



## EmblemHealth 2019 2nd Quarter Small Group Rates

Long Island								
	Non-Gated Platinum Premier	Non-Gated Platinum Choice	Non-Gated Gold Premier	Non-Gated Gold Premier 1	Gated Gold Plus	Gated Gold Plus 1	Non-Gated Gold Choice	Gated Gold Value
<b>Standard Rates</b>								
Individual	\$1,189.51	\$1,047.44	\$1,045.16	\$921.64	\$978.66	\$913.69	\$889.66	\$822.93
Individual/Spouse	\$2,379.03	\$2,094.88	\$2,090.33	\$1,843.28	\$1,957.32	\$1,827.37	\$1,779.33	\$1,645.85
Individual/Child	\$2,022.17	\$1,780.64	\$1,776.78	\$1,566.79	\$1,663.72	\$1,553.27	\$1,512.43	\$1,398.97
Family	\$3,390.11	\$2,985.20	\$2,978.72	\$2,626.67	\$2,789.18	\$2,604.00	\$2,535.55	\$2,345.34
<b>Age 29 Rates</b>								
Individual	\$1,225.20	\$1,078.86	\$1,076.51	\$949.29	\$1,008.02	\$941.10	\$916.35	\$847.62
Individual/Spouse	\$2,450.41	\$2,157.71	\$2,153.02	\$1,898.57	\$2,016.03	\$1,882.19	\$1,832.72	\$1,695.24
Individual/Child	\$2,082.85	\$1,834.05	\$1,830.06	\$1,613.78	\$1,713.63	\$1,599.86	\$1,557.81	\$1,440.95
Family	\$3,491.83	\$3,074.74	\$3,068.05	\$2,705.46	\$2,872.84	\$2,682.11	\$2,611.62	\$2,415.72
<b>Plan Benefits</b>								
Network	Prime	Select Care	Prime	Prime	Prime	Prime	Select Care	Select Care
Referral Required	No	No	No	No	Yes	Yes	No	Yes
Deductible: Individual/Family	\$0/\$0	\$200/\$400	\$450/\$900	\$2,000/\$4,000	\$550/\$1,100	\$1,000/\$2,000	\$750/\$1,500	\$3,000/\$6,000
Pharmacy Deductible: Individual/Family	\$0/\$0	Integrated	\$0/\$0	\$100/\$200	\$0/\$0	\$100/\$200	Integrated	Integrated
Out of Pocket Maximum	\$2,000/\$4,000	\$2,200/\$4,400	\$4,000/\$8,000	\$6,800/\$13,600	\$4,500/\$9,000	\$4,000/\$8,000	\$5,000/\$10,000	\$3,000/\$6,000
Primary Care Physician (PCP) office visit	\$15+	\$15*	\$30*+	\$30*	\$40*+	\$30*	\$30*+	\$45*+
Specialist office visit	\$35	\$35*	\$50*	\$60*	\$60*	\$60*	\$50*	\$65*
Urgent Care	\$75	\$75*	\$75*	\$75*	\$75*	\$75*	\$75*	\$75*
Emergency Room	\$200	\$200^	\$300^	\$500^	\$300^	\$300^	\$300^	\$0^
Inpatient	\$500	\$500^	\$1,000^	30%^	\$1,500^	\$500 per day^, \$2,000 maximum	\$2,000^	\$0^
Dental (Routine)	\$15	\$15*	\$30*	\$30*	\$40*	\$30*	\$30*	\$45*
Vision (Eye Exam)	\$0	\$0*	\$0*	\$0*	0*	\$0*	\$0*	\$0*
Surgery Services: PCP/Specialist	\$15/\$35	\$15^/\$35^	\$30^/\$50^	\$30^/\$60^	\$40^/\$60^	\$30^/\$60^	\$30^/\$50^	\$0^/\$0^
Acupuncture	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*
Prescription Drugs	\$15/\$30/\$70	\$15^/\$30^/\$70^	\$10/\$30/\$70	\$15^/\$45^/\$70^	\$15/\$30/\$70	\$15^/\$35^/\$75^	\$20^/\$45^/\$75^	\$25^/\$0^/\$0^

\* Not Subject to Deductible ^ After Deductible + 3 Free PCP Visits

The rates listed above apply to Nassau and Suffolk counties.

All plans listed above are underwritten by Health Insurance Plan of Greater New York (HIP).

