



1/1/2020 - 3/1/2020 Summary of Benefits





	In-Network	Out-of-Network
Prescription Drugs		
Drug Card	0/30/60	
Cost Share Information		
Individual/Family Deductible	N/A	\$2,600/\$5,200
Individual/Family OOP Limit	\$2,500/\$5,000	\$5,000/\$10,000 (incl ded)
Co-Insurance	0	30%
Lifetime Max	None	None
Office Visits		
Primary Care	No charge visits 1-3; \$15 visits 4+	30% after ded
Specialist	\$35	30% after ded
Adult Preventive Care	No charge	30% after ded
Child Preventive Care	No charge	30% after ded
Maternity Prenatal/Postnatal Care	No charge	30% after ded
Rehabilitation Services	IP - \$500 per admission OP - \$15/\$35; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	30% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Chiropractic Care	Covered; See brochure	
Inpatient Services		
Inpatient Hospital	\$500/admit; pre-auth req	30% after ded; pre-auth req
Inpatient Surgery	\$150; pre-auth req	30% after ded; pre-auth req
Maternity Delivery/Inpatient	\$500/admit; pre-auth req	30% after ded; pre-auth req
Mental Health Inpatient	\$500/admit; pre-auth req	30% after ded; pre-auth req
Substance Abuse Inpatient	\$500/admit; pre-auth req	30% after ded; pre-auth req
Outpatient Services		
Outpatient Facility	\$150; pre-auth req	30% after ded; pre-auth req
Outpatient Surgery	\$150; pre-auth req	30% after ded; pre-auth req
Lab/X-Ray	PCP-\$15; SP-\$35; pre-auth req	30% after ded; pre-auth req
Advanced Radiology	\$40; pre-auth req	30% after ded; pre-auth req
Mental Health Outpatient	\$15	30% after ded
Substance Abuse Outpatient	\$15	30% after ded
Emergency Care		
Emergency Room	20% (waived if admitted)	20% ded waived (waived if admitted)
Ambulance	20%	20% ded waived
Urgent Care	\$75	30% after ded
Recovery/Special Needs		
Home Health Care	\$35; 40 visits/plan yr; pre-auth req	30% after ded; 40 visits/plan yr; pre-auth req
Habilitation services	IP - \$500 co-pay per admission OP - \$15/\$35 per visit 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	30% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Skilled Nursing	\$500/admit; 200 days/plan yr; pre-auth req	Not covered
Durable Medical Equipment	10%; pre-auth req	Not covered
Hospice Services	IP - \$500/admit; 210 days/plan yr; pre-auth req OP - \$35 per visit	Not covered
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee		\$1,144.34
Employee/Spouse		\$2,283.73
Employee/Child(ren)		\$1,941.92
Family		\$3,252.22
Rates - Nassau & Suffolk		
Employee		\$1,301.00
Employee/Spouse		\$2,597.04
Employee/Child(ren)		\$2,208.22
Family		\$3,698.68
Rates - Westchester & Rockland		
Employee		\$1,144.34
Employee/Spouse		\$2,283.73
Employee/Child(ren)		\$1,941.92
Family		\$3,252.22
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee		\$1,370.81
Employee/Spouse		\$2,736.68
Employee/Child(ren)		\$2,326.92
Family		\$3,897.66

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





1/1/2020 - 3/1/2020 Summary of Benefits

	 EmblemHealth[®] Prime Platinum Premier	 EmblemHealth[®] Select Care Platinum Premier
	In-Network	In-Network
Prescription Drugs		
Drug Card	0/30/60	0/30/60
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$2,000/\$4,000	\$2,000/\$4,000
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	No charge visits 1-3; \$15 visits 4+	No charge visits 1-3; \$15 visits 4+
Specialist	\$35	\$35
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	IP - \$500 per admission OP - \$15/\$35; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	IP - \$500 per admission OP - \$15/\$35; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	\$500/admit; pre-auth req	\$500/admit; pre-auth req
Inpatient Surgery	\$100; pre-auth req	\$100; pre-auth req
Maternity Delivery/Inpatient	\$500/admit; pre-auth req	\$500/admit; pre-auth req
Mental Health Inpatient	\$500/admit; pre-auth req	\$500/admit; pre-auth req
Substance Abuse Inpatient	\$500/admit; pre-auth req	\$500/admit; pre-auth req
Outpatient Services		
Outpatient Facility	\$100; pre-auth req	\$100; pre-auth req
Outpatient Surgery	\$100; pre-auth req	\$100; pre-auth req
Lab/X-Ray	PCP-\$15; SP-\$35; pre-auth req	PCP-\$15; SP-\$35; pre-auth req
Advanced Radiology	\$35; pre-auth req	\$35; pre-auth req
Mental Health Outpatient	\$35	\$35
Substance Abuse Outpatient	\$35	\$35
Emergency Care		
Emergency Room	\$350 (waived if admitted)	\$350 (waived if admitted)
Ambulance	\$100	\$100
Urgent Care	\$75	\$75
Recovery/Special Needs		
Home Health Care	\$35; 40 visits/plan yr; pre-auth req	\$35; 40 visits/plan yr; pre-auth req
Habilitation services	Inpatient: \$500 per admission Outpatient: \$15/\$35 per visit	Inpatient: \$500 per admission Outpatient: \$15/\$35 per visit
Skilled Nursing	\$500/admit; 200 days/plan yr; pre-auth req	\$500/admit; 200 days/plan yr; pre-auth req
Durable Medical Equipment	10%; pre-auth req	10%; pre-auth req
Hospice Services	IP - \$500/admit, 210 days/plan yr; pre-auth req OP - \$35 per visit	IP - \$500/admit; 210 days/plan yr; pre-auth req OP - \$35 per visit
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$1,086.49	\$996.57
Employee/Spouse	\$2,168.03	\$1,988.18
Employee/Child(ren)	\$1,843.57	\$1,690.70
Family	\$3,087.34	\$2,831.06
Rates - Nassau & Suffolk		
Employee	\$1,235.19	\$1,132.90
Employee/Spouse	\$2,465.43	\$2,260.85
Employee/Child(ren)	\$2,096.36	\$1,922.46
Family	\$3,511.13	\$3,219.61
Rates - Westchester & Rockland		
Employee	\$1,086.49	\$996.57
Employee/Spouse	\$2,168.03	\$1,988.18
Employee/Child(ren)	\$1,843.57	\$1,690.70
Family	\$3,087.34	\$2,831.06
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$1,301.47	\$1,193.66
Employee/Spouse	\$2,597.99	\$2,382.37
Employee/Child(ren)	\$2,209.04	\$2,025.76
Family	\$3,700.03	\$3,392.78

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1/1/2020 - 3/1/2020 Summary of Benefits

	 Platinum Pro EPO In-Network	 Circle Platinum 2 In-Network
Prescription Drugs		
Drug Card	10/30/60	3/10/50
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$2,000/\$4,000	\$2,000/\$4,000
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$20	\$5
Specialist	\$35	\$20
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$35; 60 visits/cond/plan yr comb PT/OT/ST	\$10; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$35	\$10
Inpatient Services		
Inpatient Hospital	\$500/admit	\$500/admit
Inpatient Surgery	\$100	\$20
Maternity Delivery/Inpatient	Delivery-\$100; IP-\$500/admit	\$500/admit
Mental Health Inpatient	\$500/admit	\$500/admit
Substance Abuse Inpatient	\$500/admit	\$500/admit
Outpatient Services		
Outpatient Facility	\$200	\$100
Outpatient Surgery	\$100	\$20
Lab/X-Ray	PCP-\$20; SP-\$35	\$20
Advanced Radiology	\$35	\$50
Mental Health Outpatient	\$20	\$5
Substance Abuse Outpatient	\$20	\$5
Emergency Care		
Emergency Room	\$250 (waived if admitted)	\$250
Ambulance	\$150	\$250
Urgent Care	\$50	\$25
Recovery/Special Needs		
Home Health Care	\$20; 40 visits/plan yr	\$20; 40 visits/plan yr
Habilitation services	\$35; 60 visits/cond/plan yr comb PT/OT/ST	\$10; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	\$500/admit; 200 days/plan yr	\$500/admit; 200 days/plan yr
Durable Medical Equipment	10%	20%
Hospice Services	\$500/admit IP; \$20 OP; 210 days/plan yr	\$500 per visit ded does not apply
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$884.06	\$1,018.07
Employee/Spouse	\$1,763.16	\$2,031.20
Employee/Child(ren)	\$1,499.43	\$1,727.26
Family	\$2,510.40	\$2,892.34
Rates - Nassau & Suffolk		
Employee	\$884.06	\$1,018.07
Employee/Spouse	\$1,763.16	\$2,031.20
Employee/Child(ren)	\$1,499.43	\$1,727.26
Family	\$2,510.40	\$2,892.34
Rates - Westchester & Rockland		
Employee	N/A	\$1,018.07
Employee/Spouse	N/A	\$2,031.20
Employee/Child(ren)	N/A	\$1,727.26
Family	N/A	\$2,892.34
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



1/1/2020 - 3/1/2020 Summary of Benefits

	 Circle Plus Platinum 2 In-Network	 Circle Platinum 1 In-Network
Prescription Drugs		
Drug Card	3/10/50	10/30/75
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$2,000/\$4,000	\$2,400/\$4,800
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$5	\$10
Specialist	\$20	\$25
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$10; 60 visits/cond/plan yr comb PT/OT/ST	\$25; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$10	\$25
Inpatient Services		
Inpatient Hospital	\$500/admit	\$500/admit
Inpatient Surgery	\$20	\$50
Maternity Delivery/Inpatient	\$500/admit	\$500/admit
Mental Health Inpatient	\$500/admit	\$500/admit
Substance Abuse Inpatient	\$500/admit	\$500/admit
Outpatient Services		
Outpatient Facility	\$100	\$100
Outpatient Surgery	\$20	\$50
Lab/X-Ray	20	Lab-\$15; X-ray-\$50
Advanced Radiology	\$50	\$100
Mental Health Outpatient	\$5	\$10
Substance Abuse Outpatient	\$5	\$10
Emergency Care		
Emergency Room	\$250	\$500 (waived if admitted) after ded
Ambulance	\$250	\$500
Urgent Care	\$25	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$20; 40 visits/plan yr	\$25; 40 visits/plan yr
Habilitation services	\$10; 60 visits/cond/plan yr comb PT/OT/ST	\$25; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	\$500/admit; 200 days/plan yr	\$500/admit; 200 days/plan yr
Durable Medical Equipment	20%	20%
Hospice Services	\$500 per visit ded does not apply	\$500 per visit ded does not apply
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$1,131.13	\$987.22
Employee/Spouse	\$2,257.32	\$1,969.50
Employee/Child(ren)	\$1,919.46	\$1,674.81
Family	\$3,214.58	\$2,804.43
Rates - Nassau & Suffolk		
Employee	\$1,131.13	\$987.22
Employee/Spouse	\$2,257.32	\$1,969.50
Employee/Child(ren)	\$1,919.46	\$1,674.81
Family	\$3,214.58	\$2,804.43
Rates - Westchester & Rockland		
Employee	\$1,131.13	\$987.22
Employee/Spouse	\$2,257.32	\$1,969.50
Employee/Child(ren)	\$1,919.46	\$1,674.81
Family	\$3,214.58	\$2,804.43
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.




