





7/1/2020 - 9/1/2020 Summary of Benefits

| | | EmblemHealth[®] |
|---|---|--|
| | | Prime Platinum POS |
| | In-Network | Out-of-Network Reimbursed at 80% of FAIR Health |
| 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 | | \$1,183.40 |
| Employee/Spouse | | \$2,361.87 |
| Employee/Child(ren) | | \$2,008.33 |
| Family | | \$3,363.56 |
| Rates - Nassau & Suffolk | | |
| Employee | | \$1,345.44 |
| Employee/Spouse | | \$2,685.92 |
| Employee/Child(ren) | | \$2,283.77 |
| Family | | \$3,825.33 |
| Rates - Westchester & Rockland | | |
| Employee | | \$1,183.40 |
| Employee/Spouse | | \$2,361.87 |
| Employee/Child(ren) | | \$2,008.33 |
| Family | | \$3,363.56 |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | |
| Employee | | \$1,417.65 |
| Employee/Spouse | | \$2,830.35 |
| Employee/Child(ren) | | \$2,406.53 |
| Family | | \$4,031.13 |

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





7/1/2020 - 9/1/2020 Summary of Benefits

| |  EmblemHealth® Prime Platinum Premier In-Network |  EmblemHealth® Select Care Platinum Premier 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 | 1,123.58 | 1,030.56 |
| Employee/Spouse | 2,242.20 | 2,056.18 |
| Employee/Child(ren) | 1,906.61 | 1,748.50 |
| Family | 3,193.03 | 2,927.96 |
| Rates - Nassau & Suffolk | | |
| Employee | 1,277.37 | 1,171.57 |
| Employee/Spouse | 2,549.80 | 2,338.20 |
| Employee/Child(ren) | 2,168.07 | 1,988.21 |
| Family | 3,631.36 | 3,329.83 |
| Rates - Westchester & Rockland | | |
| Employee | 1,123.58 | 1,030.56 |
| Employee/Spouse | 2,242.20 | 2,056.18 |
| Employee/Child(ren) | 1,906.61 | 1,748.50 |
| Family | 3,193.03 | 2,927.96 |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | |
| Employee | 1,345.92 | 1,234.42 |
| Employee/Spouse | 2,686.90 | 2,463.89 |
| Employee/Child(ren) | 2,284.61 | 2,095.05 |
| Family | 3,826.73 | 3,508.94 |

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



7/1/2020 - 9/1/2020 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 | \$912.41 | \$1,043.98 |
| Employee/Spouse | \$1,819.88 | \$2,083.01 |
| Employee/Child(ren) | \$1,547.64 | \$1,771.30 |
| Family | \$2,591.23 | \$2,966.19 |
| Rates - Nassau & Suffolk | | |
| Employee | \$912.41 | \$1,043.98 |
| Employee/Spouse | \$1,819.88 | \$2,083.01 |
| Employee/Child(ren) | \$1,547.64 | \$1,771.30 |
| Family | \$2,591.23 | \$2,966.19 |
| Rates - Westchester & Rockland | | |
| Employee | N/A | \$1,043.98 |
| Employee/Spouse | N/A | \$2,083.01 |
| Employee/Child(ren) | N/A | \$1,771.30 |
| Family | N/A | \$2,966.19 |
| 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.





7/1/2020 - 9/1/2020 Summary of Benefits

| | Circle Plus Platinum 2 | Circle Platinum 1 |
|---|--|--|
| | In-Network | 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 | \$1,159.93 | \$1,012.34 |
| Employee/Spouse | \$2,314.91 | \$2,019.73 |
| Employee/Child(ren) | \$1,968.42 | \$1,717.51 |
| Family | \$3,296.65 | \$2,876.01 |
| Rates - Nassau & Suffolk | | |
| Employee | \$1,159.93 | \$1,012.34 |
| Employee/Spouse | \$2,314.91 | \$2,019.73 |
| Employee/Child(ren) | \$1,968.42 | \$1,717.51 |
| Family | \$3,296.65 | \$2,876.01 |
| Rates - Westchester & Rockland | | |
| Employee | \$1,159.93 | \$1,012.34 |
| Employee/Spouse | \$2,314.91 | \$2,019.73 |
| Employee/Child(ren) | \$1,968.42 | \$1,717.51 |
| Family | \$3,296.65 | \$2,876.01 |
| 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.



