

	Emblem Millennium EmblemHealth Platinum Premier Gated-M (HMO) (UCR=N/A)		Emblem Millennium EmblemHealth Platinum Value Gated-M (HMOc) (UCR=N/A)	
	In-Network		In-Network	Out-Network
Prescription Drugs				
Drug Card	0/30/65		0/30/60 IntDed T2-3	
Cost Share Information				
Individual/Family Deductible	N/A		\$250/\$500	
Individual/Family OOP Limit	\$2,000/\$4,000		\$2,500/\$5,000 (incl ded)	
Co-Insurance	20%		20%	
Office Visits				
Primary Care	No charge visits 1-3; \$15 visits 4+		No charge visits 1-3; \$15 ded waived visits 4+	
Specialist	\$35		\$35 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge	
Chiropractic Care	\$35		\$35 ded waived	
Inpatient Services				
Inpatient Hospital	20%; pre-auth req		20% after ded; pre-auth req	
Mental Health Inpatient	20%; pre-auth req		20% after ded; pre-auth req	
Substance Abuse Inpatient	20%; pre-auth req		20% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	\$250; pre-auth req		\$250 after ded; pre-auth req	
Lab/X-Ray	\$15/\$35 (PCP/SP); pre-auth req		Lab-\$15/\$35 ded waived (PCP/SP)/X-ray-\$15/\$35 after ded (PCP/SP); pre-auth req	
Advanced Radiology	\$35; pre-auth req		\$35 after ded ; pre-auth req	
Mental Health Outpatient	\$15		\$15 ded waived	
Substance Abuse Outpatient	\$15		\$15 ded waived	
Emergency Care				
Emergency Room	\$400 (waived if admitted)		\$400 (waived if admitted) after ded	
Ambulance	\$250		\$250 after ded	
Urgent Care	\$75		\$75 ded waived	
Recovery/Special Needs				
Home Health Care	\$35; 40 visits/plan yr; pre-auth req		\$35 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	20%; 200 days/plan yr; pre-auth req		20% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	10%; pre-auth req		10% after ded; pre-auth req	
Single	2 x	\$1,086.47	2 x	\$1,056.13
EE with Spouse	0 x	\$2,172.94	0 x	\$2,112.27
EE with Child(ren)	0 x	\$1,846.99	0 x	\$1,795.43
Family	0 x	\$3,096.43	0 x	\$3,009.97
Monthly Cost	2	\$2,172.94	2	\$2,112.26
Annual Cost		\$26,075.28		\$25,347.12

	Emblem Millennium EmblemHealth Gold Premier Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Gold Value Gated-M (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	0/40/80		0/40/80 IntDed T2-3	
Cost Share Information				
Individual/Family Deductible	\$450/\$900		\$2,300/\$4,600	
Individual/Family OOP Limit	\$5,600/\$11,200 (incl ded)		\$5,300/\$10,600 (incl ded)	
Co-Insurance	30%		30%	
Office Visits				
Primary Care	No charge visits 1-3; \$25 ded waived visits 4+		No charge visits 1-3; \$25 ded waived visits 4+	
Specialist	\$40 ded waived		\$40 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge	
Chiropractic Care	\$40 ded waived		\$40 ded waived	
Inpatient Services				
Inpatient Hospital	30% after ded; pre-auth req		30% after ded; pre-auth req	
Mental Health Inpatient	30% after ded; pre-auth req		30% after ded; pre-auth req	
Substance Abuse Inpatient	30% after ded; pre-auth req		30% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	\$350 after ded; pre-auth req		\$350 after ded; pre-auth req	
Lab/X-Ray	Lab-\$25/\$40 ded waived (PCP/SP)/X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req		Lab-\$25/\$40 ded waived (PCP/SP)/X-ray-\$25/\$40 after ded (PCP/SP); pre-auth req	
Advanced Radiology	\$40 after ded; pre-auth req		\$40 after ded; pre-auth req	
Mental Health Outpatient	\$25 ded waived		\$25 ded waived	
Substance Abuse Outpatient	\$25 ded waived		\$25 ded waived	
Emergency Care				
Emergency Room	\$800 (waived if admitted) after ded		\$800 (waived if admitted) after ded	
Ambulance	\$350 after ded		\$350 after ded	
Urgent Care	\$75 ded waived		\$75 ded waived	
Recovery/Special Needs				
Home Health Care	\$40 after ded; 40 visits/plan yr; pre-auth req		\$50 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	30% after ded; 200 days/plan yr; pre-auth req		30% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	20% after ded; pre-auth req		20% after ded; pre-auth req	
Single	2 x \$884.63		2 x \$835.76	
EE with Spouse	0 x \$1,769.24		0 x \$1,671.50	
EE with Child(ren)	0 x \$1,503.86		0 x \$1,420.78	
Family	0 x \$2,521.18		0 x \$2,381.91	
Monthly Cost	2 \$1,769.26		2 \$1,671.52	
Annual Cost	\$21,231.12		\$20,058.24	

