

	Emblem Select Care EmblemHealth Platinum Premier Non-Gated-S (HMO) (UCR=N/A)		Emblem Select Care EmblemHealth Platinum Value Non-Gated-S (HMOc) (UCR=N/A)		Emblem Select Care EmblemHealth Gold Premier Non-Gated-S (HMOc) (UCR=N/A)		Emblem Select Care EmblemHealth Gold Value Non-Gated-S (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	\$1,448.97	2 x	\$1,408.49	2 x	\$1,179.58	2 x	\$1,114.36
EE with Spouse	0 x	\$2,897.95	0 x	\$2,816.97	0 x	\$2,359.15	0 x	\$2,228.71
EE with Child(ren)	0 x	\$2,463.26	0 x	\$2,394.42	0 x	\$2,005.29	0 x	\$1,894.40
Family	0 x	\$4,129.57	0 x	\$4,014.18	0 x	\$3,361.81	0 x	\$3,175.91
Monthly Cost	2	\$2,897.94	2	\$2,816.98	2	\$2,359.16	2	\$2,228.72
Annual Cost		\$34,775.28		\$33,803.76		\$28,309.92		\$26,744.64

	Emblem Select Care EmblemHealth Silver Premier Non-Gated-S (HMOc) (UCR=N/A)		Emblem Select Care EmblemHealth Silver Value Non-Gated-S (HMOc) (UCR=N/A)		Emblem Select Care EmblemHealth Bronze Premier Non-Gated-S (HMOc) (UCR=N/A)		Emblem Select Care EmblemHealth Bronze Value Non-Gated-S (HMOc) (UCR=N/A)	
	In-Network		In-Network		In-Network		In-Network	
Prescription Drugs								
Drug Card	0/40/80		0%/0%/0% IntDed T2-3		50/50%/50% IntDed T2-3		35/0%/0% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	\$3,800/\$7,600		\$7,000/\$14,000		\$5,500/\$11,000		\$8,550/\$17,100	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$7,000/\$14,000 (incl ded)		\$8,700/\$17,400 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	40%		0%		50%		0%	
Office Visits								
Primary Care	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+		No charge visits 1-3; 0% after ded visits 4+	
Specialist	\$65 ded waived		\$55 ded waived		50% after ded		0% after ded	
Inpatient Services								
Inpatient Hospital	40% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Inpatient	40% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Outpatient Services								
Outpatient Facility	\$350 after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req		0% after ded; pre-auth req	
Lab/X-Ray	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		0% after ded; pre-auth req	
Mental Health Outpatient	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+		No charge visits 1-3; 0% after ded visits 4+	
Emergency Care								
Emergency Room	40% after ded		0% after ded		50% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x	\$1,009.81	2 x	\$976.46	2 x	\$872.58	2 x	\$827.66
EE with Spouse	0 x	\$2,019.62	0 x	\$1,952.92	0 x	\$1,745.18	0 x	\$1,655.32
EE with Child(ren)	0 x	\$1,716.67	0 x	\$1,659.98	0 x	\$1,483.39	0 x	\$1,407.03
Family	0 x	\$2,877.95	0 x	\$2,782.92	0 x	\$2,486.86	0 x	\$2,358.82
Monthly Cost	2	\$2,019.62	2	\$1,952.92	2	\$1,745.16	2	\$1,655.32
Annual Cost		\$24,235.44		\$23,435.04		\$20,941.92		\$19,863.84