7/1/2020 - 9/1/2020 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 | \$1,131.30 | \$1,114.00 |
| Employee/Spouse | \$2,257.66 | \$2,223.03 |
| Employee/Child(ren) | \$1,919.75 | \$1,890.32 |
| Family | \$3,215.06 | \$3,165.72 |
| Rates - Nassau & Suffolk | | |
| Employee | \$1,131.30 | \$1,114.00 |
| Employee/Spouse | \$2,257.66 | \$2,223.03 |
| Employee/Child(ren) | \$1,919.75 | \$1,890.32 |
| Family | \$3,215.06 | \$3,165.72 |
| Rates - Westchester & Rockland | | |
| Employee | \$1,131.30 | \$1,114.00 |
| Employee/Spouse | \$2,257.66 | \$2,223.03 |
| Employee/Child(ren) | \$1,919.75 | \$1,890.32 |
| Family | \$3,215.06 | \$3,165.72 |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | |
| Employee | N/A | \$1,226.12 |
| Employee/Spouse | N/A | \$2,447.28 |
| Employee/Child(ren) | N/A | \$2,080.93 |
| Family | N/A | \$3,485.27 |

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





7/1/2020 - 9/1/2020 Summary of Benefits

| | | EmblemHealth EmblemHealth Prime Gold POS | |
|---|---|---|--|
| | | In-Network | Out-of-Network Reimbursed at 80% of FAIR Health |
| 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 | \$977.29 | | |
| Employee/Spouse | \$1,949.63 | | |
| Employee/Child(ren) | \$1,657.93 | | |
| Family | \$2,776.12 | | |
| Rates - Nassau & Suffolk | | | |
| Employee | \$1,110.98 | | |
| Employee/Spouse | \$2,216.99 | | |
| Employee/Child(ren) | \$1,885.18 | | |
| Family | \$3,157.13 | | |
| Rates - Westchester & Rockland | | | |
| Employee | \$977.29 | | |
| Employee/Spouse | \$1,949.63 | | |
| Employee/Child(ren) | \$1,657.93 | | |
| Family | \$2,776.12 | | |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | | |
| Employee | \$1,170.55 | | |
| Employee/Spouse | \$2,336.16 | | |
| Employee/Child(ren) | \$1,986.47 | | |
| Family | \$3,326.91 | | |

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



7/1/2020 - 9/1/2020 Summary of Benefits

| |  EmblemHealth[®] Prime Gold Premier |  EmblemHealth[®] Select Care Gold Premier |
|---|--|--|
| | In-Network | 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 | \$919.35 | \$843.53 |
| Employee/Spouse | \$1,833.75 | \$1,682.14 |
| Employee/Child(ren) | \$1,559.43 | \$1,430.56 |
| Family | \$2,610.99 | \$2,394.94 |
| Rates - Nassau & Suffolk | | |
| Employee | \$1,045.07 | \$958.85 |
| Employee/Spouse | \$2,085.20 | \$1,912.74 |
| Employee/Child(ren) | \$1,773.15 | \$1,626.57 |
| Family | \$2,969.31 | \$2,723.55 |
| Rates - Westchester & Rockland | | |
| Employee | \$919.35 | \$843.53 |
| Employee/Spouse | \$1,833.75 | \$1,682.14 |
| Employee/Child(ren) | \$1,559.43 | \$1,430.56 |
| Family | \$2,610.99 | \$2,394.94 |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | |
| Employee | \$1,101.11 | \$1,010.23 |
| Employee/Spouse | \$2,197.27 | \$2,015.51 |
| Employee/Child(ren) | \$1,868.43 | \$1,713.92 |
| Family | \$3,129.00 | \$2,869.99 |

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



7/1/2020 - 9/1/2020 Summary of Benefits

| |  Gold Pro EPO In-Network |  Gold 25/50/0 Pro EPO 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 | \$777.14 | \$746.26 |
| Employee/Spouse | \$1,549.33 | \$1,487.57 |
| Employee/Child(ren) | \$1,317.68 | \$1,265.18 |
| Family | \$2,205.70 | \$2,117.69 |
| Rates - Nassau & Suffolk | | |
| Employee | \$777.14 | \$746.26 |
| Employee/Spouse | \$1,549.33 | \$1,487.57 |
| Employee/Child(ren) | \$1,317.68 | \$1,265.18 |
| Family | \$2,205.70 | \$2,117.69 |
| 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.



