

	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
Prescription Drugs						
Drug Card	0/30/60		0/30/60 IntDed T2-3		0/40/80	
Cost Share Information						
Individual/Family Deductible	N/A		\$250/\$500		\$450/\$900	
Individual/Family OOP Limit	\$2,000/\$4,000		\$2,500/\$5,000 (incl ded)		\$5,600/\$11,200 (incl ded)	
Co-Insurance	20%		20%		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; \$25 ded waived visits 4+	
Specialist	\$35		\$35 ded waived		\$40 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$35		\$35 ded waived		\$40 ded waived	
Inpatient Services						
Inpatient Hospital	20%; pre-auth req		20% after ded; pre-auth req		30% after ded; pre-auth req	
Mental Health Inpatient	20%; pre-auth req		20% after ded; pre-auth req		30% after ded; pre-auth req	
Substance Abuse Inpatient	20%; pre-auth req		20% after ded; pre-auth req		30% after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	\$250; pre-auth req		\$250 after ded; pre-auth req		\$350 after ded; pre-auth req	
Lab/X-Ray	\$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		Lab-\$25/\$40 ded waived (PCP/SP)/X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req	
Advanced Radiology	\$35; pre-auth req		\$35 after ded ; pre-auth req		\$40 after ded; pre-auth req	
Mental Health Outpatient	\$15		\$15 ded waived		\$25 ded waived	
Substance Abuse Outpatient	\$15		\$15 ded waived		\$25 ded waived	
Emergency Care						
Emergency Room	\$400 (waived if admitted)		\$400 (waived if admitted) after ded		\$800 (waived if admitted) after ded	
Ambulance	\$250		\$250 after ded		\$350 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		\$40 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	20%; 200 days/plan yr; pre-auth req		20% 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	\$1,032.89	2 x	\$1,004.05	2 x	\$841.00
EE with Spouse	0 x	\$2,065.78	0 x	\$2,008.10	0 x	\$1,682.00
EE with Child(ren)	0 x	\$1,755.91	0 x	\$1,706.89	0 x	\$1,429.70
Family	0 x	\$2,943.74	0 x	\$2,861.54	0 x	\$2,396.85
Monthly Cost	2	\$2,065.78	2	\$2,008.10	2	\$1,682.00
Annual Cost		\$24,789.36		\$24,097.20		\$20,184.00

	Emblem Millennium EmblemHealth Gold Value Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Gold Virtual EPO Gated-M (EPOc) (UCR=N/A)		Emblem Millennium EmblemHealth Silver Premier Gated-M (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 IntDed T2-3		0/40/80	
Cost Share Information						
Individual/Family Deductible	\$2,300/\$4,600		\$1,700/\$3,400		\$3,600/\$7,200	
Individual/Family OOP Limit	\$5,300/\$10,600 (incl ded)		\$8,200/\$16,400 (incl ded)		\$7,800/\$15,600 (incl ded)	
Co-Insurance	30%		30%		40%	
Office Visits						
Primary Care	No charge visits 1-3; \$25 ded waived visits 4+		\$40 ded waived (No charge preferred provider)		No charge visits 1-3; \$35 ded waived visits 4+	
Specialist	\$40 ded waived		\$60 ded waived		\$65 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$40 ded waived		\$60 ded waived		\$65 ded waived	
Inpatient Services						
Inpatient Hospital	30% after ded; pre-auth req		30% after ded; pre-auth req		40% after ded; pre-auth req	
Mental Health Inpatient	30% after ded; pre-auth req		30% after ded; pre-auth req		40% after ded; pre-auth req	
Substance Abuse Inpatient	30% after ded; pre-auth req		30% after ded; pre-auth req		40% after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	\$350 after ded; pre-auth req		\$350 after ded; pre-auth req		\$350 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-\$0/\$60 ded waived (PCP/SP)/X-ray-\$40/\$60 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	
Advanced Radiology	\$40 after ded; pre-auth req		\$60 after ded; pre-auth req		\$65 after ded; pre-auth req	
Mental Health Outpatient	\$25 ded waived		\$40 ded waived		\$35 ded waived	
Substance Abuse Outpatient	\$25 ded waived		\$40 ded waived		\$35 ded waived	
Emergency Care						
Emergency Room	\$800 (waived if admitted) after ded		40% after ded		40% after ded	
Ambulance	\$350 after ded		\$350 after ded		\$350 after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived	
Recovery/Special Needs						
Home Health Care	\$50 after ded; 40 visits/plan yr; pre-auth req		\$60 after ded; 40 visits/plan yr; pre-auth req		\$65 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	30% after ded; 200 days/plan yr; pre-auth req		30% after ded; 200 days/plan yr; pre-auth req		40% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	20% after ded; pre-auth req		20% after ded; pre-auth req		30% after ded; pre-auth req	
Single	2 x	\$794.54	2 x	\$766.83	2 x	\$720.08
EE with Spouse	0 x	\$1,589.08	0 x	\$1,533.66	0 x	\$1,440.16
EE with Child(ren)	0 x	\$1,350.72	0 x	\$1,303.61	0 x	\$1,224.14
Family	0 x	\$2,264.44	0 x	\$2,185.47	0 x	\$2,052.23
Monthly Cost	2	\$1,589.08	2	\$1,533.66	2	\$1,440.16
Annual Cost		\$19,068.96		\$18,403.92		\$17,281.92

