

	Emblem Prime EmblemHealth Platinum PPO Non-Gated (PPO) (UCR=80fh%)		Emblem Prime EmblemHealth Platinum Premier Non-Gated-P (HMO) (UCR=N/A)		Emblem Prime EmblemHealth Platinum Value Non-Gated-P (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network		In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	0/30/80		0/30/60		0/30/60 IntDed T2-3	
<b>Cost Share Information</b>						
Individual/Family Deductible	N/A	\$2,600/\$5,200	N/A		\$250/\$500	
Individual/Family OOP Limit	\$2,500/\$5,000	\$5,000/\$10,000 (incl ded)	\$2,000/\$4,000		\$2,500/\$5,000 (incl ded)	
Co-Insurance	0%	30%	20%		20%	
<b>Office Visits</b>						
Primary Care	No charge visits 1-3; \$15 visits 4+	30% after ded	No charge visits 1-3; \$15 visits 4+		No charge visits 1-3; \$15 ded waived visits 4+	
Specialist	\$35	30% after ded	\$35		\$35 ded waived	
Maternity Prenatal/Postnatal Care	No charge	30% after ded	No charge		No charge	
Chiropractic Care	\$35	30% after ded	\$35		\$35 ded waived	
<b>Inpatient Services</b>						
Inpatient Hospital	20%; pre-auth req	30% after ded; pre-auth req	20%; pre-auth req		20% after ded; pre-auth req	
Mental Health Inpatient	20%; pre-auth req	30% after ded; pre-auth req	20%; pre-auth req		20% after ded; pre-auth req	
Substance Abuse Inpatient	20%; pre-auth req	30% after ded; pre-auth req	20%; pre-auth req		20% after ded; pre-auth req	
<b>Outpatient Services</b>						
Outpatient Facility	\$150; pre-auth req	30% after ded; pre-auth req	\$250; pre-auth req		\$250 after ded; pre-auth req	
Lab/X-Ray	\$15/\$35 (PCP/SP); pre-auth req	30% after ded; pre-auth req	\$15/\$35 (PCP/SP); pre-auth req		Lab-\$15/\$35 ded waived (PCP/SP)/X-ray-\$15/\$35 after ded (PCP/SP); pre-auth req	
Advanced Radiology	\$35; pre-auth req	30% after ded; pre-auth req	\$35; pre-auth req		\$35 after ded ; pre-auth req	
Mental Health Outpatient	\$15	30% after ded	\$15		\$15 ded waived	
Substance Abuse Outpatient	\$15	30% after ded	\$15		\$15 ded waived	
<b>Emergency Care</b>						
Emergency Room	\$750 (waived if admitted)	\$750 (waived if admitted) ded waived	\$400 (waived if admitted)		\$400 (waived if admitted) after ded	
Ambulance	20%	20% ded waived	\$250		\$250 after ded	
Urgent Care	\$75	30% after ded	\$75		\$75 ded waived	
<b>Recovery/Special Needs</b>						
Home Health Care	\$35; 40 visits/plan yr; pre-auth req	30% after ded; 40 visits/plan yr; pre-auth req	\$35; 40 visits/plan yr; pre-auth req		\$35 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	20%; 200 days/plan yr; pre-auth req	Not covered	20%; 200 days/plan yr; pre-auth req		20% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	10%; pre-auth req	Not covered	10%; pre-auth req		10% after ded; pre-auth req	
Single	2 x	\$1,372.97	2 x	\$1,362.09	2 x	\$1,324.12
EE with Spouse	0 x	\$2,745.94	0 x	\$2,724.18	0 x	\$2,648.24
EE with Child(ren)	0 x	\$2,334.05	0 x	\$2,315.55	0 x	\$2,251.00
Family	0 x	\$3,912.96	0 x	\$3,881.96	0 x	\$3,773.74
Monthly Cost	2	\$2,745.94	2	\$2,724.18	2	\$2,648.24
Annual Cost		\$32,951.28		\$32,690.16		\$31,778.88