7/1/2020 - 9/1/2020 Summary of Benefits

| | OSCAR Circle Gold In-Network | OSCAR Circle Plus Gold 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 | \$897.82 | \$1,013.25 |
| Employee/Spouse | \$1,790.71 | \$2,021.54 |
| Employee/Child(ren) | \$1,522.84 | \$1,719.05 |
| Family | \$2,549.65 | \$2,878.59 |
| Rates - Nassau & Suffolk | | |
| Employee | \$897.82 | \$1,013.25 |
| Employee/Spouse | \$1,790.71 | \$2,021.54 |
| Employee/Child(ren) | \$1,522.84 | \$1,719.05 |
| Family | \$2,549.65 | \$2,878.59 |
| Rates - Westchester & Rockland | | |
| Employee | \$897.82 | \$1,013.25 |
| Employee/Spouse | \$1,790.71 | \$2,021.54 |
| Employee/Child(ren) | \$1,522.84 | \$1,719.05 |
| Family | \$2,549.65 | \$2,878.59 |
| 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.



7/1/2020 - 9/1/2020 Summary of Benefits

| | OSCAR Circle Gold 1000 In-Network | OSCAR Circle Plus Gold 1000 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 | \$855.66 | \$966.90 |
| Employee/Spouse | \$1,706.37 | \$1,928.84 |
| Employee/Child(ren) | \$1,451.16 | \$1,640.26 |
| Family | \$2,429.47 | \$2,746.49 |
| Rates - Nassau & Suffolk | | |
| Employee | \$855.66 | \$966.90 |
| Employee/Spouse | \$1,706.37 | \$1,928.84 |
| Employee/Child(ren) | \$1,451.16 | \$1,640.26 |
| Family | \$2,429.47 | \$2,746.49 |
| Rates - Westchester & Rockland | | |
| Employee | \$855.66 | \$966.90 |
| Employee/Spouse | \$1,706.37 | \$1,928.84 |
| Employee/Child(ren) | \$1,451.16 | \$1,640.26 |
| Family | \$2,429.47 | \$2,746.49 |
| 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.



7/1/2020 - 9/1/2020 Summary of Benefits

| | OSCAR Circle Gold 1250 In-Network | OSCAR Circle Plus Gold 1250 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 | \$813.49 | \$926.06 |
| Employee/Spouse | \$1,622.03 | \$1,847.17 |
| Employee/Child(ren) | \$1,379.47 | \$1,570.84 |
| Family | \$2,309.29 | \$2,630.11 |
| Rates - Nassau & Suffolk | | |
| Employee | \$813.49 | \$926.06 |
| Employee/Spouse | \$1,622.03 | \$1,847.17 |
| Employee/Child(ren) | \$1,379.47 | \$1,570.84 |
| Family | \$2,309.29 | \$2,630.11 |
| Rates - Westchester & Rockland | | |
| Employee | \$813.49 | \$926.06 |
| Employee/Spouse | \$1,622.03 | \$1,847.17 |
| Employee/Child(ren) | \$1,379.47 | \$1,570.84 |
| Family | \$2,309.29 | \$2,630.11 |
| 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.



7/1/2020 - 9/1/2020 Summary of Benefits

| | OSCAR Circle Gold 2000 In-Network | OSCAR Circle Plus Gold 2000 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 | \$816.05 | \$928.87 |
| Employee/Spouse | \$1,627.14 | \$1,852.80 |
| Employee/Child(ren) | \$1,383.81 | \$1,575.62 |
| Family | \$2,316.57 | \$2,638.13 |
| Rates - Nassau & Suffolk | | |
| Employee | \$816.05 | \$928.87 |
| Employee/Spouse | \$1,627.14 | \$1,852.80 |
| Employee/Child(ren) | \$1,383.81 | \$1,575.62 |
| Family | \$2,316.57 | \$2,638.13 |
| Rates - Westchester & Rockland | | |
| Employee | \$816.05 | \$928.87 |
| Employee/Spouse | \$1,627.14 | \$1,852.80 |
| Employee/Child(ren) | \$1,383.81 | \$1,575.62 |
| Family | \$2,316.57 | \$2,638.13 |
| 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.



