

	EmblemHealth EH Platinum Choice NG Select Care (HMOc) (UCR=N/A)		EmblemHealth EH Gold Choice NG Select Care (HMOc) (UCR=N/A)		EmblemHealth EH Gold Value G Select Care (HMOc) (UCR=N/A)		EmblemHealth EH Silver Choice NG Select Care (HMOc) (UCR=N/A)	
	In-Network		In-Network		In-Network		In-Network	
Prescription Drugs								
Drug Card	15/30/70 IntDed T2-3		20/45/75 IntDed T2-3		25/0%/0% IntDed T2-3		15/35/75 IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	\$200/\$400		\$750/\$1,500		\$3,000/\$6,000		\$2,800/\$5,600	
Individual/Family OOP Limit	\$2,200/\$4,400 (incl ded)		\$5,000/\$10,000 (incl ded)		\$3,000/\$6,000 (incl ded)		\$7,100/\$14,200 (incl ded)	
Co-Insurance	0%		0%		0%		0%	
Office Visits								
Primary Care	No charge visits 1-3; \$15 ded waived visits 4+		No charge visits 1-3; \$30 ded waived visits 4+		No charge visits 1-3; \$45 ded waived visits 4+		No charge visits 1-3; \$30 ded waived visits 4+	
Specialist	\$35 ded waived		\$50 ded waived		\$65 ded waived		\$50 after ded	
Inpatient Services								
Inpatient Hospital	\$500/admit after ded; pre-auth req		\$2,000/admit after ded		0% after ded; pre-auth req		\$2,000/admit after ded	
Mental Health Inpatient	\$500/admit after ded; pre-auth req		\$2,000/admit after ded		0% after ded; pre-auth req		\$2,000/admit after ded	
Outpatient Services								
Outpatient Facility	\$100 after ded; pre-auth req		\$150 after ded		0% after ded; pre-auth req		\$200 after ded	
Lab/X-Ray	Lab-PCP-\$15 ded waived; SP-\$35 ded waived; X-ray-PCP-\$15 after ded; SP-\$35 after ded		Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30 after ded; SP-\$50 after ded		Lab-PCP-\$45 ded waived; SP-\$65 ded waived; X-ray-0% after ded		Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30 after ded; SP-\$50 after ded	
Mental Health Outpatient	\$15 ded waived		\$30 ded waived		\$45 ded waived		\$30 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted) after ded		\$300 (waived if admitted) after ded		0% after ded		\$500 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x	\$1,089.76	1 x	\$925.60	1 x	\$856.18	1 x	\$752.53
EE with Spouse	0 x	\$2,179.52	0 x	\$1,851.22	0 x	\$1,712.35	0 x	\$1,505.04
EE with Child(ren)	0 x	\$1,852.58	0 x	\$1,573.53	0 x	\$1,455.49	0 x	\$1,279.28
Family	1 x	\$3,105.80	1 x	\$2,637.99	1 x	\$2,440.10	1 x	\$2,144.69
Monthly Cost	2	\$4,195.56	2	\$3,563.59	2	\$3,296.28	2	\$2,897.22
Annual Cost		\$50,346.72		\$42,763.08		\$39,555.36		\$34,766.64

	EmblemHealth EH Silver Value G Select Care (HMOc) (UCR=N/A)		EmblemHealth EH Bronze Value G Select Care (HMOc) (UCR=N/A)	
	In-Network		In-Network	
Prescription Drugs				
Drug Card	10/0%/0% IntDed T2-3		30/0%/0% IntDed T2-3	
Cost Share Information				
Individual/Family Deductible	\$6,300/\$12,600		\$7,690/\$15,380	
Individual/Family OOP Limit	\$6,300/\$12,600 (incl ded)		\$7,690/\$15,380 (incl ded)	
Co-Insurance	0%		0%	
Office Visits				
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+		No charge visits 1-3; 0% after ded visits 4+	
Specialist	\$70 ded waived		0% after ded	
Inpatient Services				
Inpatient Hospital	0% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Inpatient	0% after ded; pre-auth req		0% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	0% after ded; pre-auth req		0% after ded; pre-auth req	
Lab/X-Ray	Lab-\$35 ded waived; X-ray-0% after ded		Lab-\$20 ded waived; X-ray-0% after ded	
Mental Health Outpatient	\$35 ded waived		0% after ded	
Emergency Care				
Emergency Room	0% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived	
Single	1 x	\$696.18	1 x	\$615.60
EE with Spouse	0 x	\$1,392.37	0 x	\$1,231.21
EE with Child(ren)	0 x	\$1,183.52	0 x	\$1,046.53
Family	1 x	\$1,984.12	1 x	\$1,754.49
Monthly Cost	2	\$2,680.30	2	\$2,370.09
Annual Cost		\$32,163.60		\$28,441.08