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	Emblem Prime EmblemHealth Gold PPO Non-Gated (PPOc) (UCR=80fh%)		Emblem Prime EmblemHealth Gold Premier Non-Gated-P (HMOc) (UCR=N/A)		Emblem Prime EmblemHealth Gold Virtual EPO Non-Gated-P (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	0/35/100		0/40/80		0/40/80 IntDed T2-3	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$1,300/\$2,600	\$3,500/\$7,000	\$450/\$900		\$450/\$900	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$5,600/\$11,200 (incl ded)		\$7,800/\$15,600 (incl ded)	
Co-Insurance	30%	40%	30%		30%	
<b>Office Visits</b>						
Primary Care	No charge visits 1-3; \$25 ded waived visits 4+	40% after ded	No charge visits 1-3; \$25 ded waived visits 4+		\$40 ded waived (No charge preferred provider)	
Specialist	\$40 ded waived	40% after ded	\$40 ded waived		\$60 ded waived	
Maternity Prenatal/Postnatal Care	No charge	40% after ded	No charge		No charge	
Chiropractic Care	\$40 ded waived	40% after ded	\$40 ded waived		\$60 ded waived	
<b>Inpatient Services</b>						
Inpatient Hospital	30% after ded; pre-auth req	40% after ded; pre-auth req	30% after ded; pre-auth req		30% after ded; pre-auth req	
Mental Health Inpatient	30% after ded; pre-auth req	40% after ded; pre-auth req	30% after ded; pre-auth req		30% after ded; pre-auth req	
Substance Abuse Inpatient	30% after ded; pre-auth req	40% after ded; pre-auth req	30% after ded; pre-auth req		30% after ded; pre-auth req	
<b>Outpatient Services</b>						
Outpatient Facility	\$200 after ded; pre-auth req	40% after ded; pre-auth req	\$350 after ded; pre-auth req		\$350 after ded; pre-auth req	
Lab/X-Ray	\$25/\$40 after ded (PCP/SP); pre-auth req	40% after ded; pre-auth req	Lab-\$25/\$40 ded waived (PCP/SP)/X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req		Lab-\$0/\$60 ded waived (PCP/SP)/X-ray-\$40/\$60 after ded (PCP/SP); pre-auth req	
Advanced Radiology	\$40 after ded; pre-auth req	40% after ded; pre-auth req	\$40 after ded; pre-auth req		\$60 after ded; pre-auth req	
Mental Health Outpatient	\$25 ded waived	40% after ded	\$25 ded waived		\$40 ded waived	
Substance Abuse Outpatient	\$25 ded waived	40% after ded	\$25 ded waived		\$40 ded waived	
<b>Emergency Care</b>						
Emergency Room	\$1,000 (waived if admitted) after ded	\$1,000 (waived if admitted) after ded	\$800 (waived if admitted) after ded		40% after ded	
Ambulance	30% after ded	30% after ded	\$350 after ded		\$350 after ded	
Urgent Care	\$75 ded waived	40% after ded	\$75 ded waived		\$75 ded waived	
<b>Recovery/Special Needs</b>						
Home Health Care	\$40 after ded; 40 visits/plan yr; pre-auth req	40% after ded; 40 visits/plan yr; pre-auth req	\$40 after ded; 40 visits/plan yr; pre-auth req		\$60 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	30% after ded; 200 days/plan yr; pre-auth req	Not covered	30% after ded; 200 days/plan yr; pre-auth req		30% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	20% after ded; pre-auth req	Not covered	20% after ded; pre-auth req		20% after ded; pre-auth req	
Single	2 x \$1,110.63		2 x \$1,109.40		2 x \$1,050.11	
EE with Spouse	0 x \$2,221.26		0 x \$2,218.80		0 x \$2,100.22	
EE with Child(ren)	0 x \$1,888.07		0 x \$1,885.98		0 x \$1,785.19	
Family	0 x \$3,165.30		0 x \$3,161.79		0 x \$2,992.81	
Monthly Cost	2 \$2,221.26		2 \$2,218.80		2 \$2,100.22	
Annual Cost	\$26,655.12		\$26,625.60		\$25,202.64	

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	Emblem Prime EmblemHealth Gold Value Non-Gated-P (HMOc) (UCR=N/A)		Emblem Prime EmblemHealth Silver Premier Non-Gated-P (HMOc) (UCR=N/A)		Emblem Prime EmblemHealth Silver Value Non-Gated-P (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	\$2,300/\$4,600		\$3,600/\$7,200		\$6,700/\$13,400	
Individual/Family OOP Limit	\$5,300/\$10,600 (incl ded)		\$7,800/\$15,600 (incl ded)		\$6,700/\$13,400 (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	\$350 after ded; pre-auth req		\$350 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	\$800 (waived if admitted) after ded		40% after ded		0% after ded	
Ambulance	\$350 after ded		\$350 after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived	
<b>Recovery/Special Needs</b>						
Home Health Care	\$50 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	\$1,048.22	2 x	\$954.13	2 x	\$922.87
EE with Spouse	0 x	\$2,096.44	0 x	\$1,908.26	0 x	\$1,845.74
EE with Child(ren)	0 x	\$1,781.97	0 x	\$1,622.02	0 x	\$1,568.88
Family	0 x	\$2,987.43	0 x	\$2,719.27	0 x	\$2,630.18
Monthly Cost	2	\$2,096.44	2	\$1,908.26	2	\$1,845.74
Annual Cost		\$25,157.28		\$22,899.12		\$22,148.88

