

	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	\$947.61	2 x	\$924.84	2 x	\$773.86
EE with Spouse	0 x	\$1,895.22	0 x	\$1,849.67	0 x	\$1,547.70
EE with Child(ren)	0 x	\$1,610.95	0 x	\$1,572.22	0 x	\$1,315.54
Family	0 x	\$2,700.69	0 x	\$2,635.79	0 x	\$2,205.48
Monthly Cost	2	\$1,895.22	2	\$1,849.68	2	\$1,547.72
Annual Cost		\$22,742.64		\$22,196.16		\$18,572.64

	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	\$734.94	2 x	\$651.12	2 x	\$629.43
EE with Spouse	0 x	\$1,469.87	0 x	\$1,302.26	0 x	\$1,258.86
EE with Child(ren)	0 x	\$1,249.38	0 x	\$1,106.91	0 x	\$1,070.03
Family	0 x	\$2,094.56	0 x	\$1,855.72	0 x	\$1,793.87
Monthly Cost	2	\$1,469.88	2	\$1,302.24	2	\$1,258.86
Annual Cost		\$17,638.56		\$15,626.88		\$15,106.32

	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	\$560.72	2 x	\$535.30
EE with Spouse	0 x	\$1,121.44	0 x	\$1,070.60
EE with Child(ren)	0 x	\$953.23	0 x	\$910.01
Family	0 x	\$1,598.06	0 x	\$1,525.61
Monthly Cost	2	\$1,121.44	2	\$1,070.60
Annual Cost		\$13,457.28		\$12,847.20