	Emblem Millennium EmblemHealth Gold Virtual EPO Gated-M (EPOc) (UCR=N/A)		Emblem Millennium EmblemHealth Silver Premier Gated-M (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	0/40/80 IntDed T2-3		0/40/80	
Cost Share Information				
Individual/Family Deductible	\$1,700/\$3,400		\$3,600/\$7,200	
Individual/Family OOP Limit	\$8,200/\$16,400 (incl ded)		\$7,800/\$15,600 (incl ded)	
Co-Insurance	30%		40%	
Office Visits				
Primary Care	\$40 ded waived (No charge preferred provider)		No charge visits 1-3; \$35 ded waived visits 4+	
Specialist	\$60 ded waived		\$65 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge	
Chiropractic Care	\$60 ded waived		\$65 ded waived	
Inpatient Services				
Inpatient Hospital	30% after ded; pre-auth req		40% after ded; pre-auth req	
Mental Health Inpatient	30% after ded; pre-auth req		40% after ded; pre-auth req	
Substance Abuse Inpatient	30% after ded; pre-auth req		40% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	\$350 after ded; pre-auth req		\$350 after ded; pre-auth req	
Lab/X-Ray	Lab-\$0/\$60 ded waived (PCP/SP)/X-ray-\$40/\$60 after ded (PCP/SP); pre-auth req		Lab-\$35/\$65 ded waived (PCP/SP)/X-ray-\$35/\$65 after ded (PCP/SP); pre-auth req	
Advanced Radiology	\$60 after ded; pre-auth req		\$65 after ded; pre-auth req	
Mental Health Outpatient	\$40 ded waived		\$35 ded waived	
Substance Abuse Outpatient	\$40 ded waived		\$35 ded waived	
Emergency Care				
Emergency Room	40% after ded		40% after ded	
Ambulance	\$350 after ded		\$350 after ded	
Urgent Care	\$75 ded waived		\$75 ded waived	
Recovery/Special Needs				
Home Health Care	\$60 after ded; 40 visits/plan yr; pre-auth req		\$65 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	30% after ded; 200 days/plan yr; pre-auth req		40% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	20% after ded; pre-auth req		30% after ded; pre-auth req	
Single	2 x	\$806.61	2 x	\$757.43
EE with Spouse	0 x	\$1,613.22	0 x	\$1,514.86
EE with Child(ren)	0 x	\$1,371.23	0 x	\$1,287.63
Family	0 x	\$2,298.83	0 x	\$2,158.68
Monthly Cost	2	\$1,613.22	2	\$1,514.86
Annual Cost		\$19,358.64		\$18,178.32

	Emblem Millennium EmblemHealth Silver Value Gated-M (HMOc) (UCR=N/A)		Emblem Millennium EmblemHealth Bronze Premier Gated-M (HMOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	0%/0%/0% IntDed T2-3		50%/50%/50% IntDed T2-3	
Cost Share Information				
Individual/Family Deductible	\$6,700/\$13,400		\$5,300/\$10,600	
Individual/Family OOP Limit	\$6,700/\$13,400 (incl ded)		\$8,450/\$16,900 (incl ded)	
Co-Insurance	0%		50%	
Office Visits				
Primary Care	No charge visits 1-3; \$10 ded waived visits 4+		No charge visits 1-3; 50% after ded visits 4+	
Specialist	\$55 ded waived		50% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge	
Chiropractic Care	\$55 ded waived		50% after ded	
Inpatient Services				
Inpatient Hospital	0% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Inpatient	0% after ded; pre-auth req		50% after ded; pre-auth req	
Substance Abuse Inpatient	0% after ded; pre-auth req		50% after ded; pre-auth req	
Outpatient Services				
Outpatient Facility	0% after ded; pre-auth req		50% after ded; pre-auth req	
Lab/X-Ray	Lab-\$10/\$55 ded waived (PCP/SP); X-ray-0% after ded; pre-auth req		50% after ded; pre-auth req	
Advanced Radiology	0% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Outpatient	\$10 ded waived		50% after ded	
Substance Abuse Outpatient	\$10 ded waived		50% after ded	
Emergency Care				
Emergency Room	0% after ded		50% after ded	
Ambulance	0% after ded		50% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived	
Recovery/Special Needs				
Home Health Care	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		50% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	0% after ded; pre-auth req		50% after ded; pre-auth req	
Single	2 x	\$732.45	2 x	\$654.60
EE with Spouse	0 x	\$1,464.91	0 x	\$1,309.20
EE with Child(ren)	0 x	\$1,245.16	0 x	\$1,112.81
Family	0 x	\$2,087.48	0 x	\$1,865.61
Monthly Cost	2	\$1,464.90	2	\$1,309.20
Annual Cost		\$17,578.80		\$15,710.40

Emblem Millennium EmblemHealth Bronze Value Gated-M (HMOc) (UCR=N/A)		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	35/0%/0% IntDed T2-3	
Cost Share Information		
Individual/Family Deductible	\$8,550/\$17,100	
Individual/Family OOP Limit	\$8,550/\$17,100 (incl ded)	
Co-Insurance	0%	
Office Visits		
Primary Care	No charge visits 1-3; 0% after ded visits 4+	
Specialist	0% after ded	
Maternity Prenatal/Postnatal Care	No charge	
Chiropractic Care	0% after ded	
Inpatient Services		
Inpatient Hospital	0% after ded; pre-auth req	
Mental Health Inpatient	0% after ded; pre-auth req	
Substance Abuse Inpatient	0% after ded; pre-auth req	
Outpatient Services		
Outpatient Facility	0% after ded; pre-auth req	
Lab/X-Ray	0% after ded; pre-auth req	
Advanced Radiology	0% after ded; pre-auth req	
Mental Health Outpatient	0% after ded	
Substance Abuse Outpatient	0% after ded	
Emergency Care		
Emergency Room	0% after ded	
Ambulance	0% after ded	
Urgent Care	\$75 ded waived	
Recovery/Special Needs		
Home Health Care	0% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	0% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	0% after ded; pre-auth req	
Single	2 x	\$620.95
EE with Spouse	0 x	\$1,241.88
EE with Child(ren)	0 x	\$1,055.60
Family	0 x	\$1,769.68
Monthly Cost	2	\$1,241.90
Annual Cost		\$14,902.80