

	Emblem Prime EmblemHealth Platinum Premier Non-Gated-P (HMO) (UCR=N/A)	Emblem Prime EmblemHealth Platinum PPO Non-Gated (PPOc) (UCR=80fh%)		Emblem Prime EmblemHealth Platinum Value Non-Gated-P (HMOc) (UCR=N/A)	
	In-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs					
Drug Card	0/30/65	0/30/80		0/30/65 IntDed T2-3	
Cost Share Information					
Individual/Family Deductible	N/A	N/A	\$2,600/\$5,200	\$250/\$500	
Individual/Family OOP Limit	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000 (incl ded)	\$2,500/\$5,000 (incl ded)	
Co-Insurance	20%	20%	30%	20%	
Office Visits					
Primary Care	No charge visits 1-3; \$15 visits 4+	No charge visits 1-3; \$15 visits 4+	30% after ded	No charge visits 1-3; \$15 ded waived visits 4+	
Specialist	\$35	\$35	30% after ded	\$35 ded waived	
Maternity Prenatal/Postnatal Care	No charge	No charge	30% after ded	No charge	
Chiropractic Care	\$35	\$35	30% after ded	\$35 ded waived	
Inpatient Services					
Inpatient Hospital	20%; pre-auth req	20%; pre-auth req	30% after ded; pre-auth req	20% after ded; pre-auth req	
Mental Health Inpatient	20%; pre-auth req	20%; pre-auth req	30% after ded; pre-auth req	20% after ded; pre-auth req	
Substance Abuse Inpatient	20%; pre-auth req	20%; pre-auth req	30% after ded; pre-auth req	20% after ded; pre-auth req	
Outpatient Services					
Outpatient Facility	\$250; pre-auth req	\$150; pre-auth req	30% after ded; pre-auth req	\$250 after ded; pre-auth req	
Lab/X-Ray	\$15/\$35 (PCP/SP); pre-auth req	\$15/\$35 (PCP/SP); pre-auth req	30% after ded; 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; pre-auth req	30% after ded; pre-auth req	\$35 after ded ; pre-auth req	
Mental Health Outpatient	No charge visits 1-3; \$15 visits 4+	No charge visits 1-3; \$15 visits 4+	30% after ded	No charge visits 1-3; \$15 ded waived visits 4+	
Substance Abuse Outpatient	No charge visits 1-3; \$15 visits 4+	No charge visits 1-3; \$15 visits 4+	30% after ded	No charge visits 1-3; \$15 ded waived visits 4+	
Emergency Care					
Emergency Room	\$400 (waived if admitted)	\$750 (waived if admitted)	\$750 (waived if admitted) ded waived	\$400 (waived if admitted) after ded	
Ambulance	\$250	20%	20% after ded	\$250 after ded	
Urgent Care	\$75	\$75	30% after ded	\$75 ded waived	
Recovery/Special Needs					
Home Health Care	\$35; 40 visits/plan yr; pre-auth req	\$35; 40 visits/plan yr; pre-auth req	30% after ded; 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%; 200 days/plan yr; pre-auth req	Not covered	20% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	10%; pre-auth req	10%; pre-auth req	Not covered	10% after ded; pre-auth req	
Single	2 x \$1,302.45	2 x \$1,272.23		2 x \$1,266.03	
EE with Spouse	0 x \$2,604.90	0 x \$2,544.46		0 x \$2,532.06	
EE with Child(ren)	0 x \$2,214.17	0 x \$2,162.79		0 x \$2,152.25	
Family	0 x \$3,711.98	0 x \$3,625.86		0 x \$3,608.19	
Monthly Cost	2 \$2,604.90	2 \$2,544.46		2 \$2,532.06	
Annual Cost	\$31,258.80	\$30,533.52		\$30,384.72	

