0 x \$1,166.93 | |
| Family | 1 x \$2,272.47 | | 1 x \$1,956.33 | |
| Monthly Cost | 2 \$3,069.83 | | 2 \$2,642.77 | |
| Annual Cost | \$36,837.96 | | \$31,713.24 | |