





10/1/2020 - 12/1/2020 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		\$1,203.44
Employee/Spouse		\$2,401.94
Employee/Child(ren)		\$2,042.39
Family		\$3,420.66
Rates - Nassau & Suffolk		
Employee		\$1,368.23
Employee/Spouse		\$2,731.49
Employee/Child(ren)		\$2,322.52
Family		\$3,890.28
Rates - Westchester & Rockland		
Employee		\$1,203.44
Employee/Spouse		\$2,401.94
Employee/Child(ren)		\$2,042.39
Family		\$3,420.66
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee		\$1,441.67
Employee/Spouse		\$2,878.38
Employee/Child(ren)		\$2,447.36
Family		\$4,099.58

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





10/1/2020 - 12/1/2020 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	\$1,142.59	\$1,048.00
Employee/Spouse	\$2,280.23	\$2,091.05
Employee/Child(ren)	\$1,938.95	\$1,778.13
Family	\$3,247.23	\$2,977.65
Rates - Nassau & Suffolk		
Employee	\$1,299.00	\$1,191.40
Employee/Spouse	\$2,593.06	\$2,377.87
Employee/Child(ren)	\$2,204.85	\$2,021.93
Family	\$3,693.01	\$3,386.36
Rates - Westchester & Rockland		
Employee	\$1,142.59	\$1,048.00
Employee/Spouse	\$2,280.23	\$2,091.05
Employee/Child(ren)	\$1,938.95	\$1,778.13
Family	\$3,247.23	\$2,977.65
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$1,368.71	\$1,255.32
Employee/Spouse	\$2,732.50	\$2,505.69
Employee/Child(ren)	\$2,323.36	\$2,130.59
Family	\$3,891.70	\$3,568.51

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



10/1/2020 - 12/1/2020 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	\$926.93	\$1,057.18
Employee/Spouse	\$1,848.92	\$2,109.41
Employee/Child(ren)	\$1,572.32	\$1,793.74
Family	\$2,632.60	\$3,003.81
Rates - Nassau & Suffolk		
Employee	\$926.93	\$1,057.18
Employee/Spouse	\$1,848.92	\$2,109.41
Employee/Child(ren)	\$1,572.32	\$1,793.74
Family	\$2,632.60	\$3,003.81
Rates - Westchester & Rockland		
Employee	N/A	\$1,057.18
Employee/Spouse	N/A	\$2,109.41
Employee/Child(ren)	N/A	\$1,793.74
Family	N/A	\$3,003.81
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.



10/1/2020 - 12/1/2020 Summary of Benefits

	OSCAR Circle Plus Platinum 2	OSCAR 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	\$1,174.60	\$1,025.14
Employee/Spouse	\$2,344.27	\$2,045.33
Employee/Child(ren)	\$1,993.37	\$1,739.28
Family	\$3,338.48	\$2,912.49
Rates - Nassau & Suffolk		
Employee	\$1,174.60	\$1,025.14
Employee/Spouse	\$2,344.27	\$2,045.33
Employee/Child(ren)	\$1,993.37	\$1,739.28
Family	\$3,338.48	\$2,912.49
Rates - Westchester & Rockland		
Employee	\$1,174.60	\$1,025.14
Employee/Spouse	\$2,344.27	\$2,045.33
Employee/Child(ren)	\$1,993.37	\$1,739.28
Family	\$3,338.48	\$2,912.49
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.



10/1/2020 - 12/1/2020 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	\$1,145.62	\$1,141.25
Employee/Spouse	\$2,286.28	\$2,277.57
Employee/Child(ren)	\$1,944.08	\$1,936.67
Family	\$3,255.85	\$3,243.43
Rates - Nassau & Suffolk		
Employee	\$1,145.62	\$1,141.25
Employee/Spouse	\$2,286.28	\$2,277.57
Employee/Child(ren)	\$1,944.08	\$1,936.67
Family	\$3,255.85	\$3,243.43
Rates - Westchester & Rockland		
Employee	\$1,145.62	\$1,141.25
Employee/Spouse	\$2,286.28	\$2,277.57
Employee/Child(ren)	\$1,944.08	\$1,936.67
Family	\$3,255.85	\$3,243.43
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	\$1,256.14
Employee/Spouse	N/A	\$2,507.34
Employee/Child(ren)	N/A	\$2,131.99
Family	N/A	\$3,570.86

