

	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)	
	In-Network		In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	0/30/60		0/30/60 IntDed T2-3		0/40/80	
Cost Share Information						
Individual/Family Deductible	N/A		\$200/\$400		\$350/\$700	
Individual/Family OOP Limit	\$2,000/\$4,000		\$2,400/\$4,800 (incl ded)		\$5,300/\$10,600 (incl ded)	
Co-Insurance	0%		0%		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+	
Specialist	\$35		\$35 ded waived		\$60 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$35		\$35 ded waived		\$60 ded waived	
Inpatient Services						
Inpatient Hospital	\$500/admit; pre-auth req		\$500/admit 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	
Substance Abuse Inpatient	\$500/admit; pre-auth req		\$500/admit 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	
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	
Advanced Radiology	\$35; pre-auth req		\$35 after ded ; pre-auth req		\$60 after ded; pre-auth req	
Mental Health Outpatient	\$35		\$35 ded waived		\$40 ded waived	
Substance Abuse Outpatient	\$35		\$35 ded waived		\$40 ded waived	
Emergency Care						
Emergency Room	\$350 (waived if admitted)		\$350 (waived if admitted) after ded		\$600 (waived if admitted) after ded	
Ambulance	\$100		\$100 after ded		\$200 after ded	
Urgent Care	\$75		\$75 ded waived		\$75 ded waived	
Recovery/Special Needs						
Home Health Care	\$35; 40 visits/plan yr; pre-auth req		\$35 after ded; 40 visits/plan yr; pre-auth req		\$60 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	\$500/admit; 200 days/plan yr; pre-auth req		\$500/admit after ded; 200 days/plan yr; pre-auth req		30% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	10%; pre-auth req		10% after ded; pre-auth req		20% after ded; pre-auth req	
Single	2 x	\$1,153.01	2 x	\$1,125.47	2 x	\$942.78
EE with Spouse	0 x	\$2,306.04	0 x	\$2,250.95	0 x	\$1,885.54
EE with Child(ren)	0 x	\$1,960.14	0 x	\$1,913.30	0 x	\$1,602.71
Family	0 x	\$3,286.11	0 x	\$3,207.59	0 x	\$2,686.89
Monthly Cost	2	\$2,306.02	2	\$2,250.94	2	\$1,885.56
Annual Cost		\$27,672.24		\$27,011.28		\$22,626.72

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

	Emblem Select Care EmblemHealth Gold Value Non-Gated-S (HMOc) (UCR=N/A)		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)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	0/40/80 IntDed T2-3		0/40/80		0%/0%/0% IntDed T2-3	
Cost Share Information						
Individual/Family Deductible	\$1,900/\$3,800		\$2,400/\$4,800		\$6,300/\$12,600	
Individual/Family OOP Limit	\$3,700/\$7,400 (incl ded)		\$7,800/\$15,600 (incl ded)		\$6,300/\$12,600 (incl ded)	
Co-Insurance	30%		40%		0%	
Office Visits						
Primary Care	No charge visits 1-3; \$25 ded waived visits 4+		No charge visits 1-3; \$35 ded waived visits 4+		No charge visits 1-3; \$10 ded waived visits 4+	
Specialist	\$40 ded waived		\$65 ded waived		\$55 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$40 ded waived		\$65 ded waived		\$55 ded waived	
Inpatient Services						
Inpatient Hospital	30% after ded; pre-auth req		40% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Inpatient	30% after ded; pre-auth req		40% after ded; pre-auth req		0% after ded; pre-auth req	
Substance Abuse Inpatient	30% after ded; pre-auth req		40% after ded; pre-auth req		0% after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	\$200 after ded; pre-auth req		\$250 after ded; pre-auth req		0% after ded; pre-auth req	
Lab/X-Ray	Lab-\$25/\$40 ded waived (PCP/SP); X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req		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	
Advanced Radiology	\$40 after ded; pre-auth req		\$65 after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Outpatient	\$25 ded waived		\$35 ded waived		\$10 ded waived	
Substance Abuse Outpatient	\$25 ded waived		\$35 ded waived		\$10 ded waived	
Emergency Care						
Emergency Room	\$500 (waived if admitted) after ded		40% after ded		0% after ded	
Ambulance	\$200 after ded		\$250 after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived	
Recovery/Special Needs						
Home Health Care	\$25 after ded; 40 visits/plan yr; pre-auth req		\$65 after ded; 40 visits/plan yr; pre-auth req		0% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	30% after ded; 200 days/plan yr; pre-auth req		40% after ded; 200 days/plan yr; pre-auth req		0% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	20% after ded; pre-auth req		30% after ded; pre-auth req		0% after ded; pre-auth req	
Single	2 x	\$895.67	2 x	\$794.27	2 x	\$768.00
EE with Spouse	0 x	\$1,791.33	0 x	\$1,588.53	0 x	\$1,536.01
EE with Child(ren)	0 x	\$1,522.64	0 x	\$1,350.25	0 x	\$1,305.60
Family	0 x	\$2,552.67	0 x	\$2,263.67	0 x	\$2,188.81
Monthly Cost	2	\$1,791.34	2	\$1,588.54	2	\$1,536.00
Annual Cost		\$21,496.08		\$19,062.48		\$18,432.00

	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	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	25/50%/50% IntDed		35/0%/0% IntDed T2-3	
Cost Share Information				
Individual/Family Deductible	\$4,600/\$9,200		\$8,150/\$16,300	
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)		\$8,150/\$16,300 (incl ded)	
Co-Insurance	50%		0%	
Office Visits				
Primary Care	No charge visits 1-3; \$40 after ded visits 4+		No charge visits 1-3; 0% after ded visits 4+	
Specialist	\$70 after ded		0% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge	
Chiropractic Care	\$70 after ded		0% after ded	
Inpatient Services				
Inpatient Hospital	50% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Inpatient	50% after ded; pre-auth req		0% after ded; pre-auth req	
Substance Abuse Inpatient	50% after ded; pre-auth req		0% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	50% after ded; pre-auth req		0% after ded; pre-auth req	
Lab/X-Ray	Lab-\$40/\$70 after ded (PCP/SP); X-ray-50% after ded; pre-auth req		0% after ded; pre-auth req	
Advanced Radiology	50% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Outpatient	\$40 after ded		0% after ded	
Substance Abuse Outpatient	\$40 after ded		0% after ded	
Emergency Care				
Emergency Room	50% after ded		0% after ded	
Ambulance	50% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived	
Recovery/Special Needs				
Home Health Care	50% after ded; 40 visits/plan yr; pre-auth req		0% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	50% after ded; 200 days/plan yr; pre-auth req		0% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	50% after ded; pre-auth req		0% after ded; pre-auth req	
Single	2 x	\$684.86	2 x	\$654.09
EE with Spouse	0 x	\$1,369.71	0 x	\$1,308.19
EE with Child(ren)	0 x	\$1,164.26	0 x	\$1,111.97
Family	0 x	\$1,951.83	0 x	\$1,864.17
Monthly Cost	2	\$1,369.72	2	\$1,308.18
Annual Cost		\$16,436.64		\$15,698.16

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