

	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		30% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		30% after ded	
Chiropractic Care	\$35		\$35		30% after ded	
<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		30% 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	\$1,581.26	2 x	\$1,544.56	2 x	\$1,537.04
EE with Spouse	0 x	\$3,162.51	0 x	\$3,089.14	0 x	\$3,074.08
EE with Child(ren)	0 x	\$2,688.13	0 x	\$2,625.77	0 x	\$2,612.97
Family	0 x	\$4,506.57	0 x	\$4,402.01	0 x	\$4,380.57
Monthly Cost	2	\$3,162.52	2	\$3,089.12	2	\$3,074.08
Annual Cost		\$37,950.24		\$37,069.44		\$36,888.96

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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 \$1,279.41		2 x \$1,248.94		2 x \$1,187.81	
EE with Spouse	0 x \$2,558.82		0 x \$2,497.86		0 x \$2,375.62	
EE with Child(ren)	0 x \$2,175.00		0 x \$2,123.18		0 x \$2,019.28	
Family	0 x \$3,646.31		0 x \$3,559.45		0 x \$3,385.25	
Monthly Cost	2 \$2,558.82		2 \$2,497.88		2 \$2,375.62	
Annual Cost	\$30,705.84		\$29,974.56		\$28,507.44	

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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 \$1,177.02		2 x \$1,095.47		2 x \$1,056.19	
EE with Spouse	0 x \$2,354.03		0 x \$2,190.94		0 x \$2,112.35	
EE with Child(ren)	0 x \$2,000.93		0 x \$1,862.31		0 x \$1,795.50	
Family	0 x \$3,354.51		0 x \$3,122.10		0 x \$3,010.12	
Monthly Cost	2 \$2,354.04		2 \$2,190.94		2 \$2,112.38	
Annual Cost	\$28,248.48		\$26,291.28		\$25,348.56	

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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 \$1,034.68		2 x \$944.75		2 x \$941.19	
EE with Spouse	0 x \$2,069.39		0 x \$1,889.49		0 x \$1,882.39	
EE with Child(ren)	0 x \$1,758.97		0 x \$1,606.07		0 x \$1,600.03	
Family	0 x \$2,948.88		0 x \$2,692.52		0 x \$2,682.39	
Monthly Cost	2 \$2,069.36		2 \$1,889.50		2 \$1,882.38	
Annual Cost	\$24,832.32		\$22,674.00		\$22,588.56	

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	Emblem Prime EmblemHealth Bronze Value Non-Gated-P (HMOc) (UCR=N/A)	
	In-Network	Out-Network
<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	\$902.79
EE with Spouse	0 x	\$1,805.57
EE with Child(ren)	0 x	\$1,534.74
Family	0 x	\$2,572.94
Monthly Cost	2	\$1,805.58
Annual Cost		\$21,666.96