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



10/1/2020 - 12/1/2020 Summary of Benefits





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	\$993.82	
Employee/Spouse	\$1,982.69	
Employee/Child(ren)	\$1,686.03	
Family	\$2,823.23	
Rates - Nassau & Suffolk		
Employee	\$1,129.78	
Employee/Spouse	\$2,254.59	
Employee/Child(ren)	\$1,917.14	
Family	\$3,210.72	
Rates - Westchester & Rockland		
Employee	\$993.82	
Employee/Spouse	\$1,982.69	
Employee/Child(ren)	\$1,686.03	
Family	\$2,823.23	
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$1,190.37	
Employee/Spouse	\$2,375.79	
Employee/Child(ren)	\$2,020.16	
Family	\$3,383.38	

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



10/1/2020 - 12/1/2020 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	\$934.90	\$857.79
Employee/Spouse	\$1,864.84	\$1,710.65
Employee/Child(ren)	\$1,585.85	\$1,454.79
Family	\$2,655.28	\$2,435.56
Rates - Nassau & Suffolk		
Employee	\$1,062.75	\$975.07
Employee/Spouse	\$2,120.56	\$1,945.17
Employee/Child(ren)	\$1,803.21	\$1,654.14
Family	\$3,019.70	\$2,769.76
Rates - Westchester & Rockland		
Employee	\$934.90	\$857.79
Employee/Spouse	\$1,864.84	\$1,710.65
Employee/Child(ren)	\$1,585.85	\$1,454.79
Family	\$2,655.28	\$2,435.56
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$1,119.75	\$1,027.32
Employee/Spouse	\$2,234.54	\$2,049.70
Employee/Child(ren)	\$1,900.11	\$1,742.97
Family	\$3,182.11	\$2,918.70

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



10/1/2020 - 12/1/2020 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	\$789.50	\$758.13
Employee/Spouse	\$1,574.05	\$1,511.30
Employee/Child(ren)	\$1,338.69	\$1,285.36
Family	\$2,240.92	\$2,151.51
Rates - Nassau & Suffolk		
Employee	\$789.50	\$758.13
Employee/Spouse	\$1,574.05	\$1,511.30
Employee/Child(ren)	\$1,338.69	\$1,285.36
Family	\$2,240.92	\$2,151.51
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.



