

	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
<b>Prescription Drugs</b>					
Drug Card	0/30/65	0/30/80		0/30/65 IntDed T2-3	
<b>Cost Share Information</b>					
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%	
<b>Office Visits</b>					
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	
<b>Inpatient Services</b>					
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	
<b>Outpatient Services</b>					
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+	
<b>Emergency Care</b>					
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	
<b>Recovery/Special Needs</b>					
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 \$1,331.10	2 x \$1,300.22		2 x \$1,293.88	
EE with Spouse	0 x \$2,662.21	0 x \$2,600.44		0 x \$2,587.77	
EE with Child(ren)	0 x \$2,262.88	0 x \$2,210.37		0 x \$2,199.60	
Family	0 x \$3,793.64	0 x \$3,705.63		0 x \$3,687.57	
Monthly Cost	2 \$2,662.20	2 \$2,600.44		2 \$2,587.76	
Annual Cost	\$31,946.40	\$31,205.28		\$31,053.12	

	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
<b>Prescription Drugs</b>						
Drug Card	0/40/80		0/35/100		0/40/80 IntDed T2-3	
<b>Cost Share Information</b>						
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%	
<b>Office Visits</b>						
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	
<b>Inpatient Services</b>						
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	
<b>Outpatient Services</b>						
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	
<b>Emergency Care</b>						
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	
<b>Recovery/Special Needs</b>						
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 \$1,077.00		2 x \$1,051.35		2 x \$999.90	
EE with Spouse	0 x \$2,154.01		0 x \$2,102.70		0 x \$1,999.81	
EE with Child(ren)	0 x \$1,830.90		0 x \$1,787.29		0 x \$1,699.84	
Family	0 x \$3,069.46		0 x \$2,996.35		0 x \$2,849.72	
Monthly Cost	2 \$2,154.00		2 \$2,102.70		2 \$1,999.80	
Annual Cost	\$25,848.00		\$25,232.40		\$23,997.60	

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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
<b>Prescription Drugs</b>						
Drug Card	0/40/80 IntDed T2-3		0/40/80		0%/0%/0% IntDed T2-3	
<b>Cost Share Information</b>						
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%	
<b>Office Visits</b>						
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	
<b>Inpatient Services</b>						
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	
<b>Outpatient Services</b>						
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+	
<b>Emergency Care</b>						
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	
<b>Recovery/Special Needs</b>						
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 \$990.82		2 x \$922.17		2 x \$889.09	
EE with Spouse	0 x \$1,981.64		0 x \$1,844.34		0 x \$1,778.18	
EE with Child(ren)	0 x \$1,684.39		0 x \$1,567.69		0 x \$1,511.46	
Family	0 x \$2,823.84		0 x \$2,628.19		0 x \$2,533.91	
Monthly Cost	2 \$1,981.64		2 \$1,844.34		2 \$1,778.18	
Annual Cost	\$23,779.68		\$22,132.08		\$21,338.16	

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	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
<b>Prescription Drugs</b>						
Drug Card	15/45/80 IntDed		50/50%/50% IntDed T2-3		15/65/80 IntDed	
<b>Cost Share Information</b>						
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%	
<b>Office Visits</b>						
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	
<b>Inpatient Services</b>						
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	
<b>Outpatient Services</b>						
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	
<b>Emergency Care</b>						
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	
<b>Recovery/Special Needs</b>						
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 \$871.01		2 x \$795.29		2 x \$792.31	
EE with Spouse	0 x \$1,742.02		0 x \$1,590.58		0 x \$1,584.61	
EE with Child(ren)	0 x \$1,480.71		0 x \$1,351.99		0 x \$1,346.92	
Family	0 x \$2,482.38		0 x \$2,266.57		0 x \$2,258.07	
Monthly Cost	2 \$1,742.02		2 \$1,590.58		2 \$1,584.62	
Annual Cost	\$20,904.24		\$19,086.96		\$19,015.44	

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	<b>Emblem Prime EmblemHealth Bronze Value Non-Gated-P (HMOc) (UCR=N/A)</b>	
	<b>In-Network</b>	<b>Out-Network</b>
<b>Prescription Drugs</b>		
Drug Card	35/0%/0% IntDed T2-3	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$8,550/\$17,100	
Individual/Family OOP Limit	\$8,550/\$17,100 (incl ded)	
Co-Insurance	0%	
<b>Office Visits</b>		
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	
<b>Inpatient Services</b>		
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	
<b>Outpatient Services</b>		
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+	
<b>Emergency Care</b>		
Emergency Room	0% after ded	
Ambulance	0% after ded	
Urgent Care	\$75 ded waived	
<b>Recovery/Special Needs</b>		
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	\$759.97
EE with Spouse	0 x	\$1,519.94
EE with Child(ren)	0 x	\$1,291.95
Family	0 x	\$2,165.91
Monthly Cost	2	\$1,519.94
Annual Cost		\$18,239.28