	Emblem Prime EmblemHealth Silver Plus HSA Non-Gated (HSA) (UCR=N/A)		Emblem Prime EmblemHealth Bronze Premier Non-Gated-P (HMOc) (UCR=N/A)		Emblem Prime EmblemHealth Bronze Plus HSA Non-Gated (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	15/45/80 IntDed		50/50%/50% IntDed T2-3		15/65/80 IntDed	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$3,000/\$6,000		\$5,300/\$10,600		\$6,300/\$12,600	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$8,450/\$16,900 (incl ded)		\$6,900/\$13,800 (incl ded)	
Co-Insurance	40%		50%		50%	
<b>Office Visits</b>						
Primary Care	\$30 after ded		No charge visits 1-3; 50% after ded visits 4+		50% after ded	
Specialist	\$50 after ded		50% after ded		50% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$50 after ded		50% after ded		50% after ded	
<b>Inpatient Services</b>						
Inpatient Hospital	40% after ded; pre-auth req		50% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Inpatient	40% after ded; pre-auth req		50% after ded; pre-auth req		50% after ded; pre-auth req	
Substance Abuse Inpatient	40% after ded; pre-auth req		50% after ded; pre-auth req		50% after ded; pre-auth req	
<b>Outpatient Services</b>						
Outpatient Facility	\$350 after ded; pre-auth req		50% after ded; pre-auth req		50% after ded; pre-auth req	
Lab/X-Ray	\$30/\$50 after ded (PCP/SP); pre-auth req		50% after ded; pre-auth req		50% after ded; pre-auth req	
Advanced Radiology	\$50 after ded; pre-auth req		50% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Outpatient	\$30 after ded		50% after ded		50% after ded	
Substance Abuse Outpatient	\$30 after ded		50% after ded		50% after ded	
<b>Emergency Care</b>						
Emergency Room	40% after ded		50% after ded		50% after ded	
Ambulance	\$350 after ded		50% after ded		50% after ded	
Urgent Care	\$100 after ded		\$75 ded waived		\$100 after ded	
<b>Recovery/Special Needs</b>						
Home Health Care	\$50 after ded; 40 visits/plan yr; pre-auth req		50% after ded; 40 visits/plan yr; pre-auth req		50% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	40% after ded; 200 days/plan yr; pre-auth req		50% after ded; 200 days/plan yr; pre-auth req		50% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	30% after ded; pre-auth req		50% after ded; pre-auth req		50% after ded; pre-auth req	
Single	2 x \$914.65		2 x \$825.41		2 x \$816.27	
EE with Spouse	0 x \$1,829.30		0 x \$1,650.82		0 x \$1,632.54	
EE with Child(ren)	0 x \$1,554.91		0 x \$1,403.20		0 x \$1,387.66	
Family	0 x \$2,606.75		0 x \$2,352.42		0 x \$2,326.37	
Monthly Cost	2 \$1,829.30		2 \$1,650.82		2 \$1,632.54	
Annual Cost	\$21,951.60		\$19,809.84		\$19,590.48	

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	<b>Emblem Prime EmblemHealth Bronze Value Non-Gated-P (HMOc) (UCR=N/A)</b>	
	<b>In-Network</b>	<b>Out-Network</b>
<b>Prescription Drugs</b>		
Drug Card	35/0%/0% IntDed T2-3	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$8,550/\$17,100	
Individual/Family OOP Limit	\$8,550/\$17,100 (incl ded)	
Co-Insurance	0%	
<b>Office Visits</b>		
Primary Care	No charge visits 1-3; 0% after ded visits 4+	
Specialist	0% after ded	
Maternity Prenatal/Postnatal Care	No charge	
Chiropractic Care	0% after ded	
<b>Inpatient Services</b>		
Inpatient Hospital	0% after ded; pre-auth req	
Mental Health Inpatient	0% after ded; pre-auth req	
Substance Abuse Inpatient	0% after ded; pre-auth req	
<b>Outpatient Services</b>		
Outpatient Facility	0% after ded; pre-auth req	
Lab/X-Ray	0% after ded; pre-auth req	
Advanced Radiology	0% after ded; pre-auth req	
Mental Health Outpatient	0% after ded	
Substance Abuse Outpatient	0% after ded	
<b>Emergency Care</b>		
Emergency Room	0% after ded	
Ambulance	0% after ded	
Urgent Care	\$75 ded waived	
<b>Recovery/Special Needs</b>		
Home Health Care	0% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	0% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	0% after ded; pre-auth req	
Single	2 x	\$783.27
EE with Spouse	0 x	\$1,566.54
EE with Child(ren)	0 x	\$1,331.56
Family	0 x	\$2,232.32
Monthly Cost	2	\$1,566.54
Annual Cost		\$18,798.48