

	EmblemHealth EmblemHealth Platinum Premier (HMO) (UCR=N/A)		EmblemHealth EmblemHealth Gold Premier (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Gold Plus (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Gold Premier 1 (HMOc) (UCR=N/A)	
	non-gated		non-gated		gated		non-gated	
	In-Network		In-Network		In-Network		In-Network	
Prescription Drugs								
Drug Card	15/30/70		10/30/70		15/30/70		15/45/70/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$450/\$900		\$550/\$1,100		\$2,000/\$4,000	
Individual/Family OOP Limit	\$2,000/\$4,000		\$4,000/\$8,000 (incl ded)		\$4,500/\$9,000 (incl ded)		\$6,800/\$13,600 (incl ded)	
Co-Insurance	0%		0%		0%		30%	
Office Visits								
Primary Care	No charge visits 1-3; \$15 visits 4+		No charge visits 1-3; \$30 ded waived visits 4+		No charge visits 1-3; \$40 ded waived visits 4+		\$30 ded waived	
Specialist	\$35		\$50 ded waived		\$60 ded waived		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit; pre-auth req		\$1,000/admit after ded		\$1,500/admit after ded; pre-auth req		30% after ded	
Mental Health Inpatient	\$500/admit; pre-auth req		\$1,000/admit after ded		\$1,500/admit after ded; pre-auth req		30% after ded	
Outpatient Services								
Outpatient Facility	\$100; pre-auth req		\$150 after ded		\$150 after ded; pre-auth req		30% after ded	
Lab/X-Ray	PCP-\$15; SP-\$35		Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30 after ded; SP-\$50 after ded		Lab-PCP-\$40 ded waived; SP-\$60 ded waived/X-ray-PCP-\$40 after ded; SP-\$60 after ded		Lab-No charge; X-ray-30% after ded	
Mental Health Outpatient	\$15		\$30 ded waived		\$40 ded waived		\$60 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$300 (waived if admitted) after ded		\$300 (waived if admitted) after ded		\$500 (waived if admitted) after ded	
Single	1 x \$1,166.19		1 x \$1,024.67		1 x \$959.47		1 x \$903.57	
EE with Spouse	0 x \$2,332.38		0 x \$2,049.34		0 x \$1,918.94		0 x \$1,807.14	
EE with Child(ren)	0 x \$1,982.52		0 x \$1,741.94		0 x \$1,631.10		0 x \$1,536.07	
Family	1 x \$3,323.64		1 x \$2,920.31		1 x \$2,734.49		1 x \$2,575.17	
Monthly Cost	2 \$4,489.83		2 \$3,944.98		2 \$3,693.96		2 \$3,478.74	
Annual Cost	\$53,877.96		\$47,339.76		\$44,327.52		\$41,744.88	

	EmblemHealth EmblemHealth Gold Plus 1 (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Silver Premier (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Silver Plus 1 (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Silver Premier 1 (HMOc) (UCR=N/A)	
	gated		non-gated		non-gated		gated	
	In-Network		In-Network		In-Network		In-Network	
Prescription Drugs								
Drug Card	15/35/75/100 ded T2-3		15/35/75		15/65/85/200 ded T2-3		20/45/75/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000		\$3,300/\$6,600		\$3,000/\$6,000		\$2,700/\$5,400	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$7,000/\$14,000 (incl ded)		\$7,000/\$14,000 (incl ded)		\$7,300/\$14,600 (incl ded)	
Co-Insurance	0%		0%		50%		30%	
Office Visits								
Primary Care	\$30 ded waived		No charge visits 1-3; \$30 ded waived visits 4+		\$35 ded waived		\$40 ded waived	
Specialist	\$60 ded waived		\$55 ded waived		\$55 ded waived		\$70 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/day after ded; \$2,000 max/admit; pre-auth req		\$2,000/admit after ded		50% after ded		30% after ded; pre-auth req	
Mental Health Inpatient	\$500/day after ded; \$2,000 max/admit; pre-auth req		\$2,000/admit after ded		50% after ded		30% after ded; pre-auth req	
Outpatient Services								
Outpatient Facility	\$250 after ded; pre-auth req		\$200 after ded		50% after ded		30% after ded; pre-auth req	
Lab/X-Ray	Lab-No charge; X-ray-PCP-\$30 after ded; SP-\$60 after ded		Lab-PCP-\$30 ded waived; SP-\$55 ded waived; X-ray-PCP-\$30 after ded; SP-\$55 after ded		Lab-\$35 ded waived; X-ray-50% after ded		Lab-\$40 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$60 ded waived		\$30 ded waived		\$55 ded waived		\$70 ded waived	
Emergency Care								
Emergency Room	\$300 (waived if admitted) after ded		\$500 (waived if admitted) after ded		\$700 (waived if admitted) after ded		30% after ded	
Single	1 x	\$895.77	1 x	\$798.17	1 x	\$785.84	1 x	\$772.72
EE with Spouse	0 x	\$1,791.54	0 x	\$1,596.34	0 x	\$1,571.68	0 x	\$1,545.44
EE with Child(ren)	0 x	\$1,522.81	0 x	\$1,356.89	0 x	\$1,335.93	0 x	\$1,313.62
Family	1 x	\$2,552.94	1 x	\$2,274.78	1 x	\$2,239.64	1 x	\$2,202.25
Monthly Cost	2	\$3,448.71	2	\$3,072.95	2	\$3,025.48	2	\$2,974.97
Annual Cost		\$41,384.52		\$36,875.40		\$36,305.76		\$35,699.64

	EmblemHealth EmblemHealth Silver Plus (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Bronze HSA (HSA) (UCR=N/A)	
	gated		gated	
	In-Network		In-Network	Out-Network
Prescription Drugs				
Drug Card	20/40/75		10/35/75 IntDed	
Cost Share Information				
Individual/Family Deductible	\$2,550/\$5,100		\$5,500/\$11,000	
Individual/Family OOP Limit	\$7,300/\$14,600 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	0%		50%	
Office Visits				
Primary Care	No charge visits 1-3; \$40 after ded visits 4+		50% after ded	
Specialist	\$60 after ded		50% after ded	
Inpatient Services				
Inpatient Hospital	\$2,000/admit after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Inpatient	\$2,000/admit after ded; pre-auth req		50% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	\$200 after ded; pre-auth req		50% after ded; pre-auth req	
Lab/X-Ray	Lab-PCP-\$40 ded waived; SP-\$60 ded waived; X-ray-PCP-\$40 after ded; SP-\$60 after ded		50% after ded	
Mental Health Outpatient	\$40 after ded		50% after ded	
Emergency Care				
Emergency Room	\$500 (waived if admitted) after ded		50% after ded	
Single	1 x \$751.37		1 x \$646.84	
EE with Spouse	0 x \$1,502.74		0 x \$1,293.68	
EE with Child(ren)	0 x \$1,277.33		0 x \$1,099.63	
Family	1 x \$2,141.40		1 x \$1,843.49	
Monthly Cost	2 \$2,892.77		2 \$2,490.33	
Annual Cost	\$34,713.24		\$29,883.96	