1/1/2020 - 3/1/2020 Summary of Benefits

	 Circle Plus Platinum 1 In-Network	 Liberty Platinum EPO 40/80 411 In-Network
Prescription Drugs		
Drug Card	10/30/75	5/30/60/150 ded T2-3
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$2,400/\$4,800	\$2,000/\$4,000
Co-Insurance	0%	20%
Lifetime Max	None	None
Office Visits		
Primary Care	\$10	\$5 visits 1-4; \$40 visits 5+
Specialist	\$25	\$25 visit 1; \$80 visits 2+
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$25; 60 visits/cond/plan yr comb PT/OT/ST	\$80; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	\$25	Covered; See brochure
Inpatient Services		
Inpatient Hospital	\$500/admit	\$1,000/admit
Inpatient Surgery	\$50	\$500
Maternity Delivery/Inpatient	\$500/admit	\$1,000/admit
Mental Health Inpatient	\$500/admit	\$1,000/admit
Substance Abuse Inpatient	\$500/admit	Rehab-\$1,000/admit
Outpatient Services		
Outpatient Facility	\$100	Hosp-\$500; FS-\$250
Outpatient Surgery	\$50	Hosp-\$250; FS-\$125
Lab/X-Ray	Lab-\$15; X-ray-\$50	Lab-\$15; X-ray-\$50
Advanced Radiology	\$100	\$150
Mental Health Outpatient	\$10	\$40
Substance Abuse Outpatient	\$10	Rehab-\$40
Emergency Care		
Emergency Room	\$500	50% coins
Ambulance	\$500	No charge
Urgent Care	\$75	\$25 visit 1; \$80 visits 2+
Recovery/Special Needs		
Home Health Care	\$25; 40 visits/plan yr	20%; 40 visits/cal yr
Habilitation services	\$25; 60 visits/cond/plan yr comb PT/OT/ST	\$80; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	\$500/admit; 200 days/plan yr	\$1,000/admit; 200 days/cal yr
Durable Medical Equipment	20%	20%
Hospice Services	\$500 per visit ded does not apply	\$1,000/admit
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$1,103.22	\$1,061.39
Employee/Spouse	\$2,201.48	\$2,117.84
Employee/Child(ren)	\$1,872.01	\$1,800.90
Family	\$3,135.01	\$3,015.81
Rates - Nassau & Suffolk		
Employee	\$1,103.22	\$1,061.39
Employee/Spouse	\$2,201.48	\$2,117.84
Employee/Child(ren)	\$1,872.01	\$1,800.90
Family	\$3,135.01	\$3,015.81
Rates - Westchester & Rockland		
Employee	\$1,103.22	\$1,061.39
Employee/Spouse	\$2,201.48	\$2,117.84
Employee/Child(ren)	\$1,872.01	\$1,800.90
Family	\$3,135.01	\$3,015.81
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	\$1,168.20
Employee/Spouse	N/A	\$2,331.46
Employee/Child(ren)	N/A	\$1,982.48
Family	N/A	\$3,320.22

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





1/1/2020 - 3/1/2020 Summary of Benefits

		 EmblemHealth [®]	
		EmblemHealth Prime Gold POS	
		In-Network	Out-of-Network
Prescription Drugs			
Drug Card	0/35/75		
Cost Share Information			
Individual/Family Deductible	\$1,000/\$2,000	\$3,800/\$7,600	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	\$7,000/\$14,000 (incl ded)	
Co-Insurance	30%	40%	
Lifetime Max	None	None	
Office Visits			
Primary Care	No charge visits 1-3; \$25 ded waived visits 4+	40% after ded	
Specialist	\$40 ded waived	40% after ded	
Adult Preventive Care	No charge	40% after ded	
Child Preventive Care	No charge	40% after ded	
Maternity Prenatal/Postnatal Care	No charge	40% after ded	
Rehabilitation Services	IP - 30% coins per admission OP - After ded \$25/\$40 per visit	After ded 40% coins	
Chiropractic Care	Covered; See brochure	\$25	
Inpatient Services			
Inpatient Hospital	30% after ded; pre-auth req	40% after ded; pre-auth req	
Inpatient Surgery	\$200 after ded; pre-auth req	40% after ded; pre-auth req	
Maternity Delivery/Inpatient	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	\$200 after ded; pre-auth req	40% after ded; pre-auth req	
Outpatient Surgery	\$200 after ded; pre-auth req	40% after ded; pre-auth req	
Lab/X-Ray	PCP-\$25 after ded; SP-\$40 after ded; pre-auth req	40% after ded; pre-auth req	
Advanced Radiology	\$40 after ded; pre-auth req	40% after ded; pre-auth req	
Mental Health Outpatient	\$25 ded waived	40% after ded	
Substance Abuse Outpatient	\$25 ded waived	40% after ded	
Emergency Care			
Emergency Room	30% after ded	30% after ded	
Ambulance	30% after ded	30% after ded	
Urgent Care	\$75 ded waived	40% after ded	
Recovery/Special Needs			
Home Health Care	\$40 after ded; 40 visits/plan yr; pre-auth req	40% after ded; 40 visits/plan yr; pre-auth req	
Habilitation services	IP - 30% coins per admission OP - After plan ded \$25/\$40 per visit	After ded 40% coins	
Skilled Nursing	30% after ded; 200 days/plan yr; pre-auth req	Not covered	
Durable Medical Equipment	20% after ded; pre-auth req	Not covered	
Hospice Services	IP - 30% after ded; 210 days/plan yr; pre-auth req OP - \$60 after ded	Not covered	
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx			
Employee	\$945.05		
Employee/Spouse	\$1,885.16		
Employee/Child(ren)	\$1,603.13		
Family	\$2,684.25		
Rates - Nassau & Suffolk			
Employee	\$1,074.31		
Employee/Spouse	\$2,143.66		
Employee/Child(ren)	\$1,822.85		
Family	\$3,052.62		
Rates - Westchester & Rockland			
Employee	\$945.05		
Employee/Spouse	\$1,885.16		
Employee/Child(ren)	\$1,603.13		
Family	\$2,684.25		
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange			
Employee	\$1,131.91		
Employee/Spouse	\$2,258.87		
Employee/Child(ren)	\$1,920.78		
Family	\$3,216.79		

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





1/1/2020 - 3/1/2020 Summary of Benefits

	 EmblemHealth[™] Prime Gold Premier In-Network	 EmblemHealth[™] Select Care Gold Premier In-Network
Prescription Drugs		
Drug Card	0/40/80	0/40/80
Cost Share Information		
Individual/Family Deductible	\$350/\$700	\$350/\$700
Individual/Family OOP Limit	\$5,300/\$10,600 (incl ded)	\$5,300/\$10,600 (incl ded)
Co-Insurance	30%	30%
Lifetime Max	None	None
Office Visits		
Primary Care	No charge visits 1-3; \$40 ded waived visits 4+	No charge visits 1-3; \$40 ded waived visits 4+
Specialist	\$60 ded waived	\$60 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	IP - 30% coins OP - \$40/\$60 per visit after ded 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	IP - 30% coins OP - \$40/\$60 per visit after ded 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	30% after ded; pre-auth req	30% after ded; pre-auth req
Inpatient Surgery	\$200 after ded; pre-auth req	\$200 after ded; pre-auth req
Maternity Delivery/Inpatient	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	\$200 after ded; pre-auth req	\$200 after ded; pre-auth req
Outpatient Surgery	\$200 after ded; pre-auth req	\$200 after ded; pre-auth req
Lab/X-Ray	Lab-\$40/\$60 ded waived (PCP/SP); X-ray-\$40/\$60 after ded (PCP/SP); pre-auth req	Lab-\$40/\$60 ded waived (PCP/SP); X-ray-\$40/\$60 after ded (PCP/SP); pre-auth req
Advanced Radiology	\$60 after ded; pre-auth req	\$60 after ded; pre-auth req
Mental Health Outpatient	\$40 ded waived	\$40 ded waived
Substance Abuse Outpatient	\$40 ded waived	\$40 ded waived
Emergency Care		
Emergency Room	\$600 (waived if admitted) after ded	\$600 (waived if admitted) after ded
Ambulance	\$200 after ded	\$200 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	\$60 after ded; 40 visits/plan yr; pre-auth req
Habilitation services	IP - 30% coins OP - \$40/\$60 per visit after ded 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	IP - 30% coins OP - \$40/\$60 per visit after ded 60 visits/cond/plan yr comb PT/OT/ST; 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
Hospice Services	IP - 30% after ded OP - \$60 after ded 210 days/plan yr; pre-auth req	IP - 30% after ded OP - \$60 after ded 210 days/plan yr; pre-auth req
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$889.04	\$815.74
Employee/Spouse	\$1,773.12	\$1,626.53
Employee/Child(ren)	\$1,507.90	\$1,383.30
Family	\$2,524.59	\$2,315.70
Rates - Nassau & Suffolk		
Employee	\$1,010.59	\$927.22
Employee/Spouse	\$2,016.23	\$1,849.49
Employee/Child(ren)	\$1,714.54	\$1,572.82
Family	\$2,871.03	\$2,633.43
Rates - Westchester & Rockland		
Employee	\$889.04	\$815.74
Employee/Spouse	\$1,773.12	\$1,626.53
Employee/Child(ren)	\$1,507.90	\$1,383.30
Family	\$2,524.59	\$2,315.70
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$1,064.77	\$976.90
Employee/Spouse	\$2,124.59	\$1,948.85
Employee/Child(ren)	\$1,806.65	\$1,657.27
Family	\$3,025.44	\$2,775.02

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1/1/2020 - 3/1/2020 Summary of Benefits

	 Gold Pro EPO	 Gold 25/50/0 Pro EPO
	In-Network	In-Network
Prescription Drugs		
Drug Card	10/50/85	10/50/85
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	\$7,000/\$14,000 (incl ded)
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25	\$25
Specialist	\$40	\$50
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$40; 60 visits/cond/plan yr comb PT/OT/ST	\$50; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$40	\$50
Inpatient Services		
Inpatient Hospital	\$500/admit	\$500/admit
Inpatient Surgery	\$100	\$100
Maternity Delivery/Inpatient	Delivery-\$100; IP-\$500/admit	Delivery-\$100; IP-\$500/admit
Mental Health Inpatient	\$500/admit	\$500/admit
Substance Abuse Inpatient	\$500/admit	\$500/admit
Outpatient Services		
Outpatient Facility	\$300	\$300
Outpatient Surgery	\$100	\$100
Lab/X-Ray	PCP-\$25; SP-\$40	PCP-\$25; SP-\$50
Advanced Radiology	\$40	\$50
Mental Health Outpatient	\$25	\$25
Substance Abuse Outpatient	\$25	\$25
Emergency Care		
Emergency Room	\$350 (waived if admitted)	\$350 (waived if admitted)
Ambulance	\$150	\$150
Urgent Care	\$60	\$60
Recovery/Special Needs		
Home Health Care	\$25; 40 visits/plan yr	\$25; 40 visits/plan yr
Habilitation services	\$40; 60 visits/cond/plan yr comb PT/OT/ST	\$50; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	\$500/admit; 200 days/plan yr	\$500/admit; 200 days/plan yr
Durable Medical Equipment	15%	15%
Hospice Services	\$500/admit IP; \$25 OP; 210 days/plan yr	\$500/admit ded does not apply
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$753.01	\$723.09
Employee/Spouse	\$1,501.07	\$1,441.23
Employee/Child(ren)	\$1,276.66	\$1,225.79
Family	\$2,136.92	\$2,051.65
Rates - Nassau & Suffolk		
Employee	\$753.01	\$723.09
Employee/Spouse	\$1,501.07	\$1,441.23
Employee/Child(ren)	\$1,276.66	\$1,225.79
Family	\$2,136.92	\$2,051.65
Rates - Westchester & Rockland		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



