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EmblemHealth

2018 Individual Standard Plan Summaries and Rates

Service	Platinum D	Gold D	Silver D	Bronze D
Coinsurance (As Applicable:)	N/A	N/A	N/A	50%
Deductible:	$0/$0	$600/$1,200	$2,000/$4,000	$4,000/$8,000
Out Of Pocket Max:	$2,000/$4,000	$4,000/$8,000	$6,750/$13,500	$7,150/$14,300
Preventative Visits:	Covered in Full	Covered in Full	Covered in Full	Covered In Full
Office Visit Copay*:	$15/$35	$25/$40 Copay	$30/$50 Copay	Coinsurance: 50%
Diagnostic Lab*:	$35	$25/$40 Copay	$30/$50 Copay	Coinsurance: 50%
Inpatient Hospital*:	$500 Per Admission	$1,000 Per Admission	$1,500 Per Admission	Coinsurance: 50%
ER (Waived if admitted)*:	$100	$150	$250	Coinsurance: 50%
Pediatric Vision Copay*:	$15	$25 Copay	$30 Copay	Coinsurance: 50%
Pediatric Lenses and Frames*:	10% Coinsurance	20% Coinsurance	30% Coinsurance	Coinsurance: 50%
RX (Retail, 30-Day)**:	$10/ $30/ $60	$10/$35/$70	$10/$35/$70	$10/$35/$70 *After Deductible
Rx (Mail Order, 90-Day)**:	$25/ $75/ $150	$25/$88/$175	$25/$88/$175	$25/$88/$175 *After Deductible

*After Deductible

**RX Tier 1: Multi-Source Generics/Tier 2:Preferred Brand/Tier 3: Non-Preferred Brand

Rates valid 1/1/18-12/31/18

NYC	Rate Tier	Platinum D	Gold D	Silver D	Bronze D
Rates apply to: Bronx, Queens, New York, Kings, Richmond, Westchester, and Rockland Counties.	Individual	$947.90	$794.34	$651.55	$514.27
	E/S	$1,895.80	$1,588.68	$1,303.10	$1,028.54
	E/C	$1,611.43	$1,350.38	$1,107.64	$874.26
	Family	$2,701.52	$2,263.87	$1,856.92	$1,465.67

Long Island	Rate Tier	Platinum D	Gold D	Silver D	Bronze D
Rates apply to Suffolk and Nassau Counties	Individual	$1,078.22	$903.56	$741.13	$584.97
	E/S	$2,156.44	$1,807.12	$1,482.26	$1,169.94
	E/C	$1,832.97	$1,536.05	$1,259.92	$994.45
	Family	$3,072.93	$2,575.15	$2,112.22	$1,667.16

Mid-Hudson	Rate Tier	Platinum D	Gold D	Silver D	Bronze D
Rates apply to Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster Counties.	Individual	$1,136.36	$952.28	$781.09	$616.52
	E/S	$2,272.72	$1,904.56	$1,562.18	$1,233.04
	E/C	$1,931.81	$1,618.88	$1,327.85	$1,048.08
	Family	$3,238.63	$2,714.00	$2,226.11	$1,757.08

All prescription drugs program options include voluntary home delivery, clinical prior authorization, and specialty pharmacy programs.

The listed rates include federally mandated Pediatric Dental benefit.

Certain Services must be approved in advance by EmblemHealth. Age 29 Rider available at additional cost.

The benefits described here are only brief highlights of the covered services and benefits available. Some covered services and/or benefits may have calendar year limits and/or maximums. The terms, limitations, and exclusions of the insurance contract and certificate will govern.

EmblemHealth Select Care plans are underwritten by HIP Health Insurance Plan of New York, and provide benefits in-network. Out-of-network services are not covered except for emergency hospital care. Please refer to the HIP Policy form Number 155-23-IOFFHIXCONT (04/17) et al.

The following applies to the Platinum, Gold, Silver and Silver-CSR Plans:

For an inpatient admission the only Copayment that applies during an inpatient stay is the inpatient facility per admission Copayment, and if surgery is performed a surgeon Copayment, and if a maternity delivery is performed a maternity delivery Copayment which is the same as the surgeon Copayment if this Copayment has not already been collected as part of another maternity related claim.

There are no additional Copayments for diagnostic tests, medical supplies, in-hospital physician visits, anesthesia, assistant surgeon, other staff doctors, etc. For a maternity stay the inpatient per admission Copayment covers charges for the mother and a well newborn. The inpatient facility Copayment per admission is waived for a re-admission within 90 days of a previous discharge for the same or a related condition. For all the standard plan designs, the deductible must be met first, and then the cost sharing Copayment or coinsurance is applied to the remainder of the allowed amount until the maximum out of pocket limit is reached. If the Copayment payable is more than the allowed amount (or remainder of the allowed amount), the Copayment payable is reduced to the allowed amount (or to the remainder of the allowed amount). The maximum out of pocket limit is an aggregate over all covered services (medical, pediatric dental, pediatric vision, and prescription drugs), and includes the deductible. The deductible is over a calendar year for individual products and over the calendar year or plan year (option of insurer) for small group products. For the Platinum, Gold, Silver and Silver-CSR Plans the deductible applies only to medical, pediatric dental, and pediatric vision services (including lenses/frames), and does not apply to prescription drugs. For the Bronze and Catastrophic Plans the deductible applies to all services combined (medical, pediatric dental, pediatric vision (including lenses/frames), and prescription drugs). No deductible or cost sharing applies to the preventive care visits/services defined in section 2713 of ACA. Per ACA the Catastrophic Plan must include 3 primary care visits per calendar year to which the deductible does not apply. These 3 primary care visits are in addition to the ACA mandated preventive services for which no cost sharing can apply. These 3 primary care visits are covered in full by the insurance plan (i.e., no deductible and no cost sharing).

The family deductible is two times the single deductible and the family out-of-pocket limit is two times the single maximum out-of-pocket limit. The plan designs below are non-HSA plan designs and each family member is subject to a maximum deductible equal to the single deductible and to a maximum out-of-pocket limit equal to the single out-of-pocket limit. Once all members of the family in aggregate meet the family deductible amount (or family out-of-pocket limit amount) then no family member needs to accumulate any more dollars towards the deductible (or out-of-pocket limit).

Note: The pediatric dental cost sharing indicated is when pediatric dental is included as part of the standard design medical QHP plan. A stand-alone pediatric dental planwill have its own deductible and cost sharing arrangements and associated premium.