

| | 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 | \$931.77 | 2 x | \$909.38 | 2 x | \$760.92 | 2 x | \$722.65 |
| EE with Spouse | 0 x | \$1,863.54 | 0 x | \$1,818.75 | 0 x | \$1,521.83 | 0 x | \$1,445.30 |
| EE with Child(ren) | 0 x | \$1,584.02 | 0 x | \$1,545.94 | 0 x | \$1,293.55 | 0 x | \$1,228.50 |
| Family | 0 x | \$2,655.55 | 0 x | \$2,591.73 | 0 x | \$2,168.61 | 0 x | \$2,059.55 |
| Monthly Cost | 2 | \$1,863.54 | 2 | \$1,818.76 | 2 | \$1,521.84 | 2 | \$1,445.30 |
| Annual Cost | | \$22,362.48 | | \$21,825.12 | | \$18,262.08 | | \$17,343.60 |

| | 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 | \$640.24 | 2 x | \$618.91 | 2 x | \$551.35 | 2 x | \$526.35 |
| EE with Spouse | 0 x | \$1,280.49 | 0 x | \$1,237.82 | 0 x | \$1,102.69 | 0 x | \$1,052.70 |
| EE with Child(ren) | 0 x | \$1,088.41 | 0 x | \$1,052.14 | 0 x | \$937.30 | 0 x | \$894.80 |
| Family | 0 x | \$1,824.70 | 0 x | \$1,763.88 | 0 x | \$1,571.35 | 0 x | \$1,500.11 |
| Monthly Cost | 2 | \$1,280.48 | 2 | \$1,237.82 | 2 | \$1,102.70 | 2 | \$1,052.70 |
| Annual Cost | | \$15,365.76 | | \$14,853.84 | | \$13,232.40 | | \$12,632.40 |