

	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)		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		In-Network		In-Network		In-Network	
Prescription Drugs								
Drug Card	0/30/65		0/30/60 IntDed T2-3		0/40/80		0/40/80 IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$250/\$500		\$450/\$900		\$2,300/\$4,600	
Individual/Family OOP Limit	\$2,000/\$4,000		\$2,500/\$5,000 (incl ded)		\$5,600/\$11,200 (incl ded)		\$5,300/\$10,600 (incl ded)	
Co-Insurance	20%		20%		30%		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+		No charge visits 1-3; \$25 ded waived visits 4+	
Specialist	\$35		\$35 ded waived		\$40 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		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		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		\$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		Lab-\$25/\$40 ded waived (PCP/SP)/X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req	
Mental Health Outpatient	\$15		\$15 ded waived		\$25 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		\$800 (waived if admitted) after ded	
Urgent Care	\$75		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x	\$1,135.27	2 x	\$1,103.64	2 x	\$924.84	2 x	\$873.89
EE with Spouse	0 x	\$2,270.53	0 x	\$2,207.28	0 x	\$1,849.68	0 x	\$1,747.79
EE with Child(ren)	0 x	\$1,929.95	0 x	\$1,876.19	0 x	\$1,572.23	0 x	\$1,485.61
Family	0 x	\$3,235.51	0 x	\$3,145.37	0 x	\$2,635.79	0 x	\$2,490.59
Monthly Cost	2	\$2,270.54	2	\$2,207.28	2	\$1,849.68	2	\$1,747.78
Annual Cost		\$27,246.48		\$26,487.36		\$22,196.16		\$20,973.36

	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)		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		In-Network		In-Network		In-Network	
Prescription Drugs								
Drug Card	0/40/80		0%/0%/0% IntDed T2-3		50/50%/50% IntDed T2-3		35/0%/0% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	\$3,600/\$7,200		\$6,700/\$13,400		\$5,300/\$10,600		\$8,550/\$17,100	
Individual/Family OOP Limit	\$7,800/\$15,600 (incl ded)		\$6,700/\$13,400 (incl ded)		\$8,450/\$16,900 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	40%		0%		50%		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+		No charge visits 1-3; 50% after ded visits 4+		No charge visits 1-3; 0% after ded visits 4+	
Specialist	\$65 ded waived		\$55 ded waived		50% after ded		0% after ded	
Inpatient Services								
Inpatient Hospital	40% after ded; pre-auth req		0% after ded; pre-auth req		50% 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		50% 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		50% 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		50% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Outpatient	\$35 ded waived		\$10 ded waived		50% after ded		0% after ded	
Emergency Care								
Emergency Room	40% after ded		0% after ded		50% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x \$795.84		2 x \$769.80		2 x \$688.65		2 x \$653.56	
EE with Spouse	0 x \$1,591.69		0 x \$1,539.61		0 x \$1,377.30		0 x \$1,307.13	
EE with Child(ren)	0 x \$1,352.94		0 x \$1,308.67		0 x \$1,170.70		0 x \$1,111.06	
Family	0 x \$2,268.15		0 x \$2,193.93		0 x \$1,962.66		0 x \$1,862.68	
Monthly Cost	2 \$1,591.68		2 \$1,539.60		2 \$1,377.30		2 \$1,307.12	
Annual Cost	\$19,100.16		\$18,475.20		\$16,527.60		\$15,685.44	