

	Emblem Prime EmblemHealth Platinum POS Non-Gated (POS) (UCR=80fh%)		Emblem Prime EmblemHealth Platinum Premier Non-Gated-P (HMO) (UCR=N/A)		Emblem Prime EmblemHealth Platinum Value Non-Gated-P (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network		In-Network	Out-Network
Prescription Drugs						
Drug Card	0/30/60		0/30/60		0/30/60 IntDed T2-3	
Cost Share Information						
Individual/Family Deductible	N/A	\$2,600/\$5,200	N/A		\$200/\$400	
Individual/Family OOP Limit	\$2,500/\$5,000	\$5,000/\$10,000 (incl ded)	\$2,000/\$4,000		\$2,400/\$4,800 (incl ded)	
Co-Insurance	0%	30%	0%		0%	
Office Visits						
Primary Care	No charge visits 1-3; \$15 visits 4+	30% after ded	No charge visits 1-3; \$15 visits 4+		No charge visits 1-3; \$15 ded waived visits 4+	
Specialist	\$35	30% after ded	\$35		\$35 ded waived	
Maternity Prenatal/Postnatal Care	No charge	30% after ded	No charge		No charge	
Chiropractic Care	\$35	30% after ded	\$35		\$35 ded waived	
Inpatient Services						
Inpatient Hospital	\$500/admit; pre-auth req	30% after ded; pre-auth req	\$500/admit; pre-auth req		\$500/admit after ded; pre-auth req	
Mental Health Inpatient	\$500/admit; pre-auth req	30% after ded; pre-auth req	\$500/admit; pre-auth req		\$500/admit after ded; pre-auth req	
Substance Abuse Inpatient	\$500/admit; pre-auth req	30% after ded; pre-auth req	\$500/admit; pre-auth req		\$500/admit after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	\$150; pre-auth req	30% after ded; pre-auth req	\$100; pre-auth req		\$100 after ded; pre-auth req	
Lab/X-Ray	PCP-\$15; SP-\$35; pre-auth req	30% after ded; pre-auth req	PCP-\$15; SP-\$35; pre-auth req		Lab-\$15/\$35 ded waived (PCP/SP); X-ray-\$15/\$35 after ded (PCP/SP); pre-auth req	
Advanced Radiology	\$40; pre-auth req	30% after ded; pre-auth req	\$35; pre-auth req		\$35 after ded ; pre-auth req	
Mental Health Outpatient	\$15	30% after ded	\$35		\$35 ded waived	
Substance Abuse Outpatient	\$15	30% after ded	\$35		\$35 ded waived	
Emergency Care						
Emergency Room	20% (waived if admitted)	20% ded waived (waived if admitted)	\$350 (waived if admitted)		\$350 (waived if admitted) after ded	
Ambulance	20%	20% ded waived	\$100		\$100 after ded	
Urgent Care	\$75	30% after ded	\$75		\$75 ded waived	
Recovery/Special Needs						
Home Health Care	\$35; 40 visits/plan yr; pre-auth req	30% after ded; 40 visits/plan yr; pre-auth req	\$35; 40 visits/plan yr; pre-auth req		\$35 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	\$500/admit; 200 days/plan yr; pre-auth req	Not covered	\$500/admit; 200 days/plan yr; pre-auth req		\$500/admit after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	10%; pre-auth req	Not covered	10%; pre-auth req		10% after ded; pre-auth req	
Single	2 x	\$1,259.52	2 x	\$1,195.57	2 x	\$1,166.98
EE with Spouse	0 x	\$2,519.04	0 x	\$2,391.14	0 x	\$2,333.96
EE with Child(ren)	0 x	\$2,141.18	0 x	\$2,032.47	0 x	\$1,983.87
Family	0 x	\$3,589.63	0 x	\$3,407.37	0 x	\$3,325.89
Monthly Cost	2	\$2,519.04	2	\$2,391.14	2	\$2,333.96
Annual Cost		\$30,228.48		\$28,693.68		\$28,007.52