1/1/2020 - 3/1/2020 Summary of Benefits

	OSCAR Circle Gold	OSCAR Circle Plus Gold
	In-Network	In-Network
Prescription Drugs		
Drug Card	10/35/100/100 ded T2-3	10/35/100/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$8,150/\$16,300	\$8,150/\$16,300
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$20	\$20
Specialist	\$40	\$40
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$40; 60 visits/cond/plan yr comb PT/OT/ST	\$40; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$40	\$40
Inpatient Services		
Inpatient Hospital	\$500/day; 5 days/admit	\$500/day; 5 days/admit
Inpatient Surgery	\$150	\$150
Maternity Delivery/Inpatient	\$500/day; 5 days/admit	\$500/day; 5 days/admit
Mental Health Inpatient	\$500/day; 5 days/admit	\$500/day; 5 days/admit
Substance Abuse Inpatient	\$500/day; 5 days/admit	\$500/day; 5 days/admit
Outpatient Services		
Outpatient Facility	\$250	\$250
Outpatient Surgery	\$150	\$150
Lab/X-Ray	40	40
Advanced Radiology	\$140	\$140
Mental Health Outpatient	\$20	\$20
Substance Abuse Outpatient	\$20	\$20
Emergency Care		
Emergency Room	\$650	\$650
Ambulance	\$650	\$650
Urgent Care	\$75	\$75
Recovery/Special Needs		
Home Health Care	\$40; 40 visits/plan yr	\$40; 40 visits/plan yr
Habilitation services	\$40; 60 visits/cond/plan yr comb PT/OT/ST	\$40; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	\$500/day; 5 days/admit; 200 days/plan yr	\$500/day; 5 days/admit; 200 days/plan yr
Durable Medical Equipment	20%	20%
Hospice Services	\$500 copay/day for up to five days ded does not apply	\$500 copay/day for up to five days ded does not apply
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$875.57	\$988.11
Employee/Spouse	\$1,746.17	\$1,971.26
Employee/Child(ren)	\$1,484.99	\$1,676.31
Family	\$2,486.20	\$2,806.94
Rates - Nassau & Suffolk		
Employee	\$875.57	\$988.11
Employee/Spouse	\$1,746.17	\$1,971.26
Employee/Child(ren)	\$1,484.99	\$1,676.31
Family	\$2,486.20	\$2,806.94
Rates - Westchester & Rockland		
Employee	\$875.57	\$988.11
Employee/Spouse	\$1,746.17	\$1,971.26
Employee/Child(ren)	\$1,484.99	\$1,676.31
Family	\$2,486.20	\$2,806.94
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



1/1/2020 - 3/1/2020 Summary of Benefits

	OSCAR Circle Gold 1000	OSCAR Circle Plus Gold 1000
	In-Network	In-Network
Prescription Drugs		
Drug Card	15/50/100/100 ded T2-3	15/50/100/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	\$1,000/\$2,000	\$1,000/\$2,000
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)	\$4,000/\$8,000 (incl ded)
Co-Insurance	10%	10%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25 ded waived	\$25 ded waived
Specialist	\$50 ded waived	\$50 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$50 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$50 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$50 ded waived	\$50 ded waived
Inpatient Services		
Inpatient Hospital	10% after ded	10% after ded
Inpatient Surgery	\$200 ded waived	\$200 ded waived
Maternity Delivery/Inpatient	10% coins subject to ded	10% coins subject to ded
Mental Health Inpatient	10% after ded	10% after ded
Substance Abuse Inpatient	10% after ded	10% after ded
Outpatient Services		
Outpatient Facility	\$500 after ded	\$500 after ded
Outpatient Surgery	\$200 ded waived	\$200 ded waived
Lab/X-Ray	\$100 copay/visit ded does not apply (x-ray)	\$100 copay/visit ded does not apply (x-ray)
Advanced Radiology	\$200 after ded	\$200 after ded
Mental Health Outpatient	\$25 ded waived	\$25 ded waived
Substance Abuse Outpatient	\$25 ded waived	\$25 ded waived
Emergency Care		
Emergency Room	10% after ded	10% after ded
Ambulance	10% after ded	10% after ded
Urgent Care	\$75 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$50 ded waived; 40 visits/plan yr	\$50 ded waived; 40 visits/plan yr
Habilitation services	\$50 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$50 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	10% after ded; 200 days/plan yr	10% after ded; 200 days/plan yr
Durable Medical Equipment	10% after ded	10% after ded
Hospice Services	10% after ded; 210 days/plan yr	10% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$834.45	\$942.91
Employee/Spouse	\$1,663.94	\$1,880.87
Employee/Child(ren)	\$1,415.09	\$1,599.48
Family	\$2,369.02	\$2,678.14
Rates - Nassau & Suffolk		
Employee	\$834.45	\$942.91
Employee/Spouse	\$1,663.94	\$1,880.87
Employee/Child(ren)	\$1,415.09	\$1,599.48
Family	\$2,369.02	\$2,678.14
Rates - Westchester & Rockland		
Employee	\$834.45	\$942.91
Employee/Spouse	\$1,663.94	\$1,880.87
Employee/Child(ren)	\$1,415.09	\$1,599.48
Family	\$2,369.02	\$2,678.14
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



1/1/2020 - 3/1/2020 Summary of Benefits

	OSCAR Circle Gold 1250	OSCAR Circle Plus Gold 1250
	In-Network	In-Network
Prescription Drugs		
Drug Card	10/50/100/100 ded T2-3	10/50/100/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	\$1,250/\$2,500	\$1,250/\$2,500
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	\$5,000/\$10,000 (incl ded)
Co-Insurance	20%	20%
Lifetime Max	None	None
Office Visits		
Primary Care	\$40 ded waived	\$40 ded waived
Specialist	\$70 ded waived	\$70 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$70 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$70 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$70 ded waived	\$70 ded waived
Inpatient Services		
Inpatient Hospital	20% after ded	20% after ded
Inpatient Surgery	\$200 ded waived	\$200 ded waived
Maternity Delivery/Inpatient	20% after ded	20% after ded
Mental Health Inpatient	20% after ded	20% after ded
Substance Abuse Inpatient	20% after ded	20% after ded
Outpatient Services		
Outpatient Facility	\$500 after ded	\$500 after ded
Outpatient Surgery	\$200 ded waived	\$200 ded waived
Lab/X-Ray	Lab-\$70 ded waived; X-ray-\$100 ded waived	Lab-\$70 ded waived; X-ray-\$100 ded waived
Advanced Radiology	\$200 after ded	\$200 after ded
Mental Health Outpatient	\$40 ded waived	\$40 ded waived
Substance Abuse Outpatient	\$40 ded waived	\$40 ded waived
Emergency Care		
Emergency Room	20% after ded	20% after ded
Ambulance	20% after ded	20% after ded
Urgent Care	\$90 ded waived	\$90 ded waived
Recovery/Special Needs		
Home Health Care	\$70 ded waived; 40 visits/plan yr	\$70 ded waived; 40 visits/plan yr
Habilitation services	\$70 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$70 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	20% after ded; 200 days/plan yr	20% after ded; 200 days/plan yr
Durable Medical Equipment	20% after ded	20% after ded
Hospice Services	20% after ded; 210 days/plan yr	20% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$793.33	\$903.09
Employee/Spouse	\$1,581.71	\$1,801.23
Employee/Child(ren)	\$1,345.19	\$1,531.79
Family	\$2,251.83	\$2,564.66
Rates - Nassau & Suffolk		
Employee	\$793.33	\$903.09
Employee/Spouse	\$1,581.71	\$1,801.23
Employee/Child(ren)	\$1,345.19	\$1,531.79
Family	\$2,251.83	\$2,564.66
Rates - Westchester & Rockland		
Employee	\$793.33	\$903.09
Employee/Spouse	\$1,581.71	\$1,801.23
Employee/Child(ren)	\$1,345.19	\$1,531.79
Family	\$2,251.83	\$2,564.66
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



1/1/2020 - 3/1/2020 Summary of Benefits

	OSCAR Circle Gold 2000	OSCAR Circle Plus Gold 2000
	In-Network	In-Network
Prescription Drugs		
Drug Card	10/50/100/150 ded T2-3	10/50/100/150 ded T2-3
Cost Share Information		
Individual/Family Deductible	\$2,000/\$4,000	\$2,000/\$4,000
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	\$5,000/\$10,000 (incl ded)
Co-Insurance	20%	20%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25 ded waived	\$25 ded waived
Specialist	\$50 ded waived	\$50 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$50 copay/visit ded does not apply	\$50 copay/visit ded does not apply
Inpatient Services		
Inpatient Hospital	20% after ded	20% after ded
Inpatient Surgery	\$200 ded waived	\$200 ded waived
Maternity Delivery/Inpatient	20% after ded	20% after ded
Mental Health Inpatient	20% after ded	20% after ded
Substance Abuse Inpatient	20% after ded	20% after ded
Outpatient Services		
Outpatient Facility	\$500 after ded	\$500 after ded
Outpatient Surgery	\$200 ded waived	\$200 ded waived
Lab/X-Ray	Lab-\$50 ded waived; X-ray-\$100 ded waived	Lab-\$50 ded waived; X-ray-\$100 ded waived
Advanced Radiology	\$200 after ded	\$200 after ded
Mental Health Outpatient	\$25 ded waived	\$25 ded waived
Substance Abuse Outpatient	\$25 ded waived	\$25 ded waived
Emergency Care		
Emergency Room	\$250 ded waived	\$250 ded waived
Ambulance	\$250 ded waived	\$250 ded waived
Urgent Care	\$75 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$50 ded waived; 40 visits/plan yr	\$50 ded waived; 40 visits/plan yr
Habilitation services	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	20% after ded; 200 days/plan yr	20% after ded; 200 days/plan yr
Durable Medical Equipment	20% after ded	20% after ded
Hospice Services	20% after ded; 210 days/plan yr	20% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$795.82	\$905.84
Employee/Spouse	\$1,586.69	\$1,806.72
Employee/Child(ren)	\$1,349.43	\$1,536.45
Family	\$2,258.92	\$2,572.47
Rates - Nassau & Suffolk		
Employee	\$795.82	\$905.84
Employee/Spouse	\$1,586.69	\$1,806.72
Employee/Child(ren)	\$1,349.43	\$1,536.45
Family	\$2,258.92	\$2,572.47
Rates - Westchester & Rockland		
Employee	\$795.82	\$905.84
Employee/Spouse	\$1,586.69	\$1,806.72
Employee/Child(ren)	\$1,349.43	\$1,536.45
Family	\$2,258.92	\$2,572.47
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