10/1/2020 - 12/1/2020 Summary of Benefits

	OSCAR Circle Gold	OSCAR Circle Plus Gold
	In-Network	In-Network
Prescription Drugs		
Drug Card	10/35/100/100 ded T2-3	10/35/100/100 ded T2-3
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$8,150/\$16,300	\$8,150/\$16,300
Co-Insurance	0%	0%
Lifetime Max	None	None
Office Visits		
Primary Care	\$20	\$20
Specialist	\$40	\$40
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$40; 60 visits/cond/plan yr comb PT/OT/ST	\$40; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$40	\$40
Inpatient Services		
Inpatient Hospital	\$500/day; 5 days/admit	\$500/day; 5 days/admit
Inpatient Surgery	\$150	\$150
Maternity Delivery/Inpatient	\$500/day; 5 days/admit	\$500/day; 5 days/admit
Mental Health Inpatient	\$500/day; 5 days/admit	\$500/day; 5 days/admit
Substance Abuse Inpatient	\$500/day; 5 days/admit	\$500/day; 5 days/admit
Outpatient Services		
Outpatient Facility	\$250	\$250
Outpatient Surgery	\$150	\$150
Lab/X-Ray	40	40
Advanced Radiology	\$140	\$140
Mental Health Outpatient	\$20	\$20
Substance Abuse Outpatient	\$20	\$20
Emergency Care		
Emergency Room	\$650	\$650
Ambulance	\$650	\$650
Urgent Care	\$75	\$75
Recovery/Special Needs		
Home Health Care	\$40; 40 visits/plan yr	\$40; 40 visits/plan yr
Habilitation services	\$40; 60 visits/cond/plan yr comb PT/OT/ST	\$40; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	\$500/day; 5 days/admit; 200 days/plan yr	\$500/day; 5 days/admit; 200 days/plan yr
Durable Medical Equipment	20%	20%
Hospice Services	\$500 copay/day for up to five days ded does not apply	\$500 copay/day for up to five days ded does not apply
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$909.17	\$1,026.06
Employee/Spouse	\$1,813.40	\$2,047.17
Employee/Child(ren)	\$1,542.13	\$1,740.83
Family	\$2,581.98	\$2,915.11
Rates - Nassau & Suffolk		
Employee	\$909.17	\$1,026.06
Employee/Spouse	\$1,813.40	\$2,047.17
Employee/Child(ren)	\$1,542.13	\$1,740.83
Family	\$2,581.98	\$2,915.11
Rates - Westchester & Rockland		
Employee	\$909.17	\$1,026.06
Employee/Spouse	\$1,813.40	\$2,047.17
Employee/Child(ren)	\$1,542.13	\$1,740.83
Family	\$2,581.98	\$2,915.11
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.



10/1/2020 - 12/1/2020 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	\$866.47	\$979.11
Employee/Spouse	\$1,727.99	\$1,953.29
Employee/Child(ren)	\$1,469.54	\$1,661.03
Family	\$2,460.28	\$2,781.34
Rates - Nassau & Suffolk		
Employee	\$866.47	\$979.11
Employee/Spouse	\$1,727.99	\$1,953.29
Employee/Child(ren)	\$1,469.54	\$1,661.03
Family	\$2,460.28	\$2,781.34
Rates - Westchester & Rockland		
Employee	\$866.47	\$979.11
Employee/Spouse	\$1,727.99	\$1,953.29
Employee/Child(ren)	\$1,469.54	\$1,661.03
Family	\$2,460.28	\$2,781.34
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

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



10/1/2020 - 12/1/2020 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	\$823.77	\$937.77
Employee/Spouse	\$1,642.58	\$1,870.58
Employee/Child(ren)	\$1,396.93	\$1,590.73
Family	\$2,338.57	\$2,663.47
Rates - Nassau & Suffolk		
Employee	\$823.77	\$937.77
Employee/Spouse	\$1,642.58	\$1,870.58
Employee/Child(ren)	\$1,396.93	\$1,590.73
Family	\$2,338.57	\$2,663.47
Rates - Westchester & Rockland		
Employee	\$823.77	\$937.77
Employee/Spouse	\$1,642.58	\$1,870.58
Employee/Child(ren)	\$1,396.93	\$1,590.73
Family	\$2,338.57	\$2,663.47
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	N/A
Employee/Spouse	N/A	N/A
Employee/Child(ren)	N/A	N/A
Family	N/A	N/A

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



10/1/2020 - 12/1/2020 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	\$826.35	\$940.61
Employee/Spouse	\$1,647.75	\$1,876.28
Employee/Child(ren)	\$1,401.33	\$1,595.58
Family	\$2,345.94	\$2,671.59
Rates - Nassau & Suffolk		
Employee	\$826.35	\$940.61
Employee/Spouse	\$1,647.75	\$1,876.28
Employee/Child(ren)	\$1,401.33	\$1,595.58
Family	\$2,345.94	\$2,671.59
Rates - Westchester & Rockland		
Employee	\$826.35	\$940.61
Employee/Spouse	\$1,647.75	\$1,876.28
Employee/Child(ren)	\$1,401.33	\$1,595.58
Family	\$2,345.94	\$2,671.59
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.



