

	Emblem Select Care EmblemHealth Platinum Premier Non-Gated-S (HMO) (UCR=N/A)		Emblem Select Care EmblemHealth Platinum Value Non-Gated-S (HMOc) (UCR=N/A)		Emblem Select Care EmblemHealth Gold Premier Non-Gated-S (HMOc) (UCR=N/A)		Emblem Select Care EmblemHealth Gold Value Non-Gated-S (HMOc) (UCR=N/A)	
	In-Network		In-Network		In-Network		In-Network	
Prescription Drugs								
Drug Card	0/30/60		0/30/60 IntDed T2-3		0/40/80		0/40/80 IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$200/\$400		\$350/\$700		\$1,900/\$3,800	
Individual/Family OOP Limit	\$2,000/\$4,000		\$2,400/\$4,800 (incl ded)		\$5,300/\$10,600 (incl ded)		\$3,700/\$7,400 (incl ded)	
Co-Insurance	0%		0%		30%		30%	
Office Visits								
Primary Care	No charge visits 1-3; \$15 visits 4+		No charge visits 1-3; \$15 ded waived visits 4+		No charge visits 1-3; \$40 ded waived visits 4+		No charge visits 1-3; \$25 ded waived visits 4+	
Specialist	\$35		\$35 ded waived		\$60 ded waived		\$40 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit; pre-auth req		\$500/admit after ded; pre-auth req		30% after ded; pre-auth req		30% after ded; pre-auth req	
Mental Health Inpatient	\$500/admit; pre-auth req		\$500/admit after ded; pre-auth req		30% after ded; pre-auth req		30% after ded; pre-auth req	
Outpatient Services								
Outpatient Facility	\$100; pre-auth req		\$100 after ded; pre-auth req		\$200 after ded; pre-auth req		\$200 after ded; pre-auth req	
Lab/X-Ray	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		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	
Mental Health Outpatient	\$35		\$35 ded waived		\$40 ded waived		\$25 ded waived	
Emergency Care								
Emergency Room	\$350 (waived if admitted)		\$350 (waived if admitted) after ded		\$600 (waived if admitted) after ded		\$500 (waived if admitted) after ded	
Urgent Care	\$75		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x	\$963.67	2 x	\$940.65	2 x	\$787.94	2 x	\$748.58
EE with Spouse	0 x	\$1,927.34	0 x	\$1,881.30	0 x	\$1,575.88	0 x	\$1,497.16
EE with Child(ren)	0 x	\$1,638.24	0 x	\$1,599.11	0 x	\$1,339.50	0 x	\$1,272.59
Family	0 x	\$2,746.46	0 x	\$2,680.85	0 x	\$2,245.63	0 x	\$2,133.45
Monthly Cost	2	\$1,927.34	2	\$1,881.30	2	\$1,575.88	2	\$1,497.16
Annual Cost		\$23,128.08		\$22,575.60		\$18,910.56		\$17,965.92

	Emblem Select Care EmblemHealth Silver Premier Non-Gated-S (HMOc) (UCR=N/A)		Emblem Select Care EmblemHealth Silver Value Non-Gated-S (HMOc) (UCR=N/A)		Emblem Select Care EmblemHealth Bronze Premier Non-Gated-S (HMOc) (UCR=N/A)		Emblem Select Care EmblemHealth Bronze Value Non-Gated-S (HMOc) (UCR=N/A)	
	In-Network		In-Network		In-Network		In-Network	
Prescription Drugs								
Drug Card	0/40/80		0%/0%/0% IntDed T2-3		25/50%/50% IntDed		35/0%/0% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	\$2,400/\$4,800		\$6,300/\$12,600		\$4,600/\$9,200		\$8,150/\$16,300	
Individual/Family OOP Limit	\$7,800/\$15,600 (incl ded)		\$6,300/\$12,600 (incl ded)		\$7,900/\$15,800 (incl ded)		\$8,150/\$16,300 (incl ded)	
Co-Insurance	40%		0%		50%		0%	
Office Visits								
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+		No charge visits 1-3; \$10 ded waived visits 4+		No charge visits 1-3; \$40 after ded visits 4+		No charge visits 1-3; 0% after ded visits 4+	
Specialist	\$65 ded waived		\$55 ded waived		\$70 after ded		0% after ded	
Inpatient Services								
Inpatient Hospital	40% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Inpatient	40% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Outpatient Services								
Outpatient Facility	\$250 after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req		0% 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		Lab-\$40/\$70 after ded (PCP/SP); X-ray-50% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Outpatient	\$35 ded waived		\$10 ded waived		\$40 after ded		0% after ded	
Emergency Care								
Emergency Room	40% after ded		0% after ded		50% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x	\$663.83	2 x	\$641.88	2 x	\$572.39	2 x	\$546.67
EE with Spouse	0 x	\$1,327.66	0 x	\$1,283.76	0 x	\$1,144.78	0 x	\$1,093.34
EE with Child(ren)	0 x	\$1,128.51	0 x	\$1,091.20	0 x	\$973.06	0 x	\$929.34
Family	0 x	\$1,891.92	0 x	\$1,829.36	0 x	\$1,631.31	0 x	\$1,558.01
Monthly Cost	2	\$1,327.66	2	\$1,283.76	2	\$1,144.78	2	\$1,093.34
Annual Cost		\$15,931.92		\$15,405.12		\$13,737.36		\$13,120.08