1/1/2020 - 3/1/2020 Summary of Benefits

	 Liberty Gold EPO 25/50 ZD In-Network	 Liberty Gold EPO 30/60 G In-Network
Prescription Drugs		
Drug Card	10/65/90/100 ded T2-3	15/35/75/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	N/A	\$1,000/\$2,000
Individual/Family OOP Limit	\$5,000/\$10,000	\$5,400/\$10,800 (incl ded)
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25	\$30 ded waived
Specialist	\$50	\$60 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$50; 60 visits/cal yr comb PT/OT/ST	\$60 ded waived; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	\$500/admit	\$500/day after ded; \$2,000 max/admit
Inpatient Surgery	\$250	0% after ded
Maternity Delivery/Inpatient	\$500/admit	\$500/day after ded; \$2,000 max/admit
Mental Health Inpatient	\$500/admit	\$500/day after ded; \$2,000 max/admit
Substance Abuse Inpatient	Rehab-\$500/admit	Rehab-\$500/day after ded; \$2,000 max/admit
Outpatient Services		
Outpatient Facility	Hosp-\$500; FS-\$150	Hosp-\$250 after ded; FS-\$150 after ded
Outpatient Surgery	Hosp-\$250; FS-\$75	0% after ded
Lab/X-Ray	Lab-\$20; X-ray-\$50	Lab-No charge; X-ray-\$35 after ded
Advanced Radiology	\$150	\$100 after ded
Mental Health Outpatient	\$50	\$60 ded waived
Substance Abuse Outpatient	Rehab-\$50	Rehab-\$60 ded waived
Emergency Care		
Emergency Room	\$750 (waived if admitted)	\$500 (waived if admitted) ded waived
Ambulance	No charge	No charge
Urgent Care	\$50	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$50; 40 visits/cal yr	\$60 ded waived; 40 visits/cal yr
Habilitation services	\$50; 60 visits/cal yr comb PT/OT/ST	\$60 ded waived; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	\$500/admit; 200 days/cal yr	\$500/day after ded; \$2,000 max/admit; 200 days/cal yr
Durable Medical Equipment	No charge	0% after ded
Hospice Services	\$500/admit	\$500/day after ded; \$2,000 max/admit
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$1,007.99	\$942.92
Employee/Spouse	\$2,011.03	\$1,880.90
Employee/Child(ren)	\$1,710.12	\$1,599.51
Family	\$2,863.61	\$2,678.18
Rates - Nassau & Suffolk		
Employee	\$1,007.99	\$942.92
Employee/Spouse	\$2,011.03	\$1,880.90
Employee/Child(ren)	\$1,710.12	\$1,599.51
Family	\$2,863.61	\$2,678.18
Rates - Westchester & Rockland		
Employee	\$1,007.99	\$942.92
Employee/Spouse	\$2,011.03	\$1,880.90
Employee/Child(ren)	\$1,710.12	\$1,599.51
Family	\$2,863.61	\$2,678.18
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$1,109.40	\$1,037.75
Employee/Spouse	\$2,213.84	\$2,070.54
Employee/Child(ren)	\$1,882.51	\$1,760.70
Family	\$3,152.63	\$2,948.43

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





1/1/2020 - 3/1/2020 Summary of Benefits

	 Liberty Gold EPO 30/60	 Metro Gold EPO 25/40
	In-Network	In-Network
Prescription Drugs		
Drug Card	15/45/75/100 ded T2-3	10/65/90/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	\$2,000/\$4,000	\$1,250/\$2,500
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)	\$5,000/\$10,000 (incl ded)
Co-Insurance	30%	20%
Lifetime Max	None	None
Office Visits		
Primary Care	\$30 ded waived	\$25 ded waived
Specialist	\$60 ded waived	\$40 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$60 ded waived; 60 visits/cal yr comb PT/OT/ST	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	30% after ded	20% after ded
Inpatient Surgery	30% after ded	20% after ded
Maternity Delivery/Inpatient	30% after ded	20% after ded
Mental Health Inpatient	30% after ded	20% after ded
Substance Abuse Inpatient	Rehab-30% after ded	Rehab-20% after ded
Outpatient Services		
Outpatient Facility	30% after ded	Hosp-\$500 after ded; FS-\$200 after ded
Outpatient Surgery	30% after ded	20% after ded
Lab/X-Ray	Lab-No charge; X-ray-30% after ded	Lab-\$15 ded waived; X-ray-\$50 after ded
Advanced Radiology	30% after ded	\$150 after ded
Mental Health Outpatient	\$60 ded waived	\$40 ded waived
Substance Abuse Outpatient	Rehab-\$60 ded waived	Rehab-\$40 ded waived
Emergency Care		
Emergency Room	\$500 (waived if admitted) ded waived	\$400 (waived if admitted) ded waived
Ambulance	No charge	No charge
Urgent Care	\$75 ded waived	\$65 ded waived
Recovery/Special Needs		
Home Health Care	\$60 ded waived; 40 visits/cal yr	\$40 ded waived; 40 visits/cal yr
Habilitation services	\$60 ded waived; 60 visits/cal yr comb PT/OT/ST	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	30% after ded; 200 days/cal yr	20% after ded; 200 days/cal yr
Durable Medical Equipment	30% after ded	20% after ded
Hospice Services	30% after ded	20% after ded
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$888.03	\$827.96
Employee/Spouse	\$1,771.12	\$1,650.97
Employee/Child(ren)	\$1,506.19	\$1,404.07
Family	\$2,521.73	\$2,350.53
Rates - Nassau & Suffolk		
Employee	\$888.03	\$827.96
Employee/Spouse	\$1,771.12	\$1,650.97
Employee/Child(ren)	\$1,506.19	\$1,404.07
Family	\$2,521.73	\$2,350.53
Rates - Westchester & Rockland		
Employee	\$888.03	\$827.96
Employee/Spouse	\$1,771.12	\$1,650.97
Employee/Child(ren)	\$1,506.19	\$1,404.07
Family	\$2,521.73	\$2,350.53
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$977.31	\$911.17
Employee/Spouse	\$1,949.68	\$1,817.40
Employee/Child(ren)	\$1,657.97	\$1,545.54
Family	\$2,776.20	\$2,587.68

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





1/1/2020 - 3/1/2020 Summary of Benefits

	 Metro Gold 25/40 G	 Prime Silver Premier
	In-Network	In-Network
Prescription Drugs		
Drug Card	10/65/90/100 ded T2-3	0/40/80
Cost Share Information		
Individual/Family Deductible	\$1,250/\$2,500	\$2,400/\$4,800
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)	\$7,800/\$15,600 (incl ded)
Co-Insurance	20%	40%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25 ded waived	No charge visits 1-3; \$35 ded waived visits 4+
Specialist	\$40 ded waived	\$65 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST	IP - 40% coins -60 visits/cal yr comb PT/OT/ST OP -\$35/\$65 co-pay per visit
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	20% after ded	40% after ded; pre-auth req
Inpatient Surgery	20% after ded	\$250 after ded; pre-auth req
Maternity Delivery/Inpatient	20% after ded	40% after ded; pre-auth req
Mental Health Inpatient	20% after ded	40% after ded; pre-auth req
Substance Abuse Inpatient	Rehab-20% after ded	40% after ded; pre-auth req
Outpatient Services		
Outpatient Facility	Hosp-\$500 after ded; FS-\$200 after ded	\$250 after ded; pre-auth req
Outpatient Surgery	20% after ded	\$250 after ded; pre-auth req
Lab/X-Ray	Lab-\$15 ded waived; X-ray-\$50 after ded	Lab-\$35/\$65 ded waived X-ray- after ded \$35/\$65
Advanced Radiology	\$150 after ded	\$65 after ded
Mental Health Outpatient	\$40 ded waived	\$35 ded waived
Substance Abuse Outpatient	Rehab-\$40 ded waived	\$35 ded waived
Emergency Care		
Emergency Room	\$500 (waived if admitted) ded waived	40% after ded
Ambulance	No charge	\$250 after ded
Urgent Care	\$65 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$40 ded waived; 40 visits/cal yr	\$65 after ded; 40 visits/plan yr; pre-auth req
Habilitation services	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST	IP - 40% coins after ded 60 visits In & Out OP - \$35/\$65 co-pay per visit after ded
Skilled Nursing	20% after ded; 200 days/cal yr	40% after ded; 200 days/plan yr; pre-auth req
Durable Medical Equipment	20% after ded	30% after ded; pre-auth req
Hospice Services	20% after ded	IP - 40% after ded; 210 days/plan yr; pre-auth req OP - \$65 co-pay per visit after ded
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$794.36	\$749.58
Employee/Spouse	\$1,583.77	\$1,494.20
Employee/Child(ren)	\$1,346.95	\$1,270.82
Family	\$2,254.77	\$2,127.13
Rates - Nassau & Suffolk		
Employee	\$794.36	\$851.95
Employee/Spouse	\$1,583.77	\$1,698.95
Employee/Child(ren)	\$1,346.95	\$1,444.85
Family	\$2,254.77	\$2,418.90
Rates - Westchester & Rockland		
Employee	\$794.36	\$749.58
Employee/Spouse	\$1,583.77	\$1,494.20
Employee/Child(ren)	\$1,346.95	\$1,270.82
Family	\$2,254.77	\$2,127.13
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$874.17	\$897.59
Employee/Spouse	\$1,743.38	\$1,790.22
Employee/Child(ren)	\$1,482.61	\$1,522.44
Family	\$2,482.22	\$2,548.97

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





1/1/2020 - 3/1/2020 Summary of Benefits

	 EmblemHealth[®] Select Care Silver Premier	 EmblemHealth[®] Select Care Silver Value
	In-Network	In-Network
Prescription Drugs		
Drug Card	0/40/80	0%/0%/0% IntDed T2-3
Cost Share Information		
Individual/Family Deductible	\$2,400/\$4,800	\$6,300/\$12,600
Individual/Family OOP Limit	\$7,800/\$15,600 (incl ded)	\$6,300/\$12,600 (incl ded)
Co-Insurance	40%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	No charge visits 1-3; \$35 ded waived visits 4+	No charge visits 1-3; \$10 ded waived visits 4+
Specialist	\$65 ded waived	\$55 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	IP - 40% coins - 60 Visits In & Out OP - \$35/\$65 co-pay per visit	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	40% after ded; pre-auth req	0% after ded; pre-auth req
Inpatient Surgery	\$250 after ded; pre-auth req	0% after ded; pre-auth req
Maternity Delivery/Inpatient	40% after ded; pre-auth req	0% after ded; pre-auth req
Mental Health Inpatient	40% after ded; pre-auth req	0% after ded; pre-auth req
Substance Abuse Inpatient	40% after ded; pre-auth req	0% after ded; pre-auth req
Outpatient Services		
Outpatient Facility	\$250 after ded; pre-auth req	0% after ded; pre-auth req
Outpatient Surgery	\$250 after ded; pre-auth req	0% after ded; pre-auth req
Lab/X-Ray	Lab-\$35/\$65 ded waived X-ray- after ded \$35/\$65	Lab-\$10/\$55 ded waived (PCP/SP); X-ray-0% after ded; pre-auth req
Advanced Radiology	\$65 after ded	0% after ded; pre-auth req
Mental Health Outpatient	\$35 ded waived	\$10 ded waived
Substance Abuse Outpatient	\$35 ded waived	\$10 ded waived
Emergency Care		
Emergency Room	40% after ded	0% after ded
Ambulance	\$250 after ded	0% after ded
Urgent Care	\$75 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$65 after ded; 40 visits/plan yr; pre-auth req	0% after ded; 40 visits/plan yr; pre-auth req
Habilitation services	IP - 40% coins after ded 60 visits In & Out OP - \$35/\$65 co-pay per visit	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Skilled Nursing	40% after ded; 200 days/plan yr; pre-auth req	0% after ded; 200 days/plan yr; pre-auth req
Durable Medical Equipment	30% after ded; pre-auth req	0% after ded; pre-auth req
Hospice Services	IP - 40% after ded; 210 days/plan yr; pre-auth req OP - \$65 co-pay per visit after ded	0% after ded IP; 210 days/plan yr; pre-auth req
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$688.03	\$665.44
Employee/Spouse	\$1,371.11	\$1,325.94
Employee/Child(ren)	\$1,166.19	\$1,127.79
Family	\$1,951.74	\$1,887.36
Rates - Nassau & Suffolk		
Employee	\$781.95	\$756.25
Employee/Spouse	\$1,558.95	\$1,507.56
Employee/Child(ren)	\$1,325.85	\$1,282.17
Family	\$2,219.40	\$2,146.17
Rates - Westchester & Rockland		
Employee	\$688.03	\$665.44
Employee/Spouse	\$1,371.11	\$1,325.94
Employee/Child(ren)	\$1,166.19	\$1,127.79
Family	\$1,951.74	\$1,887.36
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$823.81	\$796.72
Employee/Spouse	\$1,642.67	\$1,588.50
Employee/Child(ren)	\$1,397.01	\$1,350.96
Family	\$2,338.69	\$2,261.51

