

	EmblemHealth EmblemHealth Platinum (HMO) (UCR=N/A)		EmblemHealth EmblemHealth Gold Open Access (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Gold 40/60 (HMOc) (UCR=N/A)	
	In-Network		In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/30/60		10/30/70/100 ded		15/35/75/100 ded	
Cost Share Information						
Individual/Family Deductible	N/A		\$700/\$1,400		\$250/\$500	
Individual/Family OOP Limit	\$2,000/\$4,000		\$5,000/\$10,000 (incl ded)		\$5,500/\$11,000 (incl ded)	
Co-Insurance	0%		0%		0%	
Office Visits						
Primary Care	\$15		No charge visits 1-3; \$10 ded waived visits 4+		\$40 after ded	
Specialist	\$35		\$50 after ded		\$60 after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$35		\$50 after ded		\$60 after ded	
Inpatient Services						
Inpatient Hospital	\$500/admit; pre-auth req		\$1,500/admit after ded		\$1,500/admit after ded; pre-auth req	
Mental Health Inpatient	\$500/admit; pre-auth req		\$1,500/admit after ded		\$1,500/admit after ded; pre-auth req	
Substance Abuse Inpatient	\$500/admit; pre-auth req		\$1,500/admit after ded		\$1,500/admit after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	\$100; pre-auth req		0% after ded		\$150 after ded; pre-auth req	
Lab/X-Ray	PCP-\$15; SP-\$35		Lab-\$10 after ded; X-ray-PCP-\$10 ded waived; SP-\$50 ded waived		\$60 after ded	
Advanced Radiology	\$35		\$50 after ded		\$60 after ded	
Mental Health Outpatient	\$15		\$10 after ded		\$40 after ded	
Substance Abuse Outpatient	\$15		\$10 after ded		\$40 after ded	
Emergency Care						
Emergency Room	\$100 (waived if admitted)		\$150 (waived if admitted) after ded		\$200 (waived if admitted) after ded	
Ambulance	\$100		\$150 after ded		\$100 after ded	
Urgent Care	\$55		\$50 after ded		\$60 after ded	
Recovery/Special Needs						
Home Health Care	\$15; 40 visits/plan yr; pre-auth req		\$50 after ded; 40 visits/plan yr		\$40 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	\$500/admit; 200 days/plan yr; pre-auth req		\$1,500/admit after ded; 200 days/plan yr		\$1,500/admit after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	10%; pre-auth req		10% after ded		10% after ded; pre-auth req	
Single	1 x	\$1,037.38	1 x	\$894.78	1 x	\$864.68
EE with Spouse	0 x	\$2,074.76	0 x	\$1,789.58	0 x	\$1,729.37
EE with Child(ren)	0 x	\$1,763.54	0 x	\$1,521.14	0 x	\$1,469.97
Family	1 x	\$2,956.53	1 x	\$2,550.14	1 x	\$2,464.33
Monthly Cost	2	\$3,993.91	2	\$3,444.92	2	\$3,329.01
Annual Cost		\$47,926.92		\$41,339.04		\$39,948.12

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	EmblemHealth EmblemHealth Silver Value (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Bronze Value (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Bronze HSA (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/0%/0% IntDed T2-3		30/0%/0% IntDed T2-3		10/35/70 IntDed	
Cost Share Information						
Individual/Family Deductible	\$5,800/\$11,600		\$7,150/\$14,300		\$5,500/\$11,000	
Individual/Family OOP Limit	\$5,800/\$11,600 (incl ded)		\$7,150/\$14,300 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	0%		0%		50%	
Office Visits						
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+		No charge visits 1-2; 0% after ded visits 3+		50% after ded	
Specialist	\$55 ded waived		0% after ded		50% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	0% after ded		0% after ded		50% after ded	
Inpatient Services						
Inpatient Hospital	0% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Inpatient	0% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Substance Abuse Inpatient	0% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	0% after ded; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Lab/X-Ray	Lab-No charge; X-ray-PCP-\$35 ded waived; SP-\$55 ded waived		Lab-\$20 ded waived; X-ray-0% after ded		50% after ded	
Advanced Radiology	0% after ded		0% after ded		50% after ded	
Mental Health Outpatient	\$35 ded waived		0% after ded		50% after ded	
Substance Abuse Outpatient	\$35 ded waived		0% after ded		50% after ded	
Emergency Care						
Emergency Room	0% after ded		0% after ded		50% after ded	
Ambulance	0% after ded		0% after ded		50% after ded	
Urgent Care	\$75 ded waived		0% after ded		50% after ded	
Recovery/Special Needs						
Home Health Care	0% after ded; 40 visits/plan yr; pre-auth req		0% after ded; 40 visits/plan yr; pre-auth req		50% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	0% after ded; 200 days/plan yr; pre-auth req		0% after ded; 200 days/plan yr; pre-auth req		50% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	30% ded waived; pre-auth req		0% after ded; pre-auth req		50% after ded; pre-auth req	
Single	1 x	\$674.29	1 x	\$586.95	1 x	\$572.42
EE with Spouse	0 x	\$1,348.58	0 x	\$1,173.91	0 x	\$1,144.86
EE with Child(ren)	0 x	\$1,146.30	0 x	\$997.83	0 x	\$973.13
Family	1 x	\$1,921.73	1 x	\$1,672.83	1 x	\$1,631.41
Monthly Cost	2	\$2,596.02	2	\$2,259.78	2	\$2,203.83
Annual Cost		\$31,152.24		\$27,117.36		\$26,445.96

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