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	Emblem Prime EmblemHealth Gold POS Non-Gated (POSc) (UCR=80fh%)		Emblem Prime EmblemHealth Gold Premier Non-Gated-P (HMOc) (UCR=N/A)		Emblem Prime EmblemHealth Gold Value Non-Gated-P (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	0/35/75		0/40/80		0/40/80 IntDed T2-3	
Cost Share Information						
Individual/Family Deductible	\$1,000/\$2,000	\$3,800/\$7,600	\$350/\$700		\$1,900/\$3,800	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	\$7,000/\$14,000 (incl ded)	\$5,300/\$10,600 (incl ded)		\$3,700/\$7,400 (incl ded)	
Co-Insurance	30%	40%	30%		30%	
Office Visits						
Primary Care	No charge visits 1-3; \$25 ded waived visits 4+	40% after ded	No charge visits 1-3; \$40 ded waived visits 4+		No charge visits 1-3; \$25 ded waived visits 4+	
Specialist	\$40 ded waived	40% after ded	\$60 ded waived		\$40 ded waived	
Maternity Prenatal/Postnatal Care	No charge	40% after ded	No charge		No charge	
Chiropractic Care	\$40 ded waived	40% after ded	\$60 ded waived		\$40 ded waived	
Inpatient Services						
Inpatient Hospital	30% after ded; pre-auth req	40% after ded; pre-auth req	30% after ded; pre-auth req		30% after ded; pre-auth req	
Mental Health Inpatient	30% after ded; pre-auth req	40% after ded; pre-auth req	30% after ded; pre-auth req		30% after ded; pre-auth req	
Substance Abuse Inpatient	30% after ded; pre-auth req	40% after ded; pre-auth req	30% after ded; pre-auth req		30% after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	\$200 after ded; pre-auth req	40% after ded; pre-auth req	\$200 after ded; pre-auth req		\$200 after ded; pre-auth req	
Lab/X-Ray	PCP-\$25 after ded; SP-\$40 after ded; pre-auth req	40% after ded; pre-auth req	Lab-\$40/\$60 ded waived (PCP/SP); X-ray-\$40/\$60 after ded (PCP/SP); pre-auth req		Lab-\$25/\$40 ded waived (PCP/SP); X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req	
Advanced Radiology	\$40 after ded; pre-auth req	40% after ded; pre-auth req	\$60 after ded; pre-auth req		\$40 after ded; pre-auth req	
Mental Health Outpatient	\$25 ded waived	40% after ded	\$40 ded waived		\$25 ded waived	
Substance Abuse Outpatient	\$25 ded waived	40% after ded	\$40 ded waived		\$25 ded waived	
Emergency Care						
Emergency Room	30% after ded	30% after ded	\$600 (waived if admitted) after ded		\$500 (waived if admitted) after ded	
Ambulance	30% after ded	30% after ded	\$200 after ded		\$200 after ded	
Urgent Care	\$75 ded waived	40% after ded	\$75 ded waived		\$75 ded waived	
Recovery/Special Needs						
Home Health Care	\$40 after ded; 40 visits/plan yr; pre-auth req	40% after ded; 40 visits/plan yr; pre-auth req	\$60 after ded; 40 visits/plan yr; pre-auth req		\$25 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	30% after ded; 200 days/plan yr; pre-auth req	Not covered	30% after ded; 200 days/plan yr; pre-auth req		30% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	20% after ded; pre-auth req	Not covered	20% after ded; pre-auth req		20% after ded; pre-auth req	
Single	2 x	\$1,039.22	2 x	\$977.30	2 x	\$928.41
EE with Spouse	0 x	\$2,078.44	0 x	\$1,954.60	0 x	\$1,856.82
EE with Child(ren)	0 x	\$1,766.67	0 x	\$1,661.41	0 x	\$1,578.30
Family	0 x	\$2,961.78	0 x	\$2,785.31	0 x	\$2,645.97
Monthly Cost	2	\$2,078.44	2	\$1,954.60	2	\$1,856.82
Annual Cost		\$24,941.28		\$23,455.20		\$22,281.84