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





1/1/2020 - 3/1/2020 Summary of Benefits

	 EmblemHealth[™] Millennium Silver Value G In-Network	 EmblemHealth[™] Prime Silver HSA In-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed T2-3	15/45/80 IntDed
Cost Share Information		
Individual/Family Deductible	\$6,300/\$12,600	\$2,800/\$5,200
Individual/Family OOP Limit	\$6,300/\$12,600 (incl ded)	\$5,800/\$11,600 (incl ded)
Co-Insurance	0%	40%
Lifetime Max	None	None
Office Visits		
Primary Care	No charge visits 1-3; \$10 ded waived visits 4+	\$30 after ded
Specialist	\$55 ded waived	\$50 after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	OP: \$30/\$50 co-pay after ded 60 visits/cond/plan yr comb PT/OT/ST; IP: 40% coins
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	0% after ded; pre-auth req	40% after ded; pre-auth req
Inpatient Surgery	0% after ded; pre-auth req	\$250 after ded; pre-auth req
Maternity Delivery/Inpatient	0% after ded; pre-auth req	40% after ded; pre-auth req
Mental Health Inpatient	0% after ded; pre-auth req	40% after ded; pre-auth req
Substance Abuse Inpatient	0% after ded; pre-auth req	40% after ded; pre-auth req
Outpatient Services		
Outpatient Facility	0% after ded; pre-auth req	\$250 after ded; pre-auth req
Outpatient Surgery	0% after ded; pre-auth req	\$250 after ded; pre-auth req
Lab/X-Ray	Lab-\$10/\$55 ded waived (PCP/SP); X-ray-0% after ded; pre-auth req	Lab-\$30/\$50 after ded (PCP/SP); X-ray-\$30/\$50 after ded (PCP/SP); pre-auth req
Advanced Radiology	0% after ded; pre-auth req	\$50 after ded; pre-auth req
Mental Health Outpatient	\$10 ded waived	\$30 after ded
Substance Abuse Outpatient	\$10 ded waived	\$30 after ded
Emergency Care		
Emergency Room	0% after ded	40% after ded
Ambulance	0% after ded	\$250 after ded
Urgent Care	\$75 ded waived	\$75 after ded
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
Habilitation services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	OP: \$30/\$50 co-pay after ded 60 visits/cond/plan yr comb PT/OT/ST; IP: 40% coins
Skilled Nursing	0% after ded; 200 days/plan yr; pre-auth req	40% after ded; 200 days/plan yr; pre-auth req
Durable Medical Equipment	0% after ded; pre-auth req	30% after ded; pre-auth req
Hospice Services	0% after ded IP; 210 days/plan yr; pre-auth req	40% after ded IP; 210 days/plan yr; pre-auth req
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$620.69	\$721.21
Employee/Spouse	\$1,236.44	\$1,437.46
Employee/Child(ren)	\$1,051.71	\$1,222.59
Family	\$1,759.82	\$2,046.28
Rates - Nassau & Suffolk		
Employee	\$705.35	\$819.68
Employee/Spouse	\$1,405.75	\$1,634.41
Employee/Child(ren)	\$1,195.63	\$1,389.99
Family	\$2,001.09	\$2,326.93
Rates - Westchester & Rockland		
Employee	\$620.69	\$721.21
Employee/Spouse	\$1,236.44	\$1,437.46
Employee/Child(ren)	\$1,051.71	\$1,222.59
Family	\$1,759.82	\$2,046.28
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	\$863.57
Employee/Spouse	N/A	\$1,722.19
Employee/Child(ren)	N/A	\$1,464.60
Family	N/A	\$2,452.01

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



1/1/2020 - 3/1/2020 Summary of Benefits

	 Silver Pro EPO	 Silver 40/75/4700 Pro EPO
	In-Network	In-Network
Prescription Drugs		
Drug Card	20/60/110	20/60/110
Cost Share Information		
Individual/Family Deductible	\$4,300/\$8,600	\$4,700/\$9,400
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$7,900/\$15,800 (incl ded)
Co-Insurance	40%	45%
Lifetime Max	None	None
Office Visits		
Primary Care	\$35 ded waived	\$40 ded waived
Specialist	\$70 ded waived	\$75 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$70 ded waived; 60 visits/cond/plan yr comb	\$75 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$70 ded waived	\$75 ded waived
Inpatient Services		
Inpatient Hospital	40% after ded	45% after ded
Inpatient Surgery	200 after ded	\$200 after ded
Maternity Delivery/Inpatient	Delivery-\$200 after ded; IP-40% after ded	Delivery-\$200 after ded; IP-45% after ded
Mental Health Inpatient	40% after ded	45% after ded
Substance Abuse Inpatient	40% after ded	45% after ded
Outpatient Services		
Outpatient Facility	40% after ded	45% after ded
Outpatient Surgery	\$200 after ded	\$200 after ded
Lab/X-Ray	PCP-\$70 ded waived	PCP-\$40 ded waived; SP-\$75 ded waived
Advanced Radiology	\$70 ded waived	\$75 ded waived
Mental Health Outpatient	\$35 ded waived	\$40 ded waived
Substance Abuse Outpatient	\$35 ded waived	\$40 ded waived
Emergency Care		
Emergency Room	\$600 (waived if admitted) after ded	\$600 (waived if admitted) after ded
Ambulance	\$300 after ded	\$300 after ded
Urgent Care	\$70 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$35 after ded; 40 visits/plan yr	\$40 after ded; 40 visits/plan yr
Habilitation services	\$70 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$75 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	40% after ded; 200 days/plan yr	45% after ded; 200 days/plan yr
Durable Medical Equipment	40% after ded	45% after ded
Hospice Services	40% after ded IP; \$35 ded waived OP; 210	45% after ded IP; \$40 ded waived OP; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$647.74	\$630.38
Employee/Spouse	\$1,290.52	\$1,255.80
Employee/Child(ren)	\$1,097.69	\$1,068.17
Family	\$1,836.89	\$1,787.41
Rates - Nassau & Suffolk		
Employee	\$647.74	\$630.38
Employee/Spouse	\$1,290.52	\$1,255.80
Employee/Child(ren)	\$1,097.69	\$1,068.17
Family	\$1,836.89	\$1,787.41
Rates - Westchester & Rockland		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



1/1/2020 - 3/1/2020 Summary of Benefits

	OSCAR Circle Silver In-Network	OSCAR Circle Plus Silver In-Network
Prescription Drugs		
Drug Card	20/60/50%/100 ded T2-3	20/60/50%/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$8,150/\$16,300	\$8,150/\$16,300
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$50	\$50
Specialist	\$80	\$80
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$80; 60 visits/cond/plan yr comb PT/OT/ST	\$80; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$80	\$80
Inpatient Services		
Inpatient Hospital	\$1,500/admit	\$1,500/admit
Inpatient Surgery	\$250	\$250
Maternity Delivery/Inpatient	\$1,500/admit	\$1,500/admit
Mental Health Inpatient	\$1,500/admit	\$1,500/admit
Substance Abuse Inpatient	\$1,500/admit	\$1,500/admit
Outpatient Services		
Outpatient Facility	\$500	\$500
Outpatient Surgery	\$250	\$250
Lab/X-Ray	\$80	\$80
Advanced Radiology	\$180	\$180
Mental Health Outpatient	\$50	\$50
Substance Abuse Outpatient	\$50	\$50
Emergency Care		
Emergency Room	\$750	\$750
Ambulance	\$750	\$750
Urgent Care	\$90	\$90
Recovery/Special Needs		
Home Health Care	\$80; 40 visits/plan yr	\$80; 40 visits/plan yr
Habilitation services	\$80; 60 visits/cond/plan yr comb PT/OT/ST	\$80; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	\$1,500/admit; 200 days/plan yr	\$1,500/admit; 200 days/plan yr
Durable Medical Equipment	20%	20%
Hospice Services	\$1500 ded waived	\$1500 ded waived
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$771.45	\$880.76
Employee/Spouse	\$1,537.95	\$1,756.58
Employee/Child(ren)	\$1,308.00	\$1,493.83
Family	\$2,189.49	\$2,501.02
Rates - Nassau & Suffolk		
Employee	\$771.45	\$880.76
Employee/Spouse	\$1,537.95	\$1,756.58
Employee/Child(ren)	\$1,308.00	\$1,493.83
Family	\$2,189.49	\$2,501.02
Rates - Westchester & Rockland		
Employee	\$771.45	\$880.76
Employee/Spouse	\$1,537.95	\$1,756.58
Employee/Child(ren)	\$1,308.00	\$1,493.83
Family	\$2,189.49	\$2,501.02
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



