

	Emblem Prime EmblemHealth Platinum Premier Non-Gated-P (HMO) (UCR=N/A)		Emblem Prime EmblemHealth Gold Premier Non-Gated-P (HMOc) (UCR=N/A)		Emblem Prime EmblemHealth Silver Premier 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		0/40/80		0/40/80	
<b>Cost Share Information</b>						
Individual/Family Deductible	N/A		\$500/\$1,000		\$4,800/\$8,600	
Individual/Family OOP Limit	\$2,500/\$5,000		\$7,500/\$15,000 (incl ded)		\$8,800/\$17,600 (incl ded)	
Co-Insurance	20%		30%		40%	
<b>Office Visits</b>						
Primary Care	No charge visits 1-3; \$15 visits 4+		No charge visits 1-3; \$25 ded waived visits 4+		No charge visit 1; \$35 ded waived visits 2+	
Specialist	\$35		\$50 ded waived		\$75 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$35		\$50 ded waived		\$75 ded waived	
<b>Inpatient Services</b>						
Inpatient Hospital	20%; pre-auth req		30% after ded; pre-auth req		40% after ded; pre-auth req	
Mental Health Inpatient	20%; pre-auth req		30% after ded; pre-auth req		40% after ded; pre-auth req	
Substance Abuse Inpatient	20%; pre-auth req		30% after ded; pre-auth req		40% after ded; pre-auth req	
<b>Outpatient Services</b>						
Outpatient Facility	\$250; pre-auth req		\$350 after ded; pre-auth req		\$450 after ded; pre-auth req	
Lab/X-Ray	\$15/\$35 (PCP/SP); pre-auth req		Lab-\$25/\$50 ded waived (PCP/SP)/X-ray-\$25/\$50 after ded (PCP/SP); pre-auth req		Lab-\$35/\$75 ded waived (PCP/SP)/X-ray-\$35/\$75 after ded (PCP/SP); pre-auth req	
Advanced Radiology	\$35; pre-auth req		\$50 after ded; pre-auth req		\$75 after ded; pre-auth req	
Mental Health Outpatient	No charge visits 1-3; \$15 visits 4+		No charge visits 1-3; \$25 ded waived visits 4+		No charge visit 1; \$35 ded waived visits 2+	
Substance Abuse Outpatient	No charge visits 1-3; \$15 visits 4+		No charge visits 1-3; \$25 ded waived visits 4+		No charge visit 1; \$35 ded waived visits 2+	
<b>Emergency Care</b>						
Emergency Room	\$400 (waived if admitted)		\$800 (waived if admitted) after ded		\$1,000 after ded	
Ambulance	\$250		\$350 after ded		\$450 after ded	
Urgent Care	\$100		\$100 after ded		\$100 after ded	
<b>Recovery/Special Needs</b>						
Home Health Care	\$35; 40 visits/plan yr; pre-auth req		\$50 after ded; 40 visits/plan yr; pre-auth req		\$75 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	20%; 200 days/plan yr; pre-auth req		30% after ded; 200 days/plan yr; pre-auth req		40% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	10%; pre-auth req		20% after ded; pre-auth req		30% after ded; pre-auth req	
Single	2 x	\$1,412.43	2 x	\$1,131.39	2 x	\$999.14
EE with Spouse	0 x	\$2,824.86	0 x	\$2,262.78	0 x	\$1,998.28
EE with Child(ren)	0 x	\$2,401.13	0 x	\$1,923.36	0 x	\$1,698.54
Family	0 x	\$4,025.43	0 x	\$3,224.46	0 x	\$2,847.55
Monthly Cost	2	\$2,824.86	2	\$2,262.78	2	\$1,998.28
Annual Cost		\$33,898.32		\$27,153.36		\$23,979.36

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	Emblem Prime EmblemHealth Silver Plus HSA Non-Gated (HSA) (UCR=N/A)		Emblem Prime EmblemHealth Bronze Plus HSA Non-Gated (HSA) (UCR=N/A)		Emblem Prime EmblemHealth Bronze Premier 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	15/45/80 IntDed		15/65/100 IntDed		50/50%/50% IntDed T2-3	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$3,500/\$7,000		\$6,750/\$13,500		\$6,300/\$12,600	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$7,500/\$15,000 (incl ded)		\$9,100/\$18,200 (incl ded)	
Co-Insurance	40%		50%		50%	
<b>Office Visits</b>						
Primary Care	\$30 after ded		50% after ded		No charge visit 1; 50% after ded visits 2+	
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	\$450 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		50% after ded		No charge visit 1; 50% after ded visits 2+	
Substance Abuse Outpatient	\$30 after ded		50% after ded		No charge visit 1; 50% after ded visits 2+	
<b>Emergency Care</b>						
Emergency Room	40% after ded		50% after ded		50% after ded	
Ambulance	\$450 after ded		50% after ded		50% after ded	
Urgent Care	\$100 after ded		\$100 after ded		50% 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 \$931.52		2 x \$844.89		2 x \$829.21	
EE with Spouse	0 x \$1,863.04		0 x \$1,689.78		0 x \$1,658.42	
EE with Child(ren)	0 x \$1,583.58		0 x \$1,436.31		0 x \$1,409.66	
Family	0 x \$2,654.83		0 x \$2,407.94		0 x \$2,363.25	
Monthly Cost	2 \$1,863.04		2 \$1,689.78		2 \$1,658.42	
Annual Cost	\$22,356.48		\$20,277.36		\$19,901.04	

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