10/1/2020 - 12/1/2020 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	\$1,083.82	\$1,013.83
Employee/Spouse	\$2,162.68	\$2,022.71
Employee/Child(ren)	\$1,839.02	\$1,720.05
Family	\$3,079.72	\$2,880.25
Rates - Nassau & Suffolk		
Employee	\$1,083.82	\$1,013.83
Employee/Spouse	\$2,162.68	\$2,022.71
Employee/Child(ren)	\$1,839.02	\$1,720.05
Family	\$3,079.72	\$2,880.25
Rates - Westchester & Rockland		
Employee	\$1,083.82	\$1,013.83
Employee/Spouse	\$2,162.68	\$2,022.71
Employee/Child(ren)	\$1,839.02	\$1,720.05
Family	\$3,079.72	\$2,880.25
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$1,192.88	\$1,115.83
Employee/Spouse	\$2,380.82	\$2,226.72
Employee/Child(ren)	\$2,024.43	\$1,893.44
Family	\$3,390.56	\$3,170.97

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



10/1/2020 - 12/1/2020 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	\$954.79	\$890.18
Employee/Spouse	\$1,904.63	\$1,775.42
Employee/Child(ren)	\$1,619.68	\$1,509.85
Family	\$2,711.99	\$2,527.86
Rates - Nassau & Suffolk		
Employee	\$954.79	\$890.18
Employee/Spouse	\$1,904.63	\$1,775.42
Employee/Child(ren)	\$1,619.68	\$1,509.85
Family	\$2,711.99	\$2,527.86
Rates - Westchester & Rockland		
Employee	\$954.79	\$890.18
Employee/Spouse	\$1,904.63	\$1,775.42
Employee/Child(ren)	\$1,619.68	\$1,509.85
Family	\$2,711.99	\$2,527.86
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$1,050.82	\$979.68
Employee/Spouse	\$2,096.68	\$1,954.41
Employee/Child(ren)	\$1,782.93	\$1,662.00
Family	\$2,985.67	\$2,782.93

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





10/1/2020 - 12/1/2020 Summary of Benefits

	 Metro Gold 25/40 G	 Prime Silver Premier
	In-Network	In-Network
Prescription Drugs		
Drug Card	10/65/90/100 ded T2-3	0/40/80
Cost Share Information		
Individual/Family Deductible	\$1,250/\$2,500	\$2,400/\$4,800
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)	\$7,800/\$15,600 (incl ded)
Co-Insurance	20%	40%
Lifetime Max	None	None
Office Visits		
Primary Care	\$25 ded waived	No charge visits 1-3; \$35 ded waived visits 4+
Specialist	\$40 ded waived	\$65 ded waived
Adult Preventive Care	No charge	No charge
Child Preventive Care	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge
Rehabilitation Services	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST	IP - 40% coins -60 visits/cal yr comb PT/OT/ST OP - \$35/\$65 co-pay per visit
Chiropractic Care	Covered; See brochure	Covered; See brochure
Inpatient Services		
Inpatient Hospital	20% after ded	40% after ded; pre-auth req
Inpatient Surgery	20% after ded	\$250 after ded; pre-auth req
Maternity Delivery/Inpatient	20% after ded	40% after ded; pre-auth req
Mental Health Inpatient	20% after ded	40% after ded; pre-auth req
Substance Abuse Inpatient	Rehab-20% after ded	40% after ded; pre-auth req
Outpatient Services		
Outpatient Facility	Hosp-\$500 after ded; FS-\$200 after ded	\$250 after ded; pre-auth req
Outpatient Surgery	20% after ded	\$250 after ded; pre-auth req
Lab/X-Ray	Lab-\$15 ded waived; X-ray-\$50 after ded	Lab-\$35/\$65 ded waived X-ray- after ded \$35/\$65
Advanced Radiology	\$150 after ded	\$65 after ded
Mental Health Outpatient	\$40 ded waived	\$35 ded waived
Substance Abuse Outpatient	Rehab-\$40 ded waived	\$35 ded waived
Emergency Care		
Emergency Room	\$500 (waived if admitted) ded waived	40% after ded
Ambulance	No charge	\$250 after ded
Urgent Care	\$65 ded waived	\$75 ded waived
Recovery/Special Needs		
Home Health Care	\$40 ded waived; 40 visits/cal yr	\$65 after ded; 40 visits/plan yr; pre-auth req
Habilitation services	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST	IP - 40% coins after ded 60 visits In & Out OP - \$35/\$65 co-pay per visit after ded
Skilled Nursing	20% after ded; 200 days/cal yr	40% after ded; 200 days/plan yr; pre-auth req
Durable Medical Equipment	20% after ded	30% after ded; pre-auth req
Hospice Services	20% after ded	IP - 40% after ded; 210 days/plan yr; pre-auth req OP - \$65 co-pay per visit after ded
Rates - Manhattan, Brooklyn, Queens, Staten Island & Bronx		
Employee	\$854.03	\$788.19
Employee/Spouse	\$1,703.11	\$1,571.45
Employee/Child(ren)	\$1,448.39	\$1,336.48
Family	\$2,424.83	\$2,237.21
Rates - Nassau & Suffolk		
Employee	\$854.03	\$895.88
Employee/Spouse	\$1,703.11	\$1,786.83
Employee/Child(ren)	\$1,448.39	\$1,519.54
Family	\$2,424.83	\$2,544.12
Rates - Westchester & Rockland		
Employee	\$854.03	\$788.19
Employee/Spouse	\$1,703.11	\$1,571.45
Employee/Child(ren)	\$1,448.39	\$1,336.48
Family	\$2,424.83	\$2,237.21
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$939.88	\$943.89
Employee/Spouse	\$1,874.81	\$1,882.83
Employee/Child(ren)	\$1,594.33	\$1,601.16
Family	\$2,669.50	\$2,680.93

