

	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	\$916.19	2 x	\$894.18	2 x	\$748.20	2 x	\$710.57
EE with Spouse	0 x	\$1,832.39	0 x	\$1,788.35	0 x	\$1,496.39	0 x	\$1,421.14
EE with Child(ren)	0 x	\$1,557.54	0 x	\$1,520.10	0 x	\$1,271.93	0 x	\$1,207.96
Family	0 x	\$2,611.16	0 x	\$2,548.41	0 x	\$2,132.36	0 x	\$2,025.12
Monthly Cost	2	\$1,832.38	2	\$1,788.36	2	\$1,496.40	2	\$1,421.14
Annual Cost		\$21,988.56		\$21,460.32		\$17,956.80		\$17,053.68

	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 \$629.54		2 x \$608.56		2 x \$542.13		2 x \$517.55	
EE with Spouse	0 x \$1,259.09		0 x \$1,217.13		0 x \$1,084.26		0 x \$1,035.10	
EE with Child(ren)	0 x \$1,070.22		0 x \$1,034.55		0 x \$921.63		0 x \$879.84	
Family	0 x \$1,794.20		0 x \$1,734.40		0 x \$1,545.08		0 x \$1,475.03	
Monthly Cost	2 \$1,259.08		2 \$1,217.12		2 \$1,084.26		2 \$1,035.10	
Annual Cost	\$15,108.96		\$14,605.44		\$13,011.12		\$12,421.20	