

	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	\$1,013.65	2 x	\$989.44	2 x	\$828.80
EE with Spouse	0 x	\$2,027.31	0 x	\$1,978.89	0 x	\$1,657.63
EE with Child(ren)	0 x	\$1,723.21	0 x	\$1,682.06	0 x	\$1,408.98
Family	0 x	\$2,888.92	0 x	\$2,819.91	0 x	\$2,362.11
Monthly Cost	2	\$2,027.30	2	\$1,978.88	2	\$1,657.60
Annual Cost		\$24,327.60		\$23,746.56		\$19,891.20

	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	\$787.41	2 x	\$698.27	2 x	\$675.18
EE with Spouse	0 x	\$1,574.81	0 x	\$1,396.52	0 x	\$1,350.34
EE with Child(ren)	0 x	\$1,338.60	0 x	\$1,187.04	0 x	\$1,147.81
Family	0 x	\$2,244.12	0 x	\$1,990.06	0 x	\$1,924.26
Monthly Cost	2	\$1,574.82	2	\$1,396.54	2	\$1,350.36
Annual Cost		\$18,897.84		\$16,758.48		\$16,204.32

	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 \$602.08		2 x \$575.02	
EE with Spouse	0 x \$1,204.16		0 x \$1,150.05	
EE with Child(ren)	0 x \$1,023.53		0 x \$977.55	
Family	0 x \$1,715.92		0 x \$1,638.83	
Monthly Cost	2 \$1,204.16		2 \$1,150.04	
Annual Cost	\$14,449.92		\$13,800.48	