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



10/1/2020 - 12/1/2020 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	\$723.47	\$699.71
Employee/Spouse	\$1,441.97	\$1,394.45
Employee/Child(ren)	\$1,226.41	\$1,186.05
Family	\$2,052.72	\$1,985.01
Rates - Nassau & Suffolk		
Employee	\$822.25	\$795.22
Employee/Spouse	\$1,639.55	\$1,585.50
Employee/Child(ren)	\$1,394.36	\$1,348.41
Family	\$2,334.27	\$2,257.24
Rates - Westchester & Rockland		
Employee	\$723.47	\$699.71
Employee/Spouse	\$1,441.97	\$1,394.45
Employee/Child(ren)	\$1,226.41	\$1,186.05
Family	\$2,052.72	\$1,985.01
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$866.28	\$837.79
Employee/Spouse	\$1,727.62	\$1,670.64
Employee/Child(ren)	\$1,469.23	\$1,420.79
Family	\$2,459.75	\$2,378.55

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





10/1/2020 - 12/1/2020 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	\$652.63	\$758.35
Employee/Spouse	\$1,300.32	\$1,511.78
Employee/Child(ren)	\$1,106.01	\$1,285.76
Family	\$1,850.84	\$2,152.16
Rates - Nassau & Suffolk		
Employee	\$741.68	\$861.94
Employee/Spouse	\$1,478.42	\$1,718.93
Employee/Child(ren)	\$1,257.40	\$1,461.84
Family	\$2,104.63	\$2,447.37
Rates - Westchester & Rockland		
Employee	\$652.63	\$758.35
Employee/Spouse	\$1,300.32	\$1,511.78
Employee/Child(ren)	\$1,106.01	\$1,285.76
Family	\$1,850.84	\$2,152.16
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	N/A	\$908.11
Employee/Spouse	N/A	\$1,811.26
Employee/Child(ren)	N/A	\$1,540.30
Family	N/A	\$2,578.95

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



10/1/2020 - 12/1/2020 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	\$679.08	\$660.88
Employee/Spouse	\$1,353.21	\$1,316.80
Employee/Child(ren)	\$1,150.97	\$1,120.03
Family	\$1,926.22	\$1,874.33
Rates - Nassau & Suffolk		
Employee	\$679.08	\$660.88
Employee/Spouse	\$1,353.21	\$1,316.80
Employee/Child(ren)	\$1,150.97	\$1,120.03
Family	\$1,926.22	\$1,874.33
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.