(Continued)

Group Health Incorporated (GHI), Health Insurance Plan of Greater New York (HIP), HIP Insurance Company of New York (HIPIC), and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.



## EmblemHealth 2019 2nd Quarter Small Group Rates (Continued)

Long Island								
	Non-Gated	Gated	Gated	Non-Gated	Non-Gated	Gated	Gated	Gated
	Silver Premier	Silver Premier 1	Silver Plus	Silver Plus 1	Silver Choice	Silver Value	Bronze Plus HSA	Bronze Value
<b>Standard Rates</b>								
Individual	\$814.13	\$788.17	\$766.40	\$801.56	\$723.30	\$669.15	\$659.78	\$591.70
Individual/Spouse	\$1,628.27	\$1,576.35	\$1,532.79	\$1,603.11	\$1,446.60	\$1,338.30	\$1,319.55	\$1,183.40
Individual/Child	\$1,384.03	\$1,339.89	\$1,302.88	\$1,362.65	\$1,229.61	\$1,137.56	\$1,121.62	\$1,005.89
Family	\$2,320.28	\$2,246.30	\$2,184.23	\$2,284.43	\$2,061.41	\$1,907.08	\$1,880.36	\$1,686.36
<b>Age 29 Rates</b>								
Individual	\$838.55	\$811.82	\$789.39	\$825.61	\$745.00	\$689.22	\$679.57	\$609.45
Individual/Spouse	\$1,677.10	\$1,623.66	\$1,578.78	\$1,651.22	\$1,490.02	\$1,378.45	\$1,359.13	\$1,218.90
Individual/Child	\$1,425.54	\$1,380.11	\$1,341.96	\$1,403.53	\$1,266.51	\$1,171.68	\$1,155.26	\$1,036.07
Family	\$2,389.87	\$2,313.71	\$2,249.75	\$2,352.99	\$2,123.27	\$1,964.29	\$1,936.76	\$1,736.94
<b>Plan Benefits</b>								
Network	Prime	Prime	Prime	Prime	Select Care	Select Care	Prime	Select Care
Referral Required	No	Yes	Yes	No	No	Yes	Yes	Yes
Deductible: Individual/Family	\$3,300/\$6,600	\$2,700/\$5,400	\$2,550/\$5,100	\$3,000/\$6,000	\$2,800/\$5,600	\$6,300/\$12,600	\$5,500/\$11,000	\$7,690/\$15,380
Pharmacy Deductible: Individual/Family	\$0/\$0	\$200/\$400	\$0/\$0	\$200/\$400	Integrated	Integrated	Integrated	Integrated
Out of Pocket Maximum	\$7,000/\$14,000	\$7,300/\$14,600	\$7,300/\$14,600	\$7,000/\$14,000	\$7,100/\$14,200	\$6,300/\$12,600	\$6,550/\$13,100	\$7,690/\$15,380
Primary Care Physician (PCP) office visit	\$30*+	\$40*	\$40*+	\$35*	\$30*+	\$35*+	50%^	0%^+
Specialist office visit	\$55*	\$70*	\$60^	\$55*	\$50^	\$70*	50%^	0%^
Urgent Care	\$75*	\$75*	\$75*	\$75*	\$75*	\$75*	50%^	\$75*
Emergency Room	\$500^	30%^	\$500^	\$700^	\$500^	\$0^	50%^	0%^
Inpatient	\$2,000^	30%^	\$2,000^	50%^	\$2,000^	\$0^	50%^	0%^
Dental (Routine)	\$30*	\$40*	\$40*	\$35*	\$30*	\$35*	50%^	\$30*
Vision (Eye Exam)	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	50%^	\$0*
Surgery Services: PCP/Specialist	\$30^/\$55^	\$40^/\$70^	\$40^/\$60^	\$35^/\$55^	\$30^/\$50^	\$0^/\$0^	50%^/50%^	0%^
Acupuncture	\$0*	\$0*	\$0*	\$0*	\$0*	\$0*	N/A	\$0*
Prescription Drugs	\$15/\$35/\$75	\$20*/\$45^/\$75^	\$20/\$40/\$75	\$15*/\$65^/\$85^	\$15*/\$35^/\$75^	\$10*/\$0^/\$0^	\$10^/\$35^/\$75^	\$30*/0%/0%^

\* Not Subject to Deductible ^ After Deductible + 3 Free PCP Visits

The rates listed above apply to Nassau and Suffolk counties.