7/1/2020 - 9/1/2020 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 | \$1,057.92 | \$989.62 |
| Employee/Spouse | \$2,110.89 | \$1,974.28 |
| Employee/Child(ren) | \$1,795.01 | \$1,678.89 |
| Family | \$3,005.92 | \$2,811.25 |
| Rates - Nassau & Suffolk | | |
| Employee | \$1,057.92 | \$989.62 |
| Employee/Spouse | \$2,110.89 | \$1,974.28 |
| Employee/Child(ren) | \$1,795.01 | \$1,678.89 |
| Family | \$3,005.92 | \$2,811.25 |
| Rates - Westchester & Rockland | | |
| Employee | \$1,057.92 | \$989.62 |
| Employee/Spouse | \$2,110.89 | \$1,974.28 |
| Employee/Child(ren) | \$1,795.01 | \$1,678.89 |
| Family | \$3,005.92 | \$2,811.25 |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | |
| Employee | \$1,164.38 | \$1,089.17 |
| Employee/Spouse | \$2,323.81 | \$2,173.38 |
| Employee/Child(ren) | \$1,975.99 | \$1,848.12 |
| Family | \$3,309.33 | \$3,094.98 |

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



7/1/2020 - 9/1/2020 Summary of Benefits

| | Liberty Gold EPO 30/60 In-Network | Metro Gold EPO 25/40 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 | \$932.00 | \$868.94 |
| Employee/Spouse | \$1,859.04 | \$1,732.93 |
| Employee/Child(ren) | \$1,580.94 | \$1,473.73 |
| Family | \$2,647.03 | \$2,467.32 |
| Rates - Nassau & Suffolk | | |
| Employee | \$932.00 | \$868.94 |
| Employee/Spouse | \$1,859.04 | \$1,732.93 |
| Employee/Child(ren) | \$1,580.94 | \$1,473.73 |
| Family | \$2,647.03 | \$2,467.32 |
| Rates - Westchester & Rockland | | |
| Employee | \$932.00 | \$868.94 |
| Employee/Spouse | \$1,859.04 | \$1,732.93 |
| Employee/Child(ren) | \$1,580.94 | \$1,473.73 |
| Family | \$2,647.03 | \$2,467.32 |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | |
| Employee | \$1,025.72 | \$956.29 |
| Employee/Spouse | \$2,046.49 | \$1,907.62 |
| Employee/Child(ren) | \$1,740.26 | \$1,622.23 |
| Family | \$2,914.34 | \$2,716.26 |

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





7/1/2020 - 9/1/2020 Summary of Benefits

| | Metro Gold 25/40 G In-Network | Prime Silver Premier 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 | \$833.66 | \$775.11 |
| Employee/Spouse | \$1,662.36 | \$1,545.26 |
| Employee/Child(ren) | \$1,413.74 | \$1,314.22 |
| Family | \$2,366.75 | \$2,199.90 |
| Rates - Nassau & Suffolk | | |
| Employee | \$833.66 | \$880.99 |
| Employee/Spouse | \$1,662.36 | \$1,757.04 |
| Employee/Child(ren) | \$1,413.74 | \$1,494.22 |
| Family | \$2,366.75 | \$2,501.67 |
| Rates - Westchester & Rockland | | |
| Employee | \$833.66 | \$775.11 |
| Employee/Spouse | \$1,662.36 | \$1,545.26 |
| Employee/Child(ren) | \$1,413.74 | \$1,314.22 |
| Family | \$2,366.75 | \$2,199.90 |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | |
| Employee | \$917.44 | \$928.20 |
| Employee/Spouse | \$1,829.93 | \$1,851.44 |
| Employee/Child(ren) | \$1,556.18 | \$1,574.47 |
| Family | \$2,605.55 | \$2,636.20 |

