

	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	\$1,291.27	2 x	\$1,255.29	2 x	\$1,051.92	2 x	\$993.98
EE with Spouse	0 x	\$2,582.56	0 x	\$2,510.60	0 x	\$2,103.85	0 x	\$1,987.94
EE with Child(ren)	0 x	\$2,195.17	0 x	\$2,134.01	0 x	\$1,788.27	0 x	\$1,689.75
Family	0 x	\$3,680.15	0 x	\$3,577.59	0 x	\$2,997.98	0 x	\$2,832.82
Monthly Cost	2	\$2,582.54	2	\$2,510.58	2	\$2,103.84	2	\$1,987.96
Annual Cost		\$30,990.48		\$30,126.96		\$25,246.08		\$23,855.52

	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	
<b>Prescription Drugs</b>								
Drug Card	0/40/80		0%/0%/0% IntDed T2-3		50/50%/50% IntDed T2-3		35/0%/0% IntDed T2-3	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$905.21		2 x \$875.59		2 x \$783.28		2 x \$743.39	
EE with Spouse	0 x \$1,810.42		0 x \$1,751.17		0 x \$1,566.58		0 x \$1,486.77	
EE with Child(ren)	0 x \$1,538.85		0 x \$1,488.50		0 x \$1,331.59		0 x \$1,263.75	
Family	0 x \$2,579.84		0 x \$2,495.43		0 x \$2,232.37		0 x \$2,118.64	
Monthly Cost	2 \$1,810.42		2 \$1,751.18		2 \$1,566.56		2 \$1,486.78	
Annual Cost	\$21,725.04		\$21,014.16		\$18,798.72		\$17,841.36	