10/1/2020 - 12/1/2020 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	\$801.05	\$914.57
Employee/Spouse	\$1,597.13	\$1,824.19
Employee/Child(ren)	\$1,358.31	\$1,551.30
Family	\$2,273.81	\$2,597.37
Rates - Nassau & Suffolk		
Employee	\$801.05	\$914.57
Employee/Spouse	\$1,597.13	\$1,824.19
Employee/Child(ren)	\$1,358.31	\$1,551.30
Family	\$2,273.81	\$2,597.37
Rates - Westchester & Rockland		
Employee	\$801.05	\$914.57
Employee/Spouse	\$1,597.13	\$1,824.19
Employee/Child(ren)	\$1,358.31	\$1,551.30
Family	\$2,273.81	\$2,597.37
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.



10/1/2020 - 12/1/2020 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	\$732.01	\$840.91
Employee/Spouse	\$1,459.08	\$1,676.86
Employee/Child(ren)	\$1,240.96	\$1,426.07
Family	\$2,077.09	\$2,387.42
Rates - Nassau & Suffolk		
Employee	\$732.01	\$840.91
Employee/Spouse	\$1,459.08	\$1,676.86
Employee/Child(ren)	\$1,240.96	\$1,426.07
Family	\$2,077.09	\$2,387.42
Rates - Westchester & Rockland		
Employee	\$732.01	\$840.91
Employee/Spouse	\$1,459.08	\$1,676.86
Employee/Child(ren)	\$1,240.96	\$1,426.07
Family	\$2,077.09	\$2,387.42
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.



10/1/2020 - 12/1/2020 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	\$684.58	\$794.40
Employee/Spouse	\$1,364.22	\$1,583.86
Employee/Child(ren)	\$1,160.32	\$1,347.02
Family	\$1,941.90	\$2,254.89
Rates - Nassau & Suffolk		
Employee	\$684.58	\$794.40
Employee/Spouse	\$1,364.22	\$1,583.86
Employee/Child(ren)	\$1,160.32	\$1,347.02
Family	\$1,941.90	\$2,254.89
Rates - Westchester & Rockland		
Employee	\$684.58	\$794.40
Employee/Spouse	\$1,364.22	\$1,583.86
Employee/Child(ren)	\$1,160.32	\$1,347.02
Family	\$1,941.90	\$2,254.89
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.



10/1/2020 - 12/1/2020 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	\$673.08	\$775.56
Employee/Spouse	\$1,341.21	\$1,546.18
Employee/Child(ren)	\$1,140.77	\$1,314.99
Family	\$1,909.11	\$2,201.20
Rates - Nassau & Suffolk		
Employee	\$673.08	\$775.56
Employee/Spouse	\$1,341.21	\$1,546.18
Employee/Child(ren)	\$1,140.77	\$1,314.99
Family	\$1,909.11	\$2,201.20
Rates - Westchester & Rockland		
Employee	\$673.08	\$775.56
Employee/Spouse	\$1,341.21	\$1,546.18
Employee/Child(ren)	\$1,140.77	\$1,314.99
Family	\$1,909.11	\$2,201.20
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.



10/1/2020 - 12/1/2020 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	\$846.76	\$848.76
Employee/Spouse	\$1,688.57	\$1,692.56
Employee/Child(ren)	\$1,436.03	\$1,439.43
Family	\$2,404.11	\$2,409.80
Rates - Nassau & Suffolk		
Employee	\$846.76	\$848.76
Employee/Spouse	\$1,688.57	\$1,692.56
Employee/Child(ren)	\$1,436.03	\$1,439.43
Family	\$2,404.11	\$2,409.80
Rates - Westchester & Rockland		
Employee	\$846.76	\$848.76
Employee/Spouse	\$1,688.57	\$1,692.56
Employee/Child(ren)	\$1,436.03	\$1,439.43
Family	\$2,404.11	\$2,409.80
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$931.87	\$934.06
Employee/Spouse	\$1,858.80	\$1,863.17
Employee/Child(ren)	\$1,580.71	\$1,584.44
Family	\$2,646.67	\$2,652.91