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





7/1/2020 - 9/1/2020 Summary of Benefits

| |  Select Care Silver Premier In-Network |  Select Care Silver Value 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 | \$711.46 | \$688.09 |
| Employee/Spouse | \$1,417.95 | \$1,371.23 |
| Employee/Child(ren) | \$1,206.00 | \$1,166.30 |
| Family | \$2,018.49 | \$1,951.91 |
| Rates - Nassau & Suffolk | | |
| Employee | \$808.59 | \$782.01 |
| Employee/Spouse | \$1,612.23 | \$1,559.08 |
| Employee/Child(ren) | \$1,371.13 | \$1,325.96 |
| Family | \$2,295.33 | \$2,219.58 |
| Rates - Westchester & Rockland | | |
| Employee | \$711.46 | \$688.09 |
| Employee/Spouse | \$1,417.95 | \$1,371.23 |
| Employee/Child(ren) | \$1,206.00 | \$1,166.30 |
| Family | \$2,018.49 | \$1,951.91 |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | |
| Employee | \$851.89 | \$823.87 |
| Employee/Spouse | \$1,698.83 | \$1,642.80 |
| Employee/Child(ren) | \$1,444.75 | \$1,397.13 |
| Family | \$2,418.72 | \$2,338.88 |

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





7/1/2020 - 9/1/2020 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 | \$641.81 | \$745.76 |
| Employee/Spouse | \$1,278.67 | \$1,486.59 |
| Employee/Child(ren) | \$1,087.60 | \$1,264.34 |
| Family | \$1,819.98 | \$2,116.27 |
| Rates - Nassau & Suffolk | | |
| Employee | \$729.37 | \$847.62 |
| Employee/Spouse | \$1,453.78 | \$1,690.29 |
| Employee/Child(ren) | \$1,236.46 | \$1,437.48 |
| Family | \$2,069.54 | \$2,406.54 |
| Rates - Westchester & Rockland | | |
| Employee | \$641.81 | \$745.76 |
| Employee/Spouse | \$1,278.67 | \$1,486.59 |
| Employee/Child(ren) | \$1,087.60 | \$1,264.34 |
| Family | \$1,819.98 | \$2,116.27 |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | |
| Employee | N/A | \$893.02 |
| Employee/Spouse | N/A | \$1,781.07 |
| Employee/Child(ren) | N/A | \$1,514.64 |
| Family | N/A | \$2,535.93 |

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



7/1/2020 - 9/1/2020 Summary of Benefits

| |  Silver Pro EPO In-Network |  Silver 40/75/4700 Pro EPO 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 | \$668.46 | \$650.54 |
| Employee/Spouse | \$1,331.97 | \$1,296.14 |
| Employee/Child(ren) | \$1,132.92 | \$1,102.46 |
| Family | \$1,895.95 | \$1,844.89 |
| Rates - Nassau & Suffolk | | |
| Employee | \$668.46 | \$650.54 |
| Employee/Spouse | \$1,331.97 | \$1,296.14 |
| Employee/Child(ren) | \$1,132.92 | \$1,102.46 |
| Family | \$1,895.95 | \$1,844.89 |
| 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.



7/1/2020 - 9/1/2020 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 | \$791.05 | \$903.15 |
| Employee/Spouse | \$1,577.16 | \$1,801.37 |
| Employee/Child(ren) | \$1,341.33 | \$1,531.90 |
| Family | \$2,245.35 | \$2,564.84 |
| Rates - Nassau & Suffolk | | |
| Employee | \$791.05 | \$903.15 |
| Employee/Spouse | \$1,577.16 | \$1,801.37 |
| Employee/Child(ren) | \$1,341.33 | \$1,531.90 |
| Family | \$2,245.35 | \$2,564.84 |
| Rates - Westchester & Rockland | | |
| Employee | \$791.05 | \$903.15 |
| Employee/Spouse | \$1,577.16 | \$1,801.37 |
| Employee/Child(ren) | \$1,341.33 | \$1,531.90 |
| Family | \$2,245.35 | \$2,564.84 |
| 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.



7/1/2020 - 9/1/2020 Summary of Benefits

| | OSCAR Circle Silver 3000 In-Network | OSCAR Circle Plus Silver 3000 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 | \$722.89 | \$830.41 |
| Employee/Spouse | \$1,440.84 | \$1,655.89 |
| Employee/Child(ren) | \$1,225.46 | \$1,408.25 |
| Family | \$2,051.09 | \$2,357.53 |
| Rates - Nassau & Suffolk | | |
| Employee | \$722.89 | \$830.41 |
| Employee/Spouse | \$1,440.84 | \$1,655.89 |
| Employee/Child(ren) | \$1,225.46 | \$1,408.25 |
| Family | \$2,051.09 | \$2,357.53 |
| Rates - Westchester & Rockland | | |
| Employee | \$722.89 | \$830.41 |
| Employee/Spouse | \$1,440.84 | \$1,655.89 |
| Employee/Child(ren) | \$1,225.46 | \$1,408.25 |
| Family | \$2,051.09 | \$2,357.53 |
| 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.



