

	EmblemHealth EmblemHealth Platinum Choice (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Gold Choice (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Gold Value (HMOc) (UCR=N/A)		EmblemHealth EmblemHealth Silver Choice (HMOc) (UCR=N/A)	
	non-gated		non-gated		gated		non-gated	
	In-Network		In-Network		In-Network		In-Network	
<b>Prescription Drugs</b>								
Drug Card	15/30/70 IntDed T2-3		20/45/75 IntDed T2-3		25/0%/0% IntDed T2-3		15/35/75 IntDed T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$200/\$400		\$750/\$1,500		\$3,000/\$6,000		\$2,800/\$5,600	
Individual/Family OOP Limit	\$2,200/\$4,400 (incl ded)		\$5,000/\$10,000 (incl ded)		\$3,000/\$6,000 (incl ded)		\$7,100/\$14,200 (incl ded)	
Co-Insurance	0%		0%		0%		0%	
<b>Office Visits</b>								
Primary Care	No charge visits 1-3; \$15 ded waived visits 4+		No charge visits 1-3; \$30 ded waived visits 4+		No charge visits 1-3; \$45 ded waived visits 4+		No charge visits 1-3; \$30 ded waived visits 4+	
Specialist	\$35 ded waived		\$50 ded waived		\$65 ded waived		\$50 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit after ded; pre-auth req		\$2,000/admit after ded		0% after ded; pre-auth req		\$2,000/admit after ded	
Mental Health Inpatient	\$500/admit after ded; pre-auth req		\$2,000/admit after ded		0% after ded; pre-auth req		\$2,000/admit after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$100 after ded; pre-auth req		\$150 after ded		0% after ded; pre-auth req		\$200 after ded	
Lab/X-Ray	Lab-PCP-\$15 ded waived; SP-\$35 ded waived; X-ray-PCP-\$15 after ded; SP-\$35 after ded		Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30 after ded; SP-\$50 after ded		Lab-PCP-\$45 ded waived; SP-\$65 ded waived; X-ray-0% after ded		Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30 after ded; SP-\$50 after ded	
Mental Health Outpatient	\$15 ded waived		\$30 ded waived		\$45 ded waived		\$30 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$200 (waived if admitted) after ded		\$300 (waived if admitted) after ded		0% after ded		\$500 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x \$1,026.90		1 x \$872.22		1 x \$806.79		1 x \$709.12	
EE with Spouse	0 x \$2,053.80		0 x \$1,744.44		0 x \$1,613.58		0 x \$1,418.24	
EE with Child(ren)	0 x \$1,745.73		0 x \$1,482.77		0 x \$1,371.54		0 x \$1,205.50	
Family	1 x \$2,926.67		1 x \$2,485.83		1 x \$2,299.35		1 x \$2,020.99	
Monthly Cost	2 \$3,953.57		2 \$3,358.05		2 \$3,106.14		2 \$2,730.11	
Annual Cost	\$47,442.84		\$40,296.60		\$37,273.68		\$32,761.32	

	EmblemHealth Silver Value (HMOc) (UCR=N/A)		EmblemHealth Bronze Value (HMOc) (UCR=N/A)	
	gated		gated	
	In-Network		In-Network	
<b>Prescription Drugs</b>				
Drug Card	10/0%/0% IntDed T2-3		30/0%/0% IntDed T2-3	
<b>Cost Share Information</b>				
Individual/Family Deductible	\$6,300/\$12,600		\$7,690/\$15,380	
Individual/Family OOP Limit	\$6,300/\$12,600 (incl ded)		\$7,690/\$15,380 (incl ded)	
Co-Insurance	0%		0%	
<b>Office Visits</b>				
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+		No charge visits 1-3; 0% after ded visits 4+	
Specialist	\$70 ded waived		0% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	0% after ded; pre-auth req		0% after ded; pre-auth req	
Mental Health Inpatient	0% after ded; pre-auth req		0% after ded; pre-auth req	
<b>Outpatient Services</b>				
Outpatient Facility	0% after ded; pre-auth req		0% after ded; pre-auth req	
Lab/X-Ray	Lab-\$35 ded waived; X-ray-0% after ded		Lab-\$20 ded waived; X-ray-0% after ded	
Mental Health Outpatient	\$35 ded waived		0% after ded	
<b>Emergency Care</b>				
Emergency Room	0% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived	
Single	1 x	\$656.03	1 x	\$580.10
EE with Spouse	0 x	\$1,312.06	0 x	\$1,160.20
EE with Child(ren)	0 x	\$1,115.25	0 x	\$986.17
Family	1 x	\$1,869.69	1 x	\$1,653.29
Monthly Cost	2	\$2,525.72	2	\$2,233.39
Annual Cost		\$30,308.64		\$26,800.68