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





10/1/2020 - 12/1/2020 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	\$812.74	\$711.07
Employee/Spouse	\$1,620.51	\$1,417.19
Employee/Child(ren)	\$1,378.17	\$1,205.35
Family	\$2,307.13	\$2,017.40
Rates - Nassau & Suffolk		
Employee	\$812.74	\$711.07
Employee/Spouse	\$1,620.51	\$1,417.19
Employee/Child(ren)	\$1,378.17	\$1,205.35
Family	\$2,307.13	\$2,017.40
Rates - Westchester & Rockland		
Employee	\$812.74	\$711.07
Employee/Spouse	\$1,620.51	\$1,417.19
Employee/Child(ren)	\$1,378.17	\$1,205.35
Family	\$2,307.13	\$2,017.40
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$894.40	\$782.46
Employee/Spouse	\$1,783.84	\$1,559.99
Employee/Child(ren)	\$1,517.01	\$1,326.73
Family	\$2,539.87	\$2,220.87

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





10/1/2020 - 12/1/2020 Summary of Benefits

	 EmblemHealth[®] Prime Bronze HSA In-Network	 EmblemHealth[®] Select Care Bronze Premier 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	\$671.27	\$624.49
Employee/Spouse	\$1,337.60	\$1,244.03
Employee/Child(ren)	\$1,137.69	\$1,058.16
Family	\$1,903.97	\$1,770.63
Rates - Nassau & Suffolk		
Employee	\$762.88	\$709.67
Employee/Spouse	\$1,520.81	\$1,414.38
Employee/Child(ren)	\$1,293.44	\$1,202.97
Family	\$2,165.06	\$2,013.38
Rates - Westchester & Rockland		
Employee	\$671.27	\$624.49
Employee/Spouse	\$1,337.60	\$1,244.03
Employee/Child(ren)	\$1,137.69	\$1,058.16
Family	\$1,903.97	\$1,770.63
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$803.72	\$747.62
Employee/Spouse	\$1,602.47	\$1,490.32
Employee/Child(ren)	\$1,362.85	\$1,267.51
Family	\$2,281.41	\$2,121.59

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





10/1/2020 - 12/1/2020 Summary of Benefits

	 EmblemHealth® Select Care Bronze Value In-Network	 EmblemHealth® 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	\$596.65	\$581.93
Employee/Spouse	\$1,188.35	\$1,158.91
Employee/Child(ren)	\$1,010.85	\$985.82
Family	\$1,691.31	\$1,649.35
Rates - Nassau & Suffolk		
Employee	\$678.01	\$661.26
Employee/Spouse	\$1,351.08	\$1,317.57
Employee/Child(ren)	\$1,149.17	\$1,120.66
Family	\$1,923.18	\$1,875.45
Rates - Westchester & Rockland		
Employee	\$596.65	\$581.93
Employee/Spouse	\$1,188.35	\$1,158.91
Employee/Child(ren)	\$1,010.85	\$985.82
Family	\$1,691.31	\$1,649.35
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$714.26	N/A
Employee/Spouse	\$1,423.58	N/A
Employee/Child(ren)	\$1,210.78	N/A
Family	\$2,026.49	N/A

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





10/1/2020 - 12/1/2020 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	\$555.77	\$568.58
Employee/Spouse	\$1,106.60	\$1,132.22
Employee/Child(ren)	\$941.35	\$963.13
Family	\$1,574.80	\$1,611.31
Rates - Nassau & Suffolk		
Employee	\$631.51	\$568.58
Employee/Spouse	\$1,258.07	\$1,132.22
Employee/Child(ren)	\$1,070.09	\$963.13
Family	\$1,790.64	\$1,611.31
Rates - Westchester & Rockland		
Employee	\$555.77	N/A
Employee/Spouse	\$1,106.60	N/A
Employee/Child(ren)	\$941.35	N/A
Family	\$1,574.80	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.