	Emblem Millennium EmblemHealth Silver Value Gated-M (HMOc) (UCR=N/A)		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	In-Network	Out-Network
Prescription Drugs						
Drug Card	0%/0%/0% IntDed T2-3		50/50%/50% IntDed T2-3		35/0%/0% IntDed T2-3	
Cost Share Information						
Individual/Family Deductible	\$6,700/\$13,400		\$5,300/\$10,600		\$8,550/\$17,100	
Individual/Family OOP Limit	\$6,700/\$13,400 (incl ded)		\$8,450/\$16,900 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	0%		50%		0%	
Office Visits						
Primary Care	No charge visits 1-3; \$10 ded waived visits 4+		No charge visits 1-3; 50% after ded visits 4+		No charge visits 1-3; 0% after ded visits 4+	
Specialist	\$55 ded waived		50% after ded		0% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$55 ded waived		50% after ded		0% after ded	
Inpatient Services						
Inpatient Hospital	0% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Inpatient	0% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Substance Abuse Inpatient	0% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	0% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Lab/X-Ray	Lab-\$10/\$55 ded waived (PCP/SP); X-ray-0% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Advanced Radiology	0% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Outpatient	\$10 ded waived		50% after ded		0% after ded	
Substance Abuse Outpatient	\$10 ded waived		50% after ded		0% after ded	
Emergency Care						
Emergency Room	0% after ded		50% after ded		0% after ded	
Ambulance	0% after ded		50% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived	
Recovery/Special Needs						
Home Health Care	0% after ded; 40 visits/plan yr; pre-auth req		50% after ded; 40 visits/plan yr; pre-auth req		0% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	0% after ded; 200 days/plan yr; pre-auth req		50% after ded; 200 days/plan yr; pre-auth req		0% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	0% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Single	2 x	\$696.33	2 x	\$622.32	2 x	\$590.32
EE with Spouse	0 x	\$1,392.66	0 x	\$1,244.64	0 x	\$1,180.64
EE with Child(ren)	0 x	\$1,183.76	0 x	\$1,057.94	0 x	\$1,003.54
Family	0 x	\$1,984.54	0 x	\$1,773.61	0 x	\$1,682.41
Monthly Cost	2	\$1,392.66	2	\$1,244.64	2	\$1,180.64
Annual Cost		\$16,711.92		\$14,935.68		\$14,167.68

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