1/1/2020 - 3/1/2020 Summary of Benefits

	 Circle Silver 3000	 Circle Plus Silver 3000
	In-Network	In-Network
Prescription Drugs		
Drug Card	20/50/100/100 ded T2-3	20/50/100/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	\$3,000/\$6,000	\$3,000/\$6,000
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$8,150/\$16,300 (incl ded)
Co-Insurance	30%	30%
Lifetime Max	None	None
Office Visits		
Primary Care	\$40 ded waived	\$40 ded waived
Specialist	\$75 ded waived	\$75 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$75 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$75 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$75 ded waived	\$75 ded waived
Inpatient Services		
Inpatient Hospital	30% after ded	30% after ded
Inpatient Surgery	\$200 after ded	\$200 after ded
Maternity Delivery/Inpatient	30% after ded	30% after ded
Mental Health Inpatient	30% after ded	30% after ded
Substance Abuse Inpatient	30% after ded	30% after ded
Outpatient Services		
Outpatient Facility	\$500 after ded	\$500 after ded
Outpatient Surgery	\$200 after ded	\$200 after ded
Lab/X-Ray	Lab-\$75 ded waived; X-ray-\$100 ded waived	Lab-\$75 ded waived; X-ray-\$100 ded waived
Advanced Radiology	\$200 after ded	\$200 after ded
Mental Health Outpatient	\$40 ded waived	\$40 ded waived
Substance Abuse Outpatient	\$40 ded waived	\$40 ded waived
Emergency Care		
Emergency Room	30% after ded	30% after ded
Ambulance	30% after ded	30% after ded
Urgent Care	\$85 ded waived	\$85 ded waived
Recovery/Special Needs		
Home Health Care	\$75 ded waived; 40 visits/plan yr	\$75 ded waived; 40 visits/plan yr
Habilitation services	\$75 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$75 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	30% after ded; 200 days/plan yr	30% after ded; 200 days/plan yr
Durable Medical Equipment	30% after ded	30% after ded
Hospice Services	30% after ded; 210 days/plan yr	30% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$704.99	\$809.83
Employee/Spouse	\$1,405.03	\$1,614.72
Employee/Child(ren)	\$1,195.02	\$1,373.25
Family	\$2,000.07	\$2,298.87
Rates - Nassau & Suffolk		
Employee	\$704.99	\$809.83
Employee/Spouse	\$1,405.03	\$1,614.72
Employee/Child(ren)	\$1,195.02	\$1,373.25
Family	\$2,000.07	\$2,298.87
Rates - Westchester & Rockland		
Employee	\$704.99	\$809.83
Employee/Spouse	\$1,405.03	\$1,614.72
Employee/Child(ren)	\$1,195.02	\$1,373.25
Family	\$2,000.07	\$2,298.87
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



1/1/2020 - 3/1/2020 Summary of Benefits

	 Circle Silver 4500 In-Network	 Circle Plus Silver 4500 In-Network
Prescription Drugs		
Drug Card	10/50%/50% IntDed T2-3	10/50%/50% IntDed T2-3
Cost Share Information		
Individual/Family Deductible	\$4,500/\$9,000	\$4,500/\$9,000
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$8,150/\$16,300 (incl ded)
Co-Insurance	50%	50%
Lifetime Max	None	None
Office Visits		
Primary Care	\$40 ded waived	\$40 ded waived
Specialist	\$75 ded waived	\$75 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$60 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$60 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$60 ded waived	\$60 ded waived
Inpatient Services		
Inpatient Hospital	50% after ded	50% after ded
Inpatient Surgery	\$200 after ded	\$200 after ded
Maternity Delivery/Inpatient	50% after ded	50% after ded
Mental Health Inpatient	50% after ded	50% after ded
Substance Abuse Inpatient	50% after ded	50% after ded
Outpatient Services		
Outpatient Facility	\$500 after ded	\$500 after ded
Outpatient Surgery	\$200 after ded	\$200 after ded
Lab/X-Ray	Lab-\$75 ded waived; X-ray-\$100 after ded	Lab-\$75 ded waived; X-ray-\$100 after ded
Advanced Radiology	\$200 after ded	\$200 after ded
Mental Health Outpatient	\$40 ded waived	\$40 ded waived
Substance Abuse Outpatient	\$40 ded waived	\$40 ded waived
Emergency Care		
Emergency Room	50% after ded	50% after ded
Ambulance	50% after ded	50% after ded
Urgent Care	\$90 ded waived	\$90 ded waived
Recovery/Special Needs		
Home Health Care	\$75 ded waived; 40 visits/plan yr PT/OT/ST	\$75 ded waived; 40 visits/plan yr
Habilitation services	\$60 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$60 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	50% after ded; 200 days/plan yr	50% after ded; 200 days/plan yr
Durable Medical Equipment	50% after ded	50% after ded
Hospice Services	50% after ded; 210 days/plan yr	50% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$659.32	\$765.06
Employee/Spouse	\$1,313.69	\$1,525.17
Employee/Child(ren)	\$1,117.38	\$1,297.14
Family	\$1,869.91	\$2,171.26
Rates - Nassau & Suffolk		
Employee	\$659.32	\$765.06
Employee/Spouse	\$1,313.69	\$1,525.17
Employee/Child(ren)	\$1,117.38	\$1,297.14
Family	\$1,869.91	\$2,171.26
Rates - Westchester & Rockland		
Employee	\$659.32	\$765.06
Employee/Spouse	\$1,313.69	\$1,525.17
Employee/Child(ren)	\$1,117.38	\$1,297.14
Family	\$1,869.91	\$2,171.26
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





1/1/2020 - 3/1/2020 Summary of Benefits

	OSCAR Circle Silver HSA 3000	OSCAR Circle Plus Silver HSA 3000
	In-Network	In-Network
Prescription Drugs		
Drug Card	30%/30%/30% IntDed	30%/30%/30% IntDed
Cost Share Information		
Individual/Family Deductible	\$3,000/\$6,000	\$3,000/\$6,000
Individual/Family OOP Limit	\$6,750/\$13,500 (incl ded)	\$6,750/\$13,500 (incl ded)
Co-Insurance	30%	30%
Lifetime Max	None	None
Office Visits		
Primary Care	30% after ded	30% after ded
Specialist	30% after ded	30% after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	30% after ded; 60 visits/cond/plan yr comb PT/OT/ST	30% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	30% after ded	30% after ded
Inpatient Services		
Inpatient Hospital	30% after ded	30% after ded
Inpatient Surgery	30% after ded	30% after ded
Maternity Delivery/Inpatient	30% after ded	30% after ded
Mental Health Inpatient	30% after ded	30% after ded
Substance Abuse Inpatient	30% after ded	30% after ded
Outpatient Services		
Outpatient Facility	30% after ded	30% after ded
Outpatient Surgery	30% after ded	30% after ded
Lab/X-Ray	30% after ded	30% after ded
Advanced Radiology	30% after ded	30% after ded
Mental Health Outpatient	30% after ded	30% after ded
Substance Abuse Outpatient	30% after ded	30% after ded
Emergency Care		
Emergency Room	30% after ded	30% after ded
Ambulance	30% after ded	30% after ded
Urgent Care	30% after ded	30% after ded
Recovery/Special Needs		
Home Health Care	30% after ded; 40 visits/plan yr	30% after ded; 40 visits/plan yr
Habilitation services	30% after ded; 60 visits/cond/plan yr comb PT/OT/ST	30% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	30% after ded; 200 days/plan yr	30% after ded; 200 days/plan yr
Durable Medical Equipment	30% after ded	30% after ded
Hospice Services	30% after ded; 210 days/plan yr	30% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$648.24	\$746.92
Employee/Spouse	\$1,291.54	\$1,488.89
Employee/Child(ren)	\$1,098.55	\$1,266.30
Family	\$1,838.34	\$2,119.56
Rates - Nassau & Suffolk		
Employee	\$648.24	\$746.92
Employee/Spouse	\$1,291.54	\$1,488.89
Employee/Child(ren)	\$1,098.55	\$1,266.30
Family	\$1,838.34	\$2,119.56
Rates - Westchester & Rockland		
Employee	\$648.24	\$746.92
Employee/Spouse	\$1,291.54	\$1,488.89
Employee/Child(ren)	\$1,098.55	\$1,266.30
Family	\$1,838.34	\$2,119.56
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





1/1/2020 - 3/1/2020 Summary of Benefits

	 Metro Silver EPO 50/100 ZD	 Liberty Silver EPO 40/70
	In-Network	In-Network
Prescription Drugs		
Drug Card	15/65/90/100 ded T2-3	15/45/75/200 ded T2-3
Cost Share Information		
Individual/Family Deductible	N/A	\$2,500/\$5,000
Individual/Family OOP Limit	\$8,150/\$16,300	\$8,150/\$16,300 (incl ded)
Co-Insurance	0%	35%
Lifetime Max	None	None
Office Visits		
Primary Care	\$50	\$40 ded waived
Specialist	\$100	\$70 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$100; 60 visits/cal yr comb PT/OT/ST	\$70 ded waived; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	\$1,000/admit	35% after ded
Inpatient Surgery	\$500	35% after ded
Maternity Delivery/Inpatient	\$1,000/admit	35% after ded
Mental Health Inpatient	\$1,000/admit	35% after ded
Substance Abuse Inpatient	Rehab-\$1,000/admit	Rehab-35% after ded
Outpatient Services		
Outpatient Facility	Hosp-\$700; FS-\$400	35% after ded
Outpatient Surgery	Hosp-\$350; FS-\$200	35% after ded
Lab/X-Ray	Lab-\$20; X-ray-\$100	Lab-\$25 ded waived; X-ray-35% after ded
Advanced Radiology	\$200	35% after ded
Mental Health Outpatient	\$100	\$70 ded waived
Substance Abuse Outpatient	Rehab-\$100	Rehab-\$70 ded waived
Emergency Care		
Emergency Room	\$1000	50% after ded
Ambulance	No charge	No charge
Urgent Care	\$100	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$100; 40 visits/cal yr	\$70 ded waived; 40 visits/cal yr
Habilitation services	\$100; 60 visits/cal yr comb PT/OT/ST	\$70 ded waived; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	\$1,000/admit; 200 days/cal yr	35% after ded; 200 days/cal yr
Durable Medical Equipment	No charge	35% after ded
Hospice Services	\$1,000/admit	35% after ded
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$787.60	\$789.45
Employee/Spouse	\$1,570.24	\$1,573.94
Employee/Child(ren)	\$1,335.45	\$1,338.59
Family	\$2,235.49	\$2,240.76
Rates - Nassau & Suffolk		
Employee	\$787.60	\$789.45
Employee/Spouse	\$1,570.24	\$1,573.94
Employee/Child(ren)	\$1,335.45	\$1,338.59
Family	\$2,235.49	\$2,240.76
Rates - Westchester & Rockland		
Employee	\$787.60	\$789.45
Employee/Spouse	\$1,570.24	\$1,573.94
Employee/Child(ren)	\$1,335.45	\$1,338.59
Family	\$2,235.49	\$2,240.76
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$866.73	\$868.76
Employee/Spouse	\$1,728.51	\$1,732.58
Employee/Child(ren)	\$1,469.98	\$1,473.44
Family	\$2,461.02	\$2,466.82

