

	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)		Emblem Millennium EmblemHealth Gold Value Gated-M (HMOc) (UCR=N/A)	
	In-Network		In-Network		In-Network		In-Network	
Prescription Drugs								
Drug Card	0/30/65		0/30/65 IntDed T2-3		0/40/80		0/40/80 IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$250/\$500		\$450/\$900		\$2,500/\$5,000	
Individual/Family OOP Limit	\$2,000/\$4,000		\$2,500/\$5,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$7,000/\$14,000 (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	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+	
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	\$1,278.93	2 x	\$1,243.21	2 x	\$1,041.26	2 x	\$983.72
EE with Spouse	0 x	\$2,557.86	0 x	\$2,486.42	0 x	\$2,082.52	0 x	\$1,967.44
EE with Child(ren)	0 x	\$2,174.18	0 x	\$2,113.46	0 x	\$1,770.14	0 x	\$1,672.32
Family	0 x	\$3,644.95	0 x	\$3,543.15	0 x	\$2,967.59	0 x	\$2,803.60
Monthly Cost	2	\$2,557.86	2	\$2,486.42	2	\$2,082.52	2	\$1,967.44
Annual Cost		\$30,694.32		\$29,837.04		\$24,990.24		\$23,609.28

	Emblem Millennium EmblemHealth Gold Virtual EPO Gated-M (EPOc) (UCR=N/A)		Emblem Millennium EmblemHealth Silver Premier Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Silver Value Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Bronze Premier Gated-M (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network		In-Network		In-Network	
Prescription Drugs								
Drug Card	0/40/80 IntDed T2-3		0/40/80		0%/0%/0% IntDed T2-3		50/50%/50% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,700/\$3,400		\$3,800/\$7,600		\$7,000/\$14,000		\$5,500/\$11,000	
Individual/Family OOP Limit	\$8,200/\$16,400 (incl ded)		\$8,000/\$16,000 (incl ded)		\$7,000/\$14,000 (incl ded)		\$8,700/\$17,400 (incl ded)	
Co-Insurance	30%		40%		0%		50%	
Office Visits								
Primary Care	\$40 ded waived (No charge preferred provider)		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+	
Specialist	\$60 ded waived		\$65 ded waived		\$55 ded waived		50% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded; pre-auth req		40% after ded; pre-auth req		0% after ded; pre-auth req		50% 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		50% 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		50% after ded; pre-auth req	
Lab/X-Ray	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		Lab-\$10/\$55 ded waived (PCP/SP); X-ray-0% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Outpatient	\$40 ded waived		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+	
Emergency Care								
Emergency Room	40% after ded		40% after ded		0% after ded		50% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x \$967.27		2 x \$891.49		2 x \$862.07		2 x \$770.42	
EE with Spouse	0 x \$1,934.54		0 x \$1,782.98		0 x \$1,724.14		0 x \$1,540.84	
EE with Child(ren)	0 x \$1,644.36		0 x \$1,515.53		0 x \$1,465.52		0 x \$1,309.71	
Family	0 x \$2,756.72		0 x \$2,540.75		0 x \$2,456.90		0 x \$2,195.70	
Monthly Cost	2 \$1,934.54		2 \$1,782.98		2 \$1,724.14		2 \$1,540.84	
Annual Cost	\$23,214.48		\$21,395.76		\$20,689.68		\$18,490.08	

Emblem Millennium EmblemHealth Bronze Value Gated-M (HMOc) (UCR=N/A)	
In-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
Inpatient Services	
Inpatient Hospital	0% after ded; pre-auth req
Mental Health 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
Mental Health Outpatient	No charge visits 1-3; 0% after ded visits 4+
Emergency Care	
Emergency Room	0% after ded
Urgent Care	\$75 ded waived
Single	2 x \$730.79
EE with Spouse	0 x \$1,461.58
EE with Child(ren)	0 x \$1,242.34
Family	0 x \$2,082.75
Monthly Cost	2 \$1,461.58
Annual Cost	\$17,538.96