7/1/2020 - 9/1/2020 Summary of Benefits

| | OSCAR Circle Silver 4500 | OSCAR Circle Plus Silver 4500 |
|---|---|---|
| | In-Network | 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 | \$676.05 | \$784.50 |
| Employee/Spouse | \$1,347.16 | \$1,564.05 |
| Employee/Child(ren) | \$1,145.83 | \$1,330.18 |
| Family | \$1,917.60 | \$2,226.66 |
| Rates - Nassau & Suffolk | | |
| Employee | \$676.05 | \$784.50 |
| Employee/Spouse | \$1,347.16 | \$1,564.05 |
| Employee/Child(ren) | \$1,145.83 | \$1,330.18 |
| Family | \$1,917.60 | \$2,226.66 |
| Rates - Westchester & Rockland | | |
| Employee | \$676.05 | \$784.50 |
| Employee/Spouse | \$1,347.16 | \$1,564.05 |
| Employee/Child(ren) | \$1,145.83 | \$1,330.18 |
| Family | \$1,917.60 | \$2,226.66 |
| 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.



7/1/2020 - 9/1/2020 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 | \$664.69 | \$765.90 |
| Employee/Spouse | \$1,324.44 | \$1,526.83 |
| Employee/Child(ren) | \$1,126.52 | \$1,298.56 |
| Family | \$1,885.22 | \$2,173.64 |
| Rates - Nassau & Suffolk | | |
| Employee | \$664.69 | \$765.90 |
| Employee/Spouse | \$1,324.44 | \$1,526.83 |
| Employee/Child(ren) | \$1,126.52 | \$1,298.56 |
| Family | \$1,885.22 | \$2,173.64 |
| Rates - Westchester & Rockland | | |
| Employee | \$664.69 | \$765.90 |
| Employee/Spouse | \$1,324.44 | \$1,526.83 |
| Employee/Child(ren) | \$1,126.52 | \$1,298.56 |
| Family | \$1,885.22 | \$2,173.64 |
| 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.





7/1/2020 - 9/1/2020 Summary of Benefits

| | Metro Silver EPO 50/100 ZD In-Network | Liberty Silver EPO 40/70 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 | \$826.56 | \$828.51 |
| Employee/Spouse | \$1,648.17 | \$1,652.06 |
| Employee/Child(ren) | \$1,401.68 | \$1,405.00 |
| Family | \$2,346.54 | \$2,352.09 |
| Rates - Nassau & Suffolk | | |
| Employee | \$826.56 | \$828.51 |
| Employee/Spouse | \$1,648.17 | \$1,652.06 |
| Employee/Child(ren) | \$1,401.68 | \$1,405.00 |
| Family | \$2,346.54 | \$2,352.09 |
| Rates - Westchester & Rockland | | |
| Employee | \$826.56 | \$828.51 |
| Employee/Spouse | \$1,648.17 | \$1,652.06 |
| Employee/Child(ren) | \$1,401.68 | \$1,405.00 |
| Family | \$2,346.54 | \$2,352.09 |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | |
| Employee | \$909.63 | \$911.77 |
| Employee/Spouse | \$1,814.30 | \$1,818.58 |
| Employee/Child(ren) | \$1,542.89 | \$1,546.54 |
| Family | \$2,583.27 | \$2,589.38 |

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





7/1/2020 - 9/1/2020 Summary of Benefits

| |  Liberty Silver EPO 25/50 G In-Network |  Metro Silver EPO 30/80 G 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 | \$793.35 | \$694.12 |
| Employee/Spouse | \$1,581.75 | \$1,383.31 |
| Employee/Child(ren) | \$1,345.22 | \$1,176.55 |
| Family | \$2,251.87 | \$1,969.11 |
| Rates - Nassau & Suffolk | | |
| Employee | \$793.35 | \$694.12 |
| Employee/Spouse | \$1,581.75 | \$1,383.31 |
| Employee/Child(ren) | \$1,345.22 | \$1,176.55 |
| Family | \$2,251.87 | \$1,969.11 |
| Rates - Westchester & Rockland | | |
| Employee | \$793.35 | \$694.12 |
| Employee/Spouse | \$1,581.75 | \$1,383.31 |
| Employee/Child(ren) | \$1,345.22 | \$1,176.55 |
| Family | \$2,251.87 | \$1,969.11 |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | |
| Employee | \$873.06 | \$763.81 |
| Employee/Spouse | \$1,741.16 | \$1,522.65 |
| Employee/Child(ren) | \$1,480.73 | \$1,295.01 |
| Family | \$2,479.06 | \$2,167.68 |

