

	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
<b>Prescription Drugs</b>						
Drug Card	0/30/65		0/40/80		0/40/80	
<b>Cost Share Information</b>						
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%	
<b>Office Visits</b>						
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	
<b>Inpatient Services</b>						
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	
<b>Outpatient Services</b>						
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+	
<b>Emergency Care</b>						
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	
<b>Recovery/Special Needs</b>						
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	\$1,495.54	2 x	\$1,197.96	2 x	\$1,057.94
EE with Spouse	0 x	\$2,991.08	0 x	\$2,395.92	0 x	\$2,115.86
EE with Child(ren)	0 x	\$2,542.41	0 x	\$2,036.54	0 x	\$1,798.49
Family	0 x	\$4,262.29	0 x	\$3,414.19	0 x	\$3,015.10
Monthly Cost	2	\$2,991.08	2	\$2,395.92	2	\$2,115.88
Annual Cost		\$35,892.96		\$28,751.04		\$25,390.56

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

	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
<b>Prescription Drugs</b>						
Drug Card	15/45/80 IntDed		15/65/100 IntDed		50/50%/50% IntDed T2-3	
<b>Cost Share Information</b>						
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%	
<b>Office Visits</b>						
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	
<b>Inpatient Services</b>						
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	
<b>Outpatient Services</b>						
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+	
<b>Emergency Care</b>						
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	
<b>Recovery/Special Needs</b>						
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 \$986.33		2 x \$894.60		2 x \$878.00	
EE with Spouse	0 x \$1,972.67		0 x \$1,789.20		0 x \$1,756.00	
EE with Child(ren)	0 x \$1,676.76		0 x \$1,520.82		0 x \$1,492.61	
Family	0 x \$2,811.04		0 x \$2,549.63		0 x \$2,502.30	
Monthly Cost	2 \$1,972.66		2 \$1,789.20		2 \$1,756.00	
Annual Cost	\$23,671.92		\$21,470.40		\$21,072.00	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible