

	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	\$1,042.16	2 x	\$1,017.11	2 x	\$851.07	2 x	\$808.26
EE with Spouse	0 x	\$2,084.32	0 x	\$2,034.22	0 x	\$1,702.13	0 x	\$1,616.52
EE with Child(ren)	0 x	\$1,771.68	0 x	\$1,729.09	0 x	\$1,446.81	0 x	\$1,374.05
Family	0 x	\$2,970.16	0 x	\$2,898.77	0 x	\$2,425.53	0 x	\$2,303.55
Monthly Cost	2	\$2,084.32	2	\$2,034.22	2	\$1,702.14	2	\$1,616.52
Annual Cost		\$25,011.84		\$24,410.64		\$20,425.68		\$19,398.24

	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	
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 \$716.09		2 x \$692.23		2 x \$616.67		2 x \$588.71	
EE with Spouse	0 x \$1,432.18		0 x \$1,384.46		0 x \$1,233.34		0 x \$1,177.42	
EE with Child(ren)	0 x \$1,217.35		0 x \$1,176.79		0 x \$1,048.33		0 x \$1,000.81	
Family	0 x \$2,040.85		0 x \$1,972.86		0 x \$1,757.51		0 x \$1,677.83	
Monthly Cost	2 \$1,432.18		2 \$1,384.46		2 \$1,233.34		2 \$1,177.42	
Annual Cost	\$17,186.16		\$16,613.52		\$14,800.08		\$14,129.04	