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



7/1/2020 - 9/1/2020 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 | \$660.13 | \$614.14 |
| Employee/Spouse | \$1,315.32 | \$1,223.32 |
| Employee/Child(ren) | \$1,118.76 | \$1,040.56 |
| Family | \$1,872.22 | \$1,741.12 |
| Rates - Nassau & Suffolk | | |
| Employee | \$750.21 | \$697.89 |
| Employee/Spouse | \$1,495.48 | \$1,390.82 |
| Employee/Child(ren) | \$1,271.91 | \$1,182.95 |
| Family | \$2,128.95 | \$1,979.81 |
| Rates - Westchester & Rockland | | |
| Employee | \$660.13 | \$614.14 |
| Employee/Spouse | \$1,315.32 | \$1,223.32 |
| Employee/Child(ren) | \$1,118.76 | \$1,040.56 |
| Family | \$1,872.22 | \$1,741.12 |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | |
| Employee | \$790.37 | \$735.21 |
| Employee/Spouse | \$1,575.77 | \$1,465.49 |
| Employee/Child(ren) | \$1,340.15 | \$1,246.41 |
| Family | \$2,243.35 | \$2,086.22 |

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





7/1/2020 - 9/1/2020 Summary of Benefits

| | Select Care Bronze Value In-Network | Millennium Bronze Premier G 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 | \$586.76 | \$572.29 |
| Employee/Spouse | \$1,168.57 | \$1,139.62 |
| Employee/Child(ren) | \$994.04 | \$969.43 |
| Family | \$1,663.12 | \$1,621.87 |
| Rates - Nassau & Suffolk | | |
| Employee | \$666.76 | \$650.29 |
| Employee/Spouse | \$1,328.57 | \$1,295.63 |
| Employee/Child(ren) | \$1,130.04 | \$1,102.02 |
| Family | \$1,891.12 | \$1,844.17 |
| Rates - Westchester & Rockland | | |
| Employee | \$586.76 | \$572.29 |
| Employee/Spouse | \$1,168.57 | \$1,139.62 |
| Employee/Child(ren) | \$994.04 | \$969.43 |
| Family | \$1,663.12 | \$1,621.87 |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | |
| Employee | \$702.41 | N/A |
| Employee/Spouse | \$1,399.86 | N/A |
| Employee/Child(ren) | \$1,190.63 | N/A |
| Family | \$1,992.70 | N/A |

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





7/1/2020 - 9/1/2020 Summary of Benefits

| |  Millennium Bronze Value G |  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 | \$546.56 | \$559.70 |
| Employee/Spouse | \$1,088.18 | \$1,114.46 |
| Employee/Child(ren) | \$925.70 | \$948.03 |
| Family | \$1,548.56 | \$1,586.00 |
| Rates - Nassau & Suffolk | | |
| Employee | \$621.03 | \$559.70 |
| Employee/Spouse | \$1,237.12 | \$1,114.46 |
| Employee/Child(ren) | \$1,052.29 | \$948.03 |
| Family | \$1,760.78 | \$1,586.00 |
| Rates - Westchester & Rockland | | |
| Employee | \$546.56 | N/A |
| Employee/Spouse | \$1,088.18 | N/A |
| Employee/Child(ren) | \$925.70 | N/A |
| Family | \$1,548.56 | 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.



7/1/2020 - 9/1/2020 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 | \$530.30 | \$510.95 |
| Employee/Spouse | \$1,055.64 | \$1,016.95 |
| Employee/Child(ren) | \$898.04 | \$865.15 |
| Family | \$1,502.19 | \$1,447.05 |
| Rates - Nassau & Suffolk | | |
| Employee | \$530.30 | \$510.95 |
| Employee/Spouse | \$1,055.64 | \$1,016.95 |
| Employee/Child(ren) | \$898.04 | \$865.15 |
| Family | \$1,502.19 | \$1,447.05 |
| 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.