10/1/2020 - 12/1/2020 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	\$538.70	\$519.05
Employee/Spouse	\$1,072.46	\$1,033.15
Employee/Child(ren)	\$912.33	\$878.92
Family	\$1,526.14	\$1,470.13
Rates - Nassau & Suffolk		
Employee	\$538.70	\$519.05
Employee/Spouse	\$1,072.46	\$1,033.15
Employee/Child(ren)	\$912.33	\$878.92
Family	\$1,526.14	\$1,470.13
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.



10/1/2020 - 12/1/2020 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	\$599.39	\$694.30
Employee/Spouse	\$1,193.85	\$1,383.65
Employee/Child(ren)	\$1,015.51	\$1,176.85
Family	\$1,699.13	\$1,969.60
Rates - Nassau & Suffolk		
Employee	\$599.39	\$694.30
Employee/Spouse	\$1,193.85	\$1,383.65
Employee/Child(ren)	\$1,015.51	\$1,176.85
Family	\$1,699.13	\$1,969.60
Rates - Westchester & Rockland		
Employee	\$599.39	\$694.30
Employee/Spouse	\$1,193.85	\$1,383.65
Employee/Child(ren)	\$1,015.51	\$1,176.85
Family	\$1,699.13	\$1,969.60
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.





10/1/2020 - 12/1/2020 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	\$573.36	\$665.29
Employee/Spouse	\$1,141.76	\$1,325.63
Employee/Child(ren)	\$971.24	\$1,127.53
Family	\$1,624.90	\$1,886.92
Rates - Nassau & Suffolk		
Employee	\$573.36	\$665.29
Employee/Spouse	\$1,141.76	\$1,325.63
Employee/Child(ren)	\$971.24	\$1,127.53
Family	\$1,624.90	\$1,886.92
Rates - Westchester & Rockland		
Employee	\$573.36	\$665.29
Employee/Spouse	\$1,141.76	\$1,325.63
Employee/Child(ren)	\$971.24	\$1,127.53
Family	\$1,624.90	\$1,886.92
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.



10/1/2020 - 12/1/2020 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	\$611.87	\$706.90
Employee/Spouse	\$1,218.79	\$1,408.86
Employee/Child(ren)	\$1,036.72	\$1,198.27
Family	\$1,734.68	\$2,005.51
Rates - Nassau & Suffolk		
Employee	\$611.87	\$706.90
Employee/Spouse	\$1,218.79	\$1,408.86
Employee/Child(ren)	\$1,036.72	\$1,198.27
Family	\$1,734.68	\$2,005.51
Rates - Westchester & Rockland		
Employee	\$611.87	\$706.90
Employee/Spouse	\$1,218.79	\$1,408.86
Employee/Child(ren)	\$1,036.72	\$1,198.27
Family	\$1,734.68	\$2,005.51
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.



10/1/2020 - 12/1/2020 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	\$731.95	\$596.18
Employee/Spouse	\$1,458.96	\$1,187.42
Employee/Child(ren)	\$1,240.86	\$1,010.05
Family	\$2,076.91	\$1,689.97
Rates - Nassau & Suffolk		
Employee	\$731.95	\$596.18
Employee/Spouse	\$1,458.96	\$1,187.42
Employee/Child(ren)	\$1,240.86	\$1,010.05
Family	\$2,076.91	\$1,689.97
Rates - Westchester & Rockland		
Employee	\$731.95	\$596.18
Employee/Spouse	\$1,458.96	\$1,187.42
Employee/Child(ren)	\$1,240.86	\$1,010.05
Family	\$2,076.91	\$1,689.97
Rates - Ulster, Sullivan, Putnam, Dutchess & Orange		
Employee	\$805.45	\$655.95
Employee/Spouse	\$1,605.95	\$1,306.95
Employee/Child(ren)	\$1,365.80	\$1,111.66
Family	\$2,286.39	\$1,860.30

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