	Emblem Prime EmblemHealth Gold Premier Non-Gated-P (HMOc) (UCR=N/A)		Emblem Prime EmblemHealth Gold PPO Non-Gated (PPOc) (UCR=80fh%)		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
Prescription Drugs						
Drug Card	0/40/80		0/35/100		0/40/80 IntDed T2-3	
Cost Share Information						
Individual/Family Deductible	\$450/\$900		\$1,300/\$2,600	\$3,500/\$7,000	\$500/\$1,000	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$5,500/\$11,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$7,800/\$15,600 (incl ded)	
Co-Insurance	30%		30%	40%	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+	40% after ded	\$40 ded waived (No charge preferred provider)	
Specialist	\$40 ded waived		\$40 ded waived	40% after ded	\$60 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge	40% after ded	No charge	
Chiropractic Care	\$40 ded waived		\$40 ded waived	40% after ded	\$60 ded waived	
Inpatient Services						
Inpatient Hospital	30% after ded; pre-auth req		30% after ded; pre-auth req	40% 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	40% 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	40% after ded; pre-auth req	30% after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	\$350 after ded; pre-auth req		\$200 after ded; pre-auth req	40% 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		\$25/\$40 after ded (PCP/SP); pre-auth req	40% after ded; 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	No charge visits 1-3; \$25 ded waived visits 4+		No charge visits 1-3; \$25 ded waived visits 4+	40% after ded	\$40 ded waived	
Substance Abuse Outpatient	No charge visits 1-3; \$25 ded waived visits 4+		No charge visits 1-3; \$25 ded waived visits 4+	40% after ded	\$40 ded waived	
Emergency Care						
Emergency Room	\$800 (waived if admitted) after ded		\$1,000 (waived if admitted) after ded	\$1,000 (waived if admitted) after ded	40% after ded	
Ambulance	\$350 after ded		30% after ded	30% after ded	\$350 after ded	
Urgent Care	\$75 ded waived		\$75 ded waived	40% after ded	\$75 ded waived	
Recovery/Special Needs						
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		30% after ded; 200 days/plan yr; pre-auth req	Not covered	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	Not covered	20% after ded; pre-auth req	
Single	2 x \$1,053.82		2 x \$1,028.72		2 x \$978.38	
EE with Spouse	0 x \$2,107.64		0 x \$2,057.44		0 x \$1,956.76	
EE with Child(ren)	0 x \$1,791.49		0 x \$1,748.82		0 x \$1,663.25	
Family	0 x \$3,003.39		0 x \$2,931.85		0 x \$2,788.38	
Monthly Cost	2 \$2,107.64		2 \$2,057.44		2 \$1,956.76	
Annual Cost	\$25,291.68		\$24,689.28		\$23,481.12	

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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
Prescription Drugs						
Drug Card	0/40/80 IntDed T2-3		0/40/80		0%/0%/0% IntDed T2-3	
Cost Share Information						
Individual/Family Deductible	\$2,500/\$5,000		\$3,800/\$7,600		\$7,000/\$14,000	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	30%		40%		0%	
Office Visits						
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	
Inpatient Services						
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	
Outpatient Services						
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	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+	
Substance Abuse Outpatient	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+	
Emergency Care						
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	
Recovery/Special Needs						
Home Health Care	\$40 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 \$969.49		2 x \$902.32		2 x \$869.95	
EE with Spouse	0 x \$1,938.98		0 x \$1,804.64		0 x \$1,739.90	
EE with Child(ren)	0 x \$1,648.13		0 x \$1,533.94		0 x \$1,478.92	
Family	0 x \$2,763.05		0 x \$2,571.61		0 x \$2,479.36	
Monthly Cost	2 \$1,938.98		2 \$1,804.64		2 \$1,739.90	
Annual Cost	\$23,267.76		\$21,655.68		\$20,878.80	

	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
Prescription Drugs						
Drug Card	15/45/80 IntDed		50/50%/50% IntDed T2-3		15/65/80 IntDed	
Cost Share Information						
Individual/Family Deductible	\$3,000/\$6,000		\$5,500/\$11,000		\$6,300/\$12,600	
Individual/Family OOP Limit	\$6,800/\$13,600 (incl ded)		\$8,700/\$17,400 (incl ded)		\$6,900/\$13,800 (incl ded)	
Co-Insurance	40%		50%		50%	
Office Visits						
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	
Inpatient Services						
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	
Outpatient Services						
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		No charge visits 1-3; 50% after ded visits 4+		50% after ded	
Substance Abuse Outpatient	\$30 after ded		No charge visits 1-3; 50% after ded visits 4+		50% after ded	
Emergency Care						
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	
Recovery/Special Needs						
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 \$852.26		2 x \$778.17		2 x \$775.25	
EE with Spouse	0 x \$1,704.52		0 x \$1,556.34		0 x \$1,550.50	
EE with Child(ren)	0 x \$1,448.84		0 x \$1,322.89		0 x \$1,317.93	
Family	0 x \$2,428.94		0 x \$2,217.78		0 x \$2,209.46	
Monthly Cost	2 \$1,704.52		2 \$1,556.34		2 \$1,550.50	
Annual Cost	\$20,454.24		\$18,676.08		\$18,606.00	

	Emblem Prime EmblemHealth Bronze Value Non-Gated-P (HMOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	35/0%/0% IntDed T2-3	
Cost Share Information		
Individual/Family Deductible	\$8,550/\$17,100	
Individual/Family OOP Limit	\$8,550/\$17,100 (incl ded)	
Co-Insurance	0%	
Office Visits		
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	
Inpatient Services		
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	
Outpatient Services		
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	No charge visits 1-3; 0% after ded visits 4+	
Substance Abuse Outpatient	No charge visits 1-3; 0% after ded visits 4+	
Emergency Care		
Emergency Room	0% after ded	
Ambulance	0% after ded	
Urgent Care	\$75 ded waived	
Recovery/Special Needs		
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	\$743.61
EE with Spouse	0 x	\$1,487.22
EE with Child(ren)	0 x	\$1,264.14
Family	0 x	\$2,119.29
Monthly Cost	2	\$1,487.22
Annual Cost		\$17,846.64

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