7/1/2020 - 9/1/2020 Summary of Benefits

| | OSCAR Circle Bronze 4500 In-Network | OSCAR 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 | \$591.94 | \$685.65 |
| Employee/Spouse | \$1,178.93 | \$1,366.35 |
| Employee/Child(ren) | \$1,002.83 | \$1,162.14 |
| Family | \$1,677.87 | \$1,944.94 |
| Rates - Nassau & Suffolk | | |
| Employee | \$591.94 | \$685.65 |
| Employee/Spouse | \$1,178.93 | \$1,366.35 |
| Employee/Child(ren) | \$1,002.83 | \$1,162.14 |
| Family | \$1,677.87 | \$1,944.94 |
| Rates - Westchester & Rockland | | |
| Employee | \$591.94 | \$685.65 |
| Employee/Spouse | \$1,178.93 | \$1,366.35 |
| Employee/Child(ren) | \$1,002.83 | \$1,162.14 |
| Family | \$1,677.87 | \$1,944.94 |
| 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.



7/1/2020 - 9/1/2020 Summary of Benefits

| | OSCAR Circle Bronze 8150 | OSCAR Circle Plus Bronze 8150 |
|---|---|---|
| | In-Network | 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 | \$566.23 | \$657.01 |
| Employee/Spouse | \$1,127.50 | \$1,309.06 |
| Employee/Child(ren) | \$959.12 | \$1,113.44 |
| Family | \$1,604.58 | \$1,863.31 |
| Rates - Nassau & Suffolk | | |
| Employee | \$566.23 | \$657.01 |
| Employee/Spouse | \$1,127.50 | \$1,309.06 |
| Employee/Child(ren) | \$959.12 | \$1,113.44 |
| Family | \$1,604.58 | \$1,863.31 |
| Rates - Westchester & Rockland | | |
| Employee | \$566.23 | \$657.01 |
| Employee/Spouse | \$1,127.50 | \$1,309.06 |
| Employee/Child(ren) | \$959.12 | \$1,113.44 |
| Family | \$1,604.58 | \$1,863.31 |
| 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.



7/1/2020 - 9/1/2020 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 | \$604.26 | \$698.09 |
| Employee/Spouse | \$1,203.56 | \$1,391.24 |
| Employee/Child(ren) | \$1,023.77 | \$1,183.30 |
| Family | \$1,712.98 | \$1,980.41 |
| Rates - Nassau & Suffolk | | |
| Employee | \$604.26 | \$698.09 |
| Employee/Spouse | \$1,203.56 | \$1,391.24 |
| Employee/Child(ren) | \$1,023.77 | \$1,183.30 |
| Family | \$1,712.98 | \$1,980.41 |
| Rates - Westchester & Rockland | | |
| Employee | \$604.26 | \$698.09 |
| Employee/Spouse | \$1,203.56 | \$1,391.24 |
| Employee/Child(ren) | \$1,023.77 | \$1,183.30 |
| Family | \$1,712.98 | \$1,980.41 |
| 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.



7/1/2020 - 9/1/2020 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 | \$714.51 | \$581.98 |
| Employee/Spouse | \$1,424.05 | \$1,159.01 |
| Employee/Child(ren) | \$1,211.20 | \$985.91 |
| Family | \$2,027.18 | \$1,649.50 |
| Rates - Nassau & Suffolk | | |
| Employee | \$714.51 | \$581.98 |
| Employee/Spouse | \$1,424.05 | \$1,159.01 |
| Employee/Child(ren) | \$1,211.20 | \$985.91 |
| Family | \$2,027.18 | \$1,649.50 |
| Rates - Westchester & Rockland | | |
| Employee | \$714.51 | \$581.98 |
| Employee/Spouse | \$1,424.05 | \$1,159.01 |
| Employee/Child(ren) | \$1,211.20 | \$985.91 |
| Family | \$2,027.18 | \$1,649.50 |
| Rates - Ulster, Sullivan, Putnam, Dutchess & Orange | | |
| Employee | \$786.24 | \$640.34 |
| Employee/Spouse | \$1,567.54 | \$1,275.71 |
| Employee/Child(ren) | \$1,333.15 | \$1,085.10 |
| Family | \$2,231.47 | \$1,815.79 |

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