

	Emblem Prime EmblemHealth Platinum Premier Non-Gated-P (HMO) (UCR=N/A)		Emblem Bridge Program 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		\$250/\$500	
Individual/Family OOP Limit	\$2,000/\$4,000		\$2,500/\$5,000		\$5,000/\$10,000 (incl ded)	
Co-Insurance	20%		20%		30%	
<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	
Specialist	\$35		\$35		\$35 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge		30% after ded	
Chiropractic Care	\$35		\$35		\$35 ded waived	
<b>Inpatient Services</b>						
Inpatient Hospital	20%; pre-auth req		20%; pre-auth req		30% after ded; pre-auth req	
Mental Health Inpatient	20%; pre-auth req		20%; 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	
<b>Outpatient Services</b>						
Outpatient Facility	\$250; pre-auth req		\$150; pre-auth req		30% 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	
Advanced Radiology	\$35; pre-auth req		\$35; pre-auth req		30% 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	
Substance Abuse Outpatient	No charge visits 1-3; \$15 visits 4+		No charge visits 1-3; \$15 visits 4+		30% after ded	
<b>Emergency Care</b>						
Emergency Room	\$400 (waived if admitted)		\$750 (waived if admitted)		\$750 (waived if admitted) ded waived	
Ambulance	\$250		20%		20% after ded	
Urgent Care	\$75		\$75		30% after ded	
<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	
Skilled Nursing	20%; 200 days/plan yr; pre-auth req		20%; 200 days/plan yr; pre-auth req		Not covered	
Durable Medical Equipment	10%; pre-auth req		10%; pre-auth req		Not covered	
Single	2 x	\$1,547.22	2 x	\$1,511.31	2 x	\$1,503.95
EE with Spouse	0 x	\$3,094.43	0 x	\$3,022.64	0 x	\$3,007.91
EE with Child(ren)	0 x	\$2,630.26	0 x	\$2,569.25	0 x	\$2,556.72
Family	0 x	\$4,409.56	0 x	\$4,307.25	0 x	\$4,286.27
Monthly Cost	2	\$3,094.44	2	\$3,022.62	2	\$3,007.90
Annual Cost		\$37,133.28		\$36,271.44		\$36,094.80

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	Emblem Prime EmblemHealth Gold Premier Non-Gated-P (HMOc) (UCR=N/A)		Emblem Bridge Program EmblemHealth Gold PPO Non-Gated (PPOc) (UCR=80fh%)		Emblem Bridge Program 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 \$1,251.87		2 x \$1,222.05		2 x \$1,162.24	
EE with Spouse	0 x \$2,503.74		0 x \$2,444.09		0 x \$2,324.48	
EE with Child(ren)	0 x \$2,128.18		0 x \$2,077.48		0 x \$1,975.81	
Family	0 x \$3,567.82		0 x \$3,482.83		0 x \$3,312.38	
Monthly Cost	2 \$2,503.74		2 \$2,444.10		2 \$2,324.48	
Annual Cost	\$30,044.88		\$29,329.20		\$27,893.76	

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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 \$1,151.68		2 x \$1,071.89		2 x \$1,033.45	
EE with Spouse	0 x \$2,303.36		0 x \$2,143.78		0 x \$2,066.88	
EE with Child(ren)	0 x \$1,957.86		0 x \$1,822.22		0 x \$1,756.85	
Family	0 x \$3,282.30		0 x \$3,054.89		0 x \$2,945.32	
Monthly Cost	2 \$2,303.36		2 \$2,143.78		2 \$2,066.90	
Annual Cost	\$27,640.32		\$25,725.36		\$24,802.80	

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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 \$1,012.41		2 x \$924.41		2 x \$920.93	
EE with Spouse	0 x \$2,024.84		0 x \$1,848.82		0 x \$1,841.87	
EE with Child(ren)	0 x \$1,721.11		0 x \$1,571.50		0 x \$1,565.59	
Family	0 x \$2,885.40		0 x \$2,634.56		0 x \$2,624.65	
Monthly Cost	2 \$2,024.82		2 \$1,848.82		2 \$1,841.86	
Annual Cost	\$24,297.84		\$22,185.84		\$22,102.32	

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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	\$883.36
EE with Spouse	0 x	\$1,766.70
EE with Child(ren)	0 x	\$1,501.70
Family	0 x	\$2,517.55
Monthly Cost	2	\$1,766.72
Annual Cost		\$21,200.64

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