

	HealthPass/EmblemHealth EmblemHealth EPOcs+ 40-2000(EPOc)		HealthPass/EmblemHealth EmblemHealth EPO+ 40-1000(EPO)		HealthPass/EmblemHealth EmblemHealth PPO+ 40-500-2000(PPO)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Drug Card</b>						
Prescription Card	0/30/50/50/1000 max	UCR=N/A	0/30/50/50/1000 max	UCR=N/A	0/25/40/50/1000max	UCR=70%
<b>Major Medical</b>						
Deductible Ind/Fam	\$2,000/\$6,000		N/A		N/A	\$2,000/\$6,000
Co-Insurance	80%		N/A		N/A	70% of \$10,000
Out-of-Pocket	\$3,000/\$9,000		N/A		N/A	\$3,000/\$9,000
Office Co-pay	\$40/\$0 dep		\$40/\$0 dep		\$40 Copay/\$0 dep	Ded & Colns
DXL/Lab Fees	\$40-PCP/Ded & Colns-OP/\$0 dep		\$40/\$0 dep		\$40 Copay/\$0 dep	Ded & Colns
Specialist Co-pay	\$40/\$0 dep		\$40/\$0 dep		\$40 Copay/\$0 dep	Ded & Colns
Lifetime Maximum	Unlimited		Unlimited		Unlimited	\$500,000 PMPCY
<b>Hospital Benefits</b>						
Hospital In-Patient	Ded & Colns		\$1,000 Copay		\$500 Copay	Ded & Colns
Hospital Out-Patient	Ded & Colns		No Copay		No Copay	Ded & Colns
Emergency Room	\$100 Copay		\$100 Copay		\$100 copay	\$100 copay
Private Nursing	Not Covered		Not covered		Not Covered	Not Covered
<b>Surgical Benefits</b>						
Surgical In-Patient	Ded & Colns		\$1,000 Copay		Incl in Hospital Copay	Ded & Colns
Surgical Out-Patient	Ded & Colns		\$750 Copay		No Copay	Ded & Colns
<b>Mental Health</b>						
Mental Nervous In-Patient	Ded & Colns 30 days max/yr		\$1,000 Copay 30 days max/yr		\$500 Copay 30 days/Cal.yr	Ded & Colns 30 days max/yr
Substance Abuse In-Patient	Ded & Colns Unlimited Detox-7 days/cal yr		\$1,000 Copay Unlimited Detox-7days/cal yr		\$500 Copay Unlimited Detox-7 days/cal yr	Ded & Colns
Mental Nervous Out-Patient	\$40 Copay/\$0 dep 30 visits max/yr		\$40 Copay/\$0 dep 30 visits max/yr		\$40 Copay/\$0 dep 30 visits/Cal.yr	Ded & Colns 30 visits max/yr
Substance Abuse Out-Patient	\$40 Copay/\$0 dep 60 visits max/yr		No Copay/\$0 dep 60 visits max/yr		No Copay/\$0 dep 60 visits/Cal.yr 20 visits/Cal.yr-family therapy	Ded & Colns 60 visits max/yr 20 visits/Cal.yr-family therapy
<b>Other</b>						
Well Care(Up to 19)	No Charge		No Charge		No Copay	Ded & Colns
Routine Adult Care	No charge		No charge		No charge	Ded & Colns
Chiropractic Care	\$40 Copay/\$0 dep		\$40 Copay/\$0 dep		\$40 Copay/\$0 dep	Ded & Colns
Home Health Care	20% Coins, no ded -200 visits/yr		Covered In Full- 200 visits/yr		Covered in Full	Ded & Colns
Non-Authorization					Required	Required
Single	1 x \$321.73		1 x \$403.43		1 x \$634.80	
EE with Spouse	1 x \$704.16		1 x \$883.83		1 x \$1,392.85	
EE with Child(ren)	1 x \$612.01		1 x \$767.20		1 x \$1,206.79	
Family	1 x \$947.85		1 x \$1,188.82		1 x \$1,871.30	
Medicare	0 \$0.00		0 \$0.00		0 \$0.00	
Monthly Cost	4 \$2,585.75		4 \$3,243.28		4 \$5,105.74	
Annual Cost	\$31,029.00		\$38,919.36		\$61,268.88	