

	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/\$9,600	
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	\$1,700.94	2 x	\$1,362.49	2 x	\$1,203.22
EE with Spouse	0 x	\$3,401.86	0 x	\$2,724.97	0 x	\$2,406.45
EE with Child(ren)	0 x	\$2,891.59	0 x	\$2,316.23	0 x	\$2,045.48
Family	0 x	\$4,847.66	0 x	\$3,883.08	0 x	\$3,429.19
Monthly Cost	2	\$3,401.88	2	\$2,724.98	2	\$2,406.44
Annual Cost		\$40,822.56		\$32,699.76		\$28,877.28

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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	\$1,121.78	2 x	\$1,017.48	2 x	\$998.58
EE with Spouse	0 x	\$2,243.58	0 x	\$2,034.94	0 x	\$1,997.17
EE with Child(ren)	0 x	\$1,907.05	0 x	\$1,729.70	0 x	\$1,697.58
Family	0 x	\$3,197.09	0 x	\$2,899.79	0 x	\$2,845.97
Monthly Cost	2	\$2,243.56	2	\$2,034.96	2	\$1,997.16
Annual Cost		\$26,922.72		\$24,419.52		\$23,965.92

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