

	Emblem Millennium EmblemHealth Platinum Premier Gated-M (HMO) (UCR=N/A)		Emblem Millennium EmblemHealth Platinum Value Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Gold Premier Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Gold Value Gated-M (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	\$1,024.74	2 x	\$1,000.11	2 x	\$836.84	2 x	\$794.75
EE with Spouse	0 x	\$2,049.48	0 x	\$2,000.22	0 x	\$1,673.68	0 x	\$1,589.50
EE with Child(ren)	0 x	\$1,742.06	0 x	\$1,700.19	0 x	\$1,422.63	0 x	\$1,351.08
Family	0 x	\$2,920.51	0 x	\$2,850.31	0 x	\$2,384.99	0 x	\$2,265.04
Monthly Cost	2	\$2,049.48	2	\$2,000.22	2	\$1,673.68	2	\$1,589.50
Annual Cost		\$24,593.76		\$24,002.64		\$20,084.16		\$19,074.00

	Emblem Millennium EmblemHealth Silver Premier Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Silver Value Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Bronze Premier Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Bronze Value Gated-M (HMOc) (UCR=N/A)	
	In-Network		In-Network		In-Network		In-Network	
<b>Prescription Drugs</b>								
Drug Card	0/40/80		0%/0%/0% IntDed T2-3		25/50%/50% IntDed		35/0%/0% IntDed T2-3	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$704.12		2 x \$680.66		2 x \$606.36		2 x \$578.87	
EE with Spouse	0 x \$1,408.24		0 x \$1,361.32		0 x \$1,212.72		0 x \$1,157.74	
EE with Child(ren)	0 x \$1,197.00		0 x \$1,157.12		0 x \$1,030.81		0 x \$984.08	
Family	0 x \$2,006.74		0 x \$1,939.88		0 x \$1,728.13		0 x \$1,649.78	
Monthly Cost	2 \$1,408.24		2 \$1,361.32		2 \$1,212.72		2 \$1,157.74	
Annual Cost	\$16,898.88		\$16,335.84		\$14,552.64		\$13,892.88	