

	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)	
	In-Network		In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	0/30/60		0/30/60 IntDed T2-3		0/40/80	
<b>Cost Share Information</b>						
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%	
<b>Office Visits</b>						
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	
<b>Inpatient Services</b>						
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	
<b>Outpatient Services</b>						
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	
<b>Emergency Care</b>						
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	
<b>Recovery/Special Needs</b>						
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	\$1,077.90	2 x	\$1,051.98	2 x	\$880.25
EE with Spouse	0 x	\$2,155.79	0 x	\$2,103.97	0 x	\$1,760.50
EE with Child(ren)	0 x	\$1,832.43	0 x	\$1,788.37	0 x	\$1,496.42
Family	0 x	\$3,072.00	0 x	\$2,998.17	0 x	\$2,508.69
Monthly Cost	2	\$2,155.80	2	\$2,103.96	2	\$1,760.50
Annual Cost		\$25,869.60		\$25,247.52		\$21,126.00

	Emblem Millennium EmblemHealth Gold Value Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Silver Premier Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Silver Value Gated-M (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	0/40/80 IntDed T2-3		0/40/80		0%/0%/0% IntDed T2-3	
<b>Cost Share Information</b>						
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%	
<b>Office Visits</b>						
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	
<b>Inpatient Services</b>						
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	
<b>Outpatient Services</b>						
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	
<b>Emergency Care</b>						
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	
<b>Recovery/Special Needs</b>						
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	\$835.97	2 x	\$740.64	2 x	\$715.97
EE with Spouse	0 x	\$1,671.95	0 x	\$1,481.29	0 x	\$1,431.94
EE with Child(ren)	0 x	\$1,421.17	0 x	\$1,259.09	0 x	\$1,217.15
Family	0 x	\$2,382.54	0 x	\$2,110.82	0 x	\$2,040.51
Monthly Cost	2	\$1,671.94	2	\$1,481.28	2	\$1,431.94
Annual Cost		\$20,063.28		\$17,775.36		\$17,183.28

	Emblem Millennium EmblemHealth Bronze Premier Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Bronze Value Gated-M (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	25/50%/50% IntDed		35/0%/0% IntDed T2-3	
<b>Cost Share Information</b>				
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%	
<b>Office Visits</b>				
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	
<b>Inpatient Services</b>				
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	
<b>Outpatient Services</b>				
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	
<b>Emergency Care</b>				
Emergency Room	50% after ded		0% after ded	
Ambulance	50% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived	
<b>Recovery/Special Needs</b>				
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	\$637.81	2 x	\$608.90
EE with Spouse	0 x	\$1,275.63	0 x	\$1,217.80
EE with Child(ren)	0 x	\$1,084.27	0 x	\$1,035.12
Family	0 x	\$1,817.78	0 x	\$1,735.36
Monthly Cost	2	\$1,275.62	2	\$1,217.80
Annual Cost		\$15,307.44		\$14,613.60