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	Emblem Prime EmblemHealth Silver Premier Non-Gated-P (HMOc) (UCR=N/A)		Emblem Prime EmblemHealth Silver Value Non-Gated-P (HMOc) (UCR=N/A)		Emblem Prime EmblemHealth Silver Plus HSA Non-Gated (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	0/40/80		0%/0%/0% IntDed T2-3		15/45/80 IntDed	
Cost Share Information						
Individual/Family Deductible	\$2,400/\$4,800		\$6,300/\$12,600		\$2,800/\$5,200	
Individual/Family OOP Limit	\$7,800/\$15,600 (incl ded)		\$6,300/\$12,600 (incl ded)		\$5,800/\$11,600 (incl ded)	
Co-Insurance	40%		0%		40%	
Office Visits						
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+		No charge visits 1-3; \$10 ded waived visits 4+		\$30 after ded	
Specialist	\$65 ded waived		\$55 ded waived		\$50 after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$65 ded waived		\$55 ded waived		\$50 after ded	
Inpatient Services						
Inpatient Hospital	40% after ded; pre-auth req		0% after ded; pre-auth req		40% after ded; pre-auth req	
Mental Health Inpatient	40% after ded; pre-auth req		0% after ded; pre-auth req		40% after ded; pre-auth req	
Substance Abuse Inpatient	40% after ded; pre-auth req		0% after ded; pre-auth req		40% after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	\$250 after ded; pre-auth req		0% after ded; pre-auth req		\$250 after ded; pre-auth req	
Lab/X-Ray	Lab-\$35/\$65 ded waived (PCP/SP); X-ray-\$35/\$65 after ded (PCP/SP); pre-auth req		Lab-\$10/\$55 ded waived (PCP/SP); X-ray-0% after ded; pre-auth req		\$30/\$50 after ded (PCP/SP); pre-auth req	
Advanced Radiology	\$65 after ded; pre-auth req		0% after ded; pre-auth req		\$50 after ded; pre-auth req	
Mental Health Outpatient	\$35 ded waived		\$10 ded waived		\$30 after ded	
Substance Abuse Outpatient	\$35 ded waived		\$10 ded waived		\$30 after ded	
Emergency Care						
Emergency Room	40% after ded		0% after ded		40% after ded	
Ambulance	\$250 after ded		0% after ded		\$250 after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 after ded	
Recovery/Special Needs						
Home Health Care	\$65 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	40% after ded; 200 days/plan yr; pre-auth req		0% after ded; 200 days/plan yr; pre-auth req		40% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	30% after ded; pre-auth req		0% after ded; pre-auth req		30% after ded; pre-auth req	
Single	2 x \$823.13		2 x \$795.86		2 x \$791.77	
EE with Spouse	0 x \$1,646.26		0 x \$1,591.72		0 x \$1,583.54	
EE with Child(ren)	0 x \$1,399.32		0 x \$1,352.96		0 x \$1,346.01	
Family	0 x \$2,345.92		0 x \$2,268.20		0 x \$2,256.54	
Monthly Cost	2 \$1,646.26		2 \$1,591.72		2 \$1,583.54	
Annual Cost	\$19,755.12		\$19,100.64		\$19,002.48	

	Emblem Prime EmblemHealth Bronze Premier Non-Gated-P (HMOc) (UCR=N/A)		Emblem Prime EmblemHealth Bronze Plus HSA Non-Gated (HSA) (UCR=N/A)		Emblem Prime EmblemHealth Bronze Value Non-Gated-P (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	25/50%/50% IntDed		15/65/80 IntDed		35/0%/0% IntDed T2-3	
Cost Share Information						
Individual/Family Deductible	\$4,600/\$9,200		\$6,300/\$12,600		\$8,150/\$16,300	
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)		\$6,900/\$13,800 (incl ded)		\$8,150/\$16,300 (incl ded)	
Co-Insurance	50%		50%		0%	
Office Visits						
Primary Care	No charge visits 1-3; \$40 after ded visits 4+		50% after ded		No charge visits 1-3; 0% after ded visits 4+	
Specialist	\$70 after ded		50% after ded		0% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$70 after ded		50% after ded		0% after ded	
Inpatient Services						
Inpatient Hospital	50% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Inpatient	50% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Substance Abuse Inpatient	50% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	50% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Lab/X-Ray	Lab-\$40/\$70 after ded (PCP/SP); X-ray-50% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Advanced Radiology	50% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Outpatient	\$40 after ded		50% after ded		0% after ded	
Substance Abuse Outpatient	\$40 after ded		50% after ded		0% after ded	
Emergency Care						
Emergency Room	50% after ded		50% after ded		0% after ded	
Ambulance	50% after ded		50% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 after ded		\$75 ded waived	
Recovery/Special Needs						
Home Health Care	50% after ded; 40 visits/plan yr; pre-auth req		50% after ded; 40 visits/plan yr; pre-auth req		0% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	50% after ded; 200 days/plan yr; pre-auth req		50% after ded; 200 days/plan yr; pre-auth req		0% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	50% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Single	2 x	\$709.55	2 x	\$700.25	2 x	\$677.62
EE with Spouse	0 x	\$1,419.10	0 x	\$1,400.50	0 x	\$1,355.24
EE with Child(ren)	0 x	\$1,206.24	0 x	\$1,190.43	0 x	\$1,151.95
Family	0 x	\$2,022.22	0 x	\$1,995.71	0 x	\$1,931.22
Monthly Cost	2	\$1,419.10	2	\$1,400.50	2	\$1,355.24
Annual Cost		\$17,029.20		\$16,806.00		\$16,262.88

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