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





1/1/2020 - 3/1/2020 Summary of Benefits

	 Liberty Silver EPO 25/50 G	 Metro Silver EPO 30/80 G
	In-Network	In-Network
Prescription Drugs		
Drug Card	15/65/85/100 ded T2-3	10/65/90/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	\$3,500/\$7,000	\$3,000/\$6,000
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$8,150/\$16,300 (incl ded)
Co-Insurance	50%	30%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25 ded waived	\$30 ded waived
Specialist	\$50 ded waived	\$80 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$50 ded waived; 60 visits/cal yr comb PT/OT/ST	\$80 ded waived; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	50% after ded	30% after ded
Inpatient Surgery	50% after ded	30% after ded
Maternity Delivery/Inpatient	50% after ded	30% after ded
Mental Health Inpatient	50% after ded	30% after ded
Substance Abuse Inpatient	Rehab-50% after ded	Rehab-30% after ded
Outpatient Services		
Outpatient Facility	50% after ded	30% after ded
Outpatient Surgery	50% after ded	30% after ded
Lab/X-Ray	Lab-\$15 ded waived; X-ray-50% after ded	Lab-\$20 ded waived; X-ray-30% after ded
Advanced Radiology	50% after ded	30% after ded
Mental Health Outpatient	\$50 ded waived	\$80 ded waived
Substance Abuse Outpatient	Rehab-\$50 ded waived	Rehab-\$80 ded waived
Emergency Care		
Emergency Room	50% after ded	50% after ded
Ambulance	No charge	No charge
Urgent Care	\$80 ded waived	\$80 ded waived
Recovery/Special Needs		
Home Health Care	\$50 ded waived; 40 visits/cal yr	\$80 ded waived; 40 visits/cal yr
Habilitation services	\$50 ded waived; 60 visits/cal yr comb PT/OT/ST	\$80 ded waived; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	50% after ded; 200 days/cal yr	30% after ded; 200 days/cal yr
Durable Medical Equipment	50% after ded	30% after ded
Hospice Services	50% after ded	30% after ded
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$755.96	\$661.44
Employee/Spouse	\$1,506.97	\$1,317.93
Employee/Child(ren)	\$1,281.67	\$1,120.98
Family	\$2,145.33	\$1,875.95
Rates - Nassau & Suffolk		
Employee	\$755.96	\$661.44
Employee/Spouse	\$1,506.97	\$1,317.93
Employee/Child(ren)	\$1,281.67	\$1,120.98
Family	\$2,145.33	\$1,875.95
Rates - Westchester & Rockland		
Employee	\$755.96	\$661.44
Employee/Spouse	\$1,506.97	\$1,317.93
Employee/Child(ren)	\$1,281.67	\$1,120.98
Family	\$2,145.33	\$1,875.95
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$831.89	\$727.81
Employee/Spouse	\$1,658.81	\$1,450.68
Employee/Child(ren)	\$1,410.74	\$1,233.82
Family	\$2,361.70	\$2,065.12

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



1/1/2020 - 3/1/2020 Summary of Benefits

	 EmblemHealth[®] Prime Bronze HSA	 EmblemHealth[®] Select Care Bronze Premier
	In-Network	In-Network
Prescription Drugs		
Drug Card	15/65/80 IntDed	25/50%/50% IntDed
Cost Share Information		
Individual/Family Deductible	\$6,300/\$12,600	\$4,600/\$9,200
Individual/Family OOP Limit	\$6,900/\$13,800 (incl ded)	\$7,900/\$15,800 (incl ded)
Co-Insurance	50%	50%
Lifetime Max	None	None
Office Visits		
Primary Care	50% after ded	No charge visits 1-3; \$40 after ded visits 4+
Specialist	50% after ded	\$70 after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	50% after ded; pre-auth req	50% after ded; pre-auth req
Inpatient Surgery	50% after ded; pre-auth req	50% after ded; pre-auth req
Maternity Delivery/Inpatient	50% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Inpatient	50% after ded; pre-auth req	50% after ded; pre-auth req
Substance Abuse Inpatient	50% after ded; pre-auth req	50% after ded; pre-auth req
Outpatient Services		
Outpatient Facility	50% after ded; pre-auth req	50% after ded; pre-auth req
Outpatient Surgery	50% after ded; pre-auth req	50% after ded; pre-auth req
Lab/X-Ray	50% after ded; pre-auth req	Lab-\$40/\$70 after ded (PCP/SP); X-ray-50% after ded; pre-auth req
Advanced Radiology	50% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Outpatient	50% after ded	\$40 after ded
Substance Abuse Outpatient	50% after ded	\$40 after ded
Emergency Care		
Emergency Room	50% after ded	50% after ded
Ambulance	50% after ded	50% after ded
Urgent Care	\$75 after ded	\$75 ded waived
Recovery/Special Needs		
Home Health Care	50% after ded; 40 visits/plan yr; pre-auth req	50% after ded; 40 visits/plan yr; pre-auth req
Habilitation services	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Skilled Nursing	50% after ded; 200 days/plan yr; pre-auth req	50% after ded; 200 days/plan yr; pre-auth req
Durable Medical Equipment	50% after ded; pre-auth req	50% after ded; pre-auth req
Hospice Services	50% after ded IP; 210 days/plan yr; pre-auth req	50% after ded IP; 210 days/plan yr; pre-auth req
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$638.41	\$593.94
Employee/Spouse	\$1,271.88	\$1,182.93
Employee/Child(ren)	\$1,081.84	\$1,006.23
Family	\$1,810.32	\$1,683.57
Rates - Nassau & Suffolk		
Employee	\$725.51	\$674.91
Employee/Spouse	\$1,446.06	\$1,344.87
Employee/Child(ren)	\$1,229.90	\$1,143.89
Family	\$2,058.54	\$1,914.34
Rates - Westchester & Rockland		
Employee	\$638.41	\$593.94
Employee/Spouse	\$1,271.88	\$1,182.93
Employee/Child(ren)	\$1,081.84	\$1,006.23
Family	\$1,810.32	\$1,683.57
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$764.32	\$711.01
Employee/Spouse	\$1,523.69	\$1,417.07
Employee/Child(ren)	\$1,295.88	\$1,205.25
Family	\$2,169.15	\$2,017.22

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





1/1/2020 - 3/1/2020 Summary of Benefits

	 EmblemHealth[®] Select Care Bronze Value	 EmblemHealth[®] Millennium Bronze Premier G
	In-Network	In-Network
Prescription Drugs		
Drug Card	35/0%/0% IntDed T2-3	25/50%/50% IntDed
Cost Share Information		
Individual/Family Deductible	\$8,150/\$16,300	\$4,600/\$9,200
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$7,900/\$15,800 (incl ded)
Co-Insurance	0%	50%
Lifetime Max	None	None
Office Visits		
Primary Care	No charge visits 1-3; 0% after ded visits 4+	No charge visits 1-3; \$40 after ded visits 4+
Specialist	0% after ded	\$70 after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	0% after ded; pre-auth req	50% after ded; pre-auth req
Inpatient Surgery	0% after ded; pre-auth req	50% after ded; pre-auth req
Maternity Delivery/Inpatient	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
Outpatient Surgery	0% after ded; pre-auth req	50% after ded; pre-auth req
Lab/X-Ray	0% after ded; pre-auth req	Lab-\$40/\$70 after ded (PCP/SP); X-ray-50% after ded; pre-auth req
Advanced Radiology	0% after ded; pre-auth req	50% after ded; pre-auth req
Mental Health Outpatient	0% after ded	\$40 after ded
Substance Abuse Outpatient	0% after ded	\$40 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
Habilitation services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST; 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
Hospice Services	0% after ded IP; 210 days/plan yr; pre-auth req	50% after ded IP; 210 days/plan yr; pre-auth req
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$567.47	\$553.48
Employee/Spouse	\$1,130.00	\$1,102.01
Employee/Child(ren)	\$961.24	\$937.45
Family	\$1,608.14	\$1,568.26
Rates - Nassau & Suffolk		
Employee	\$644.82	\$628.89
Employee/Spouse	\$1,284.70	\$1,252.84
Employee/Child(ren)	\$1,092.74	\$1,065.65
Family	\$1,828.58	\$1,783.20
Rates - Westchester & Rockland		
Employee	\$567.47	\$553.48
Employee/Spouse	\$1,130.00	\$1,102.01
Employee/Child(ren)	\$961.24	\$937.45
Family	\$1,608.14	\$1,568.26
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$679.28	N/A
Employee/Spouse	\$1,353.62	N/A
Employee/Child(ren)	\$1,151.32	N/A
Family	\$1,926.80	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





1/1/2020 - 3/1/2020 Summary of Benefits

	 EmblemHealth Millennium Bronze Value G	 healthfirst Bronze Pro EPO HSA
	In-Network	In-Network
Prescription Drugs		
Drug Card	35/0%/0% IntDed T2-3	20%/20%/20% IntDed
Cost Share Information		
Individual/Family Deductible	\$8,150/\$16,300	\$4,500/\$9,000
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$6,750/\$13,500 (incl ded)
Co-Insurance	0%	20%
Lifetime Max	None	None
Office Visits		
Primary Care	No charge visits 1-3; 0% after ded visits 4+	20% after ded
Specialist	0% after ded	20% after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	20% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	Covered; See brochure	20% after ded
Inpatient Services		
Inpatient Hospital	0% after ded; pre-auth req	20% after ded
Inpatient Surgery	0% after ded; pre-auth req	20% after ded
Maternity Delivery/Inpatient	0% after ded; pre-auth req	20% after ded
Mental Health Inpatient	0% after ded; pre-auth req	20% after ded
Substance Abuse Inpatient	0% after ded; pre-auth req	20% after ded
Outpatient Services		
Outpatient Facility	0% after ded; pre-auth req	20% after ded
Outpatient Surgery	0% after ded; pre-auth req	20% after ded
Lab/X-Ray	0% after ded; pre-auth req	20% after ded
Advanced Radiology	0% after ded; pre-auth req	20% after ded
Mental Health Outpatient	0% after ded	20% after ded
Substance Abuse Outpatient	0% after ded	20% after ded
Emergency Care		
Emergency Room	0% after ded	20% after ded
Ambulance	0% after ded	20% after ded
Urgent Care	\$75 ded waived	20% after ded
Recovery/Special Needs		
Home Health Care	0% after ded; 40 visits/plan yr; pre-auth req	20% after ded; 40 visits/plan yr
Habilitation services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	20% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	0% after ded; 200 days/plan yr; pre-auth req	20% after ded; 200 days/plan yr
Durable Medical Equipment	0% after ded; pre-auth req	20% after ded
Hospice Services	0% after ded IP; 210 days/plan yr; pre-auth req	20% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$528.61	\$542.37
Employee/Spouse	\$1,052.27	\$1,079.78
Employee/Child(ren)	\$895.17	\$918.56
Family	\$1,497.38	\$1,536.59
Rates - Nassau & Suffolk		
Employee	\$600.61	\$542.37
Employee/Spouse	\$1,196.26	\$1,079.78
Employee/Child(ren)	\$1,017.57	\$918.56
Family	\$1,702.57	\$1,536.59
Rates - Westchester & Rockland		
Employee	\$528.61	N/A
Employee/Spouse	\$1,052.27	N/A
Employee/Child(ren)	\$895.17	N/A
Family	\$1,497.38	N/A
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.





