

	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
Prescription Drugs						
Drug Card	0/30/65		0/40/80		0/40/80	
Cost Share Information						
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%	
Office Visits						
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	
Inpatient Services						
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	
Outpatient Services						
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+	
Emergency Care						
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	
Recovery/Special Needs						
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	\$1,606.41	2 x	\$1,286.77	2 x	\$1,136.36
EE with Spouse	0 x	\$3,212.82	0 x	\$2,573.54	0 x	\$2,272.72
EE with Child(ren)	0 x	\$2,730.90	0 x	\$2,187.51	0 x	\$1,931.81
Family	0 x	\$4,578.27	0 x	\$3,667.29	0 x	\$3,238.63
Monthly Cost	2	\$3,212.82	2	\$2,573.54	2	\$2,272.72
Annual Cost		\$38,553.84		\$30,882.48		\$27,272.64

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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
Prescription Drugs						
Drug Card	15/45/80 IntDed		15/65/100 IntDed		50/50%/50% IntDed T2-3	
Cost Share Information						
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%	
Office Visits						
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	
Inpatient Services						
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	
Outpatient Services						
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+	
Emergency Care						
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	
Recovery/Special Needs						
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	\$1,059.45	2 x	\$960.93	2 x	\$943.09
EE with Spouse	0 x	\$2,118.90	0 x	\$1,921.86	0 x	\$1,886.18
EE with Child(ren)	0 x	\$1,801.07	0 x	\$1,633.58	0 x	\$1,603.25
Family	0 x	\$3,019.43	0 x	\$2,738.65	0 x	\$2,687.81
Monthly Cost	2	\$2,118.90	2	\$1,921.86	2	\$1,886.18
Annual Cost		\$25,426.80		\$23,062.32		\$22,634.16

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