

	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	\$1,133.74	2 x	\$1,106.66	2 x	\$927.02	2 x	\$880.70
EE with Spouse	0 x	\$2,267.49	0 x	\$2,213.32	0 x	\$1,854.02	0 x	\$1,761.39
EE with Child(ren)	0 x	\$1,927.37	0 x	\$1,881.32	0 x	\$1,575.92	0 x	\$1,497.19
Family	0 x	\$3,231.18	0 x	\$3,153.97	0 x	\$2,641.98	0 x	\$2,510.00
Monthly Cost	2	\$2,267.48	2	\$2,213.32	2	\$1,854.04	2	\$1,761.40
Annual Cost		\$27,209.76		\$26,559.84		\$22,248.48		\$21,136.80

	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	
<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 \$780.99		2 x \$755.16		2 x \$673.41		2 x \$643.16	
EE with Spouse	0 x \$1,561.98		0 x \$1,510.33		0 x \$1,346.81		0 x \$1,286.32	
EE with Child(ren)	0 x \$1,327.68		0 x \$1,283.78		0 x \$1,144.80		0 x \$1,093.38	
Family	0 x \$2,225.83		0 x \$2,152.22		0 x \$1,919.20		0 x \$1,833.01	
Monthly Cost	2 \$1,561.98		2 \$1,510.32		2 \$1,346.82		2 \$1,286.32	
Annual Cost	\$18,743.76		\$18,123.84		\$16,161.84		\$15,435.84	