1/1/2020 - 3/1/2020 Summary of Benefits

	 Bronze 6650 Pro EPO HSA	 Bronze 8150 Pro EPO
	In-Network	In-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed	0%/0%/0% IntDed
Cost Share Information		
Individual/Family Deductible	\$6,650/\$13,300	\$8,150/\$16,300
Individual/Family OOP Limit	\$6,650/\$13,300 (incl ded)	\$8,150/\$16,300 (incl ded)
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	0% after ded	0% after ded
Specialist	0% after ded	0% after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	0% after ded	0% after ded
Inpatient Services		
Inpatient Hospital	0% after ded	0% after ded
Inpatient Surgery	0% after ded	0% after ded
Maternity Delivery/Inpatient	0% after ded	0% after ded
Mental Health Inpatient	0% after ded	0% after ded
Substance Abuse Inpatient	0% after ded	0% after ded
Outpatient Services		
Outpatient Facility	0% after ded	0% after ded
Outpatient Surgery	0% after ded	0% after ded
Lab/X-Ray	0% after ded	0% after ded
Advanced Radiology	0% after ded	0% after ded
Mental Health Outpatient	0% after ded	0% after ded
Substance Abuse Outpatient	0% after ded	0% after ded
Emergency Care		
Emergency Room	0% after ded	0% after ded
Ambulance	0% after ded	0% after ded
Urgent Care	0% after ded	0% after ded
Recovery/Special Needs		
Home Health Care	0% after ded; 40 visits/plan yr	0% after ded; 40 visits/plan yr
Habilitation services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	0% after ded; 200 days/plan yr	0% after ded; 200 days/plan yr
Durable Medical Equipment	0% after ded	0% after ded
Hospice Services	0% after ded; 210 days/plan yr	0% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$513.88	\$495.15
Employee/Spouse	\$1,022.82	\$985.34
Employee/Child(ren)	\$870.13	\$838.29
Family	\$1,455.41	\$1,402.00
Rates - Nassau & Suffolk		
Employee	\$513.88	\$495.15
Employee/Spouse	\$1,022.82	\$985.34
Employee/Child(ren)	\$870.13	\$838.29
Family	\$1,455.41	\$1,402.00
Rates - Westchester & Rockland		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



1/1/2020 - 3/1/2020 Summary of Benefits

	 Circle Bronze 4500 In-Network	 Circle Plus Bronze 4500 In-Network
Prescription Drugs		
Drug Card	20/50/100 IntDed	20/50/100 IntDed
Cost Share Information		
Individual/Family Deductible	\$4,500/\$9,000	\$4,500/\$9,000
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$8,150/\$16,300 (incl ded)
Co-Insurance	50%	50%
Lifetime Max	None	None
Office Visits		
Primary Care	50% after ded	50% after ded
Specialist	50% after ded	50% after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	50% after ded	50% after ded
Inpatient Services		
Inpatient Hospital	50% after ded	50% after ded
Inpatient Surgery	50% after ded	50% after ded
Maternity Delivery/Inpatient	50% after ded	50% after ded
Mental Health Inpatient	50% after ded	50% after ded
Substance Abuse Inpatient	50% after ded	50% after ded
Outpatient Services		
Outpatient Facility	50% after ded	50% after ded
Outpatient Surgery	50% after ded	50% after ded
Lab/X-Ray	50% after ded	50% after ded
Advanced Radiology	50% after ded	50% after ded
Mental Health Outpatient	50% after ded	50% after ded
Substance Abuse Outpatient	50% after ded	50% after ded
Emergency Care		
Emergency Room	50% after ded	50% after ded
Ambulance	50% after ded	50% after ded
Urgent Care	\$75 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	50% after ded; 40 visits/plan yr	50% after ded; 40 visits/plan yr
Habilitation services	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	50% after ded; 200 days/plan yr	50% after ded; 200 days/plan yr
Durable Medical Equipment	50% after ded	50% after ded
Hospice Services	50% after ded; 210 days/plan yr	50% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$577.30	\$668.68
Employee/Spouse	\$1,149.65	\$1,332.40
Employee/Child(ren)	\$977.95	\$1,133.29
Family	\$1,636.15	\$1,896.57
Rates - Nassau & Suffolk		
Employee	\$577.30	\$668.68
Employee/Spouse	\$1,149.65	\$1,332.40
Employee/Child(ren)	\$977.95	\$1,133.29
Family	\$1,636.15	\$1,896.57
Rates - Westchester & Rockland		
Employee	\$577.30	\$668.68
Employee/Spouse	\$1,149.65	\$1,332.40
Employee/Child(ren)	\$977.95	\$1,133.29
Family	\$1,636.15	\$1,896.57
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



1/1/2020 - 3/1/2020 Summary of Benefits

	oscar Circle Bronze 8150 In-Network	oscar Circle Plus Bronze 8150 In-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed	0%/0%/0% IntDed
Cost Share Information		
Individual/Family Deductible	\$8,150/\$16,300	\$8,150/\$16,300
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)	\$8,150/\$16,300 (incl ded)
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	0% after ded	0% after ded
Specialist	0% after ded	0% after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	0% after ded	0% after ded
Inpatient Services		
Inpatient Hospital	0% after ded	0% after ded
Inpatient Surgery	0% after ded	0% after ded
Maternity Delivery/Inpatient	0% after ded	0% after ded
Mental Health Inpatient	0% after ded	0% after ded
Substance Abuse Inpatient	0% after ded	0% after ded
Outpatient Services		
Outpatient Facility	0% after ded	0% after ded
Outpatient Surgery	0% after ded	0% after ded
Lab/X-Ray	0% after ded	0% after ded
Advanced Radiology	0% after ded	0% after ded
Mental Health Outpatient	0% after ded	0% after ded
Substance Abuse Outpatient	0% after ded	0% after ded
Emergency Care		
Emergency Room	0% after ded	0% after ded
Ambulance	0% after ded	0% after ded
Urgent Care	0% after ded	0% after ded
Recovery/Special Needs		
Home Health Care	0% after ded; 40 visits/plan yr	0% after ded; 40 visits/plan yr
Habilitation services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	0% after ded; 200 days/plan yr	0% after ded; 200 days/plan yr
Durable Medical Equipment	0% after ded	0% after ded
Hospice Services	0% after ded; 210 days/plan yr	0% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$552.23	\$640.75
Employee/Spouse	\$1,099.51	\$1,276.55
Employee/Child(ren)	\$935.32	\$1,085.80
Family	\$1,564.70	\$1,816.97
Rates - Nassau & Suffolk		
Employee	\$552.23	\$640.75
Employee/Spouse	\$1,099.51	\$1,276.55
Employee/Child(ren)	\$935.32	\$1,085.80
Family	\$1,564.70	\$1,816.97
Rates - Westchester & Rockland		
Employee	\$552.23	\$640.75
Employee/Spouse	\$1,099.51	\$1,276.55
Employee/Child(ren)	\$935.32	\$1,085.80
Family	\$1,564.70	\$1,816.97
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



1/1/2020 - 3/1/2020 Summary of Benefits

	 Circle Bronze HSA 6750 In-Network	 Circle Plus Bronze HSA 6750 In-Network
Prescription Drugs		
Drug Card	0%/0%/0% IntDed	0%/0%/0% IntDed
Cost Share Information		
Individual/Family Deductible	\$6,750/\$13,500	\$6,750/\$13,500
Individual/Family OOP Limit	\$6,750/\$13,500 (incl ded)	\$6,750/\$13,500 (incl ded)
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	0% after ded	0% after ded
Specialist	0% after ded	0% after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	0% after ded	0% after ded
Inpatient Services		
Inpatient Hospital	0% after ded	0% after ded
Inpatient Surgery	0% after ded	0% after ded
Maternity Delivery/Inpatient	0% after ded	0% after ded
Mental Health Inpatient	0% after ded	0% after ded
Substance Abuse Inpatient	0% after ded	0% after ded
Outpatient Services		
Outpatient Facility	0% after ded	0% after ded
Outpatient Surgery	0% after ded	0% after ded
Lab/X-Ray	0% after ded	0% after ded
Advanced Radiology	0% after ded	0% after ded
Mental Health Outpatient	0% after ded	0% after ded
Substance Abuse Outpatient	0% after ded	0% after ded
Emergency Care		
Emergency Room	0% after ded	0% after ded
Ambulance	0% after ded	0% after ded
Urgent Care	0% after ded	0% after ded
Recovery/Special Needs		
Home Health Care	0% after ded; 40 visits/plan yr	0% after ded; 40 visits/plan yr
Habilitation services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	0% after ded; 200 days/plan yr	0% after ded; 200 days/plan yr
Durable Medical Equipment	0% after ded	0% after ded
Hospice Services	0% after ded; 210 days/plan yr	0% after ded; 210 days/plan yr
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$589.31	\$680.81
Employee/Spouse	\$1,173.68	\$1,356.68
Employee/Child(ren)	\$998.37	\$1,153.91
Family	\$1,670.39	\$1,931.16
Rates - Nassau & Suffolk		
Employee	\$589.31	\$680.81
Employee/Spouse	\$1,173.68	\$1,356.68
Employee/Child(ren)	\$998.37	\$1,153.91
Family	\$1,670.39	\$1,931.16
Rates - Westchester & Rockland		
Employee	\$589.31	\$680.81
Employee/Spouse	\$1,173.68	\$1,356.68
Employee/Child(ren)	\$998.37	\$1,153.91
Family	\$1,670.39	\$1,931.16
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.



1/1/2020 - 3/1/2020 Summary of Benefits

	 Liberty Bronze EPO HSA 4000 In-Network	 Metro Bronze EPO HSA 6750 G In-Network
Prescription Drugs		
Drug Card	30%/30%/30% IntDed	0%/0%/0% IntDed
Cost Share Information		
Individual/Family Deductible	\$4,000/\$8,000	\$6,750/\$13,500
Individual/Family OOP Limit	\$6,750/\$13,500 (incl ded)	\$6,750/\$13,500 (incl ded)
Co-Insurance	30%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25 after ded	0% after ded
Specialist	\$75 after ded	0% after ded
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$75 after ded; 60 visits/cal yr comb PT/OT/ST	0% after ded; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	30% after ded	0% after ded
Inpatient Surgery	30% after ded	0% after ded
Maternity Delivery/Inpatient	30% after ded	0% after ded
Mental Health Inpatient	30% after ded	0% after ded
Substance Abuse Inpatient	Rehab-30% after ded	Rehab-0% after ded
Outpatient Services		
Outpatient Facility	30% after ded	0% after ded
Outpatient Surgery	30% after ded	0% after ded
Lab/X-Ray	30% after ded	0% after ded
Advanced Radiology	30% after ded	0% after ded
Mental Health Outpatient	\$75 after ded	0% after ded
Substance Abuse Outpatient	Rehab-\$75 after ded	Rehab-0% after ded
Emergency Care		
Emergency Room	30% after ded	0% after ded
Ambulance	30% after ded	0% after ded
Urgent Care	30% after ded	0% after ded
Recovery/Special Needs		
Home Health Care	\$75 after ded; 40 visits/cal yr	0% after ded; 40 visits/cal yr
Habilitation services	\$75 after ded; 60 visits/cal yr comb PT/OT/ST	0% after ded; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	30% after ded; 200 days/cal yr	0% after ded; 200 days/cal yr
Durable Medical Equipment	30% after ded	0% after ded
Hospice Services	30% after ded	0% after ded
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$680.85	\$554.62
Employee/Spouse	\$1,356.76	\$1,104.29
Employee/Child(ren)	\$1,153.98	\$939.40
Family	\$1,931.27	\$1,571.51
Rates - Nassau & Suffolk		
Employee	\$680.85	\$554.62
Employee/Spouse	\$1,356.76	\$1,104.29
Employee/Child(ren)	\$1,153.98	\$939.40
Family	\$1,931.27	\$1,571.51
Rates - Westchester & Rockland		
Employee	\$680.85	\$554.62
Employee/Spouse	\$1,356.76	\$1,104.29
Employee/Child(ren)	\$1,153.98	\$939.40
Family	\$1,931.27	\$1,571.51
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$749.19	\$610.20
Employee/Spouse	\$1,493.44	\$1,215.45
Employee/Child(ren)	\$1,270.17	\$1,033.87
Family	\$2,126.05	\$1,729.90

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.