

	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)	
	In-Network		In-Network	Out-Network
Prescription Drugs				
Drug Card	0/30/65		0/30/60 IntDed T2-3	
Cost Share Information				
Individual/Family Deductible	N/A		\$250/\$500	
Individual/Family OOP Limit	\$2,000/\$4,000		\$2,500/\$5,000 (incl ded)	
Co-Insurance	20%		20%	
Office Visits				
Primary Care	No charge visits 1-3; \$15 visits 4+		No charge visits 1-3; \$15 ded waived visits 4+	
Specialist	\$35		\$35 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge	
Chiropractic Care	\$35		\$35 ded waived	
Inpatient Services				
Inpatient Hospital	20%; pre-auth req		20% after ded; pre-auth req	
Mental Health Inpatient	20%; pre-auth req		20% after ded; pre-auth req	
Substance Abuse Inpatient	20%; pre-auth req		20% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	\$250; pre-auth req		\$250 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	
Advanced Radiology	\$35; pre-auth req		\$35 after ded ; pre-auth req	
Mental Health Outpatient	\$15		\$15 ded waived	
Substance Abuse Outpatient	\$15		\$15 ded waived	
Emergency Care				
Emergency Room	\$400 (waived if admitted)		\$400 (waived if admitted) after ded	
Ambulance	\$250		\$250 after ded	
Urgent Care	\$75		\$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	
Skilled Nursing	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		10% after ded; pre-auth req	
Single	2 x	\$1,269.69	2 x	\$1,234.31
EE with Spouse	0 x	\$2,539.39	0 x	\$2,468.63
EE with Child(ren)	0 x	\$2,158.48	0 x	\$2,098.34
Family	0 x	\$3,618.63	0 x	\$3,517.79
Monthly Cost	2	\$2,539.38	2	\$2,468.62
Annual Cost		\$30,472.56		\$29,623.44

	Emblem Select Care EmblemHealth Gold Premier Non-Gated-S (HMOc) (UCR=N/A)		Emblem Select Care EmblemHealth Gold Value Non-Gated-S (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	0/40/80		0/40/80 IntDed T2-3	
Cost Share Information				
Individual/Family Deductible	\$450/\$900		\$2,300/\$4,600	
Individual/Family OOP Limit	\$5,600/\$11,200 (incl ded)		\$5,300/\$10,600 (incl ded)	
Co-Insurance	30%		30%	
Office Visits				
Primary Care	No charge visits 1-3; \$25 ded waived visits 4+		No charge visits 1-3; \$25 ded waived visits 4+	
Specialist	\$40 ded waived		\$40 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge	
Chiropractic Care	\$40 ded waived		\$40 ded waived	
Inpatient Services				
Inpatient Hospital	30% after ded; pre-auth req		30% after ded; pre-auth req	
Mental Health Inpatient	30% after ded; pre-auth req		30% after ded; pre-auth req	
Substance Abuse Inpatient	30% after ded; pre-auth req		30% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	\$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-\$25/\$40 ded waived (PCP/SP)/X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req	
Advanced Radiology	\$40 after ded; pre-auth req		\$40 after ded; pre-auth req	
Mental Health Outpatient	\$25 ded waived		\$25 ded waived	
Substance Abuse Outpatient	\$25 ded waived		\$25 ded waived	
Emergency Care				
Emergency Room	\$800 (waived if admitted) after ded		\$800 (waived if admitted) after ded	
Ambulance	\$350 after ded		\$350 after ded	
Urgent Care	\$75 ded waived		\$75 ded waived	
Recovery/Special Needs				
Home Health Care	\$40 after ded; 40 visits/plan yr; pre-auth req		\$50 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	
Durable Medical Equipment	20% after ded; pre-auth req		20% after ded; pre-auth req	
Single	2 x \$1,034.34		2 x \$977.36	
EE with Spouse	0 x \$2,068.68		0 x \$1,954.71	
EE with Child(ren)	0 x \$1,758.38		0 x \$1,661.50	
Family	0 x \$2,947.87		0 x \$2,785.47	
Monthly Cost	2 \$2,068.68		2 \$1,954.72	
Annual Cost	\$24,824.16		\$23,456.64	

	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
Prescription Drugs				
Drug Card	0/40/80		0%/0%/0% IntDed T2-3	
Cost Share Information				
Individual/Family Deductible	\$3,600/\$7,200		\$6,700/\$13,400	
Individual/Family OOP Limit	\$7,800/\$15,600 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	40%		0%	
Office Visits				
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+		No charge visits 1-3; \$10 ded waived visits 4+	
Specialist	\$65 ded waived		\$55 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge	
Chiropractic Care	\$65 ded waived		\$55 ded waived	
Inpatient Services				
Inpatient Hospital	40% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Inpatient	40% after ded; pre-auth req		0% after ded; pre-auth req	
Substance Abuse Inpatient	40% after ded; pre-auth req		0% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	\$350 after ded; pre-auth req		0% after ded; pre-auth req	
Lab/X-Ray	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	\$65 after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Outpatient	\$35 ded waived		\$10 ded waived	
Substance Abuse Outpatient	\$35 ded waived		\$10 ded waived	
Emergency Care				
Emergency Room	40% after ded		0% after ded	
Ambulance	\$350 after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived	
Recovery/Special Needs				
Home Health Care	\$65 after ded; 40 visits/plan yr; pre-auth req		0% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	40% after ded; 200 days/plan yr; pre-auth req		0% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	30% after ded; pre-auth req		0% after ded; pre-auth req	
Single	2 x \$890.08		2 x \$860.95	
EE with Spouse	0 x \$1,780.16		0 x \$1,721.90	
EE with Child(ren)	0 x \$1,513.13		0 x \$1,463.62	
Family	0 x \$2,536.72		0 x \$2,453.72	
Monthly Cost	2 \$1,780.16		2 \$1,721.90	
Annual Cost	\$21,361.92		\$20,662.80	

	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	50/50%/50% IntDed T2-3		35/0%/0% IntDed T2-3	
Cost Share Information				
Individual/Family Deductible	\$5,300/\$10,600		\$8,550/\$17,100	
Individual/Family OOP Limit	\$8,450/\$16,900 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	50%		0%	
Office Visits				
Primary Care	No charge visits 1-3; 50% after ded visits 4+		No charge visits 1-3; 0% after ded visits 4+	
Specialist	50% after ded		0% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge	
Chiropractic Care	50% 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	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	50% after ded		0% after ded	
Substance Abuse Outpatient	50% 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	\$770.19	2 x	\$730.96
EE with Spouse	0 x	\$1,540.39	0 x	\$1,461.92
EE with Child(ren)	0 x	\$1,309.33	0 x	\$1,242.63
Family	0 x	\$2,195.05	0 x	\$2,083.23
Monthly Cost	2	\$1,540.38	2	\$1,461.92
Annual Cost		\$18,484.56		\$17,543.04