



EmblemHealth 1st Quarter Small Group Rates

Albany and Upstate								
	Non-Gated	Non-Gated	Non-Gated	Non-Gated	Gated	Gated	Non-Gated	Gated
	Platinum Premier	Platinum Choice	Gold Premier	Gold Premier 1	Gold Plus	Gold Plus 1	Gold Choice	Gold Value
Standard Rates								
Individual	\$1,228.41	\$1,081.69	\$1,079.35	\$951.78	\$1,010.66	\$943.58	\$918.76	\$849.84
Individual/Spouse	\$2,456.82	\$2,163.38	\$2,158.70	\$1,903.56	\$2,021.32	\$1,887.16	\$1,837.52	\$1,699.68
Individual/Child	\$2,088.30	\$1,838.87	\$1,834.90	\$1,618.03	\$1,718.12	\$1,604.09	\$1,561.89	\$1,444.73
Family	\$3,500.97	\$3,082.82	\$3,076.15	\$2,712.57	\$2,880.38	\$2,689.20	\$2,618.47	\$2,422.04
Age 29 Rates								
Individual	\$1,265.21	\$1,114.15	\$1,111.73	\$980.33	\$1,040.99	\$971.88	\$946.32	\$875.33
Individual/Spouse	\$2,530.54	\$2,228.30	\$2,223.46	\$1,960.66	\$2,081.98	\$1,943.76	\$1,892.64	\$1,750.66
Individual/Child	\$2,150.96	\$1,894.06	\$1,889.94	\$1,666.56	\$1,769.68	\$1,652.20	\$1,608.74	\$1,488.06
Family	\$3,606.02	\$3,175.33	\$3,168.43	\$2,793.94	\$2,966.82	\$2,769.86	\$2,697.01	\$2,494.69
Plan Benefits								
Network	Prime	Select Care	Prime	Prime	Prime	Prime	Select Care	Select Care
Referral Required	No	No	No	No	Yes	Yes	No	Yes
Deductible: Ind/Fam	\$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 Ded: Ind/Fam	\$0/\$0	Integrated	\$0/\$0	\$100/\$200	\$0/\$0	\$100/\$200	Integrated	Integrated
Out Of Pocket Max	\$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
PCP Office Visit	\$15+	\$15*+	\$30*+	\$30*	\$40*+	\$30*	\$30*+	\$45*+
Spec 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 max	\$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/Spec	\$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 Albany, Broome, Columbia, Fulton, Greene, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties.

(Continued)

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



EmblemHealth 1st Quarter Small Group Rates (continued)

Albany and Upstate								
	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
Standard Rates								
Individual	\$840.77	\$813.96	\$791.47	\$827.78	\$746.97	\$691.04	\$681.36	\$611.06
Individual/Spouse	\$1,681.54	\$1,627.92	\$1,582.94	\$1,655.56	\$1,493.94	\$1,382.08	\$1,362.72	\$1,222.12
Individual/Child	\$1,429.31	\$1,383.73	\$1,345.50	\$1,407.23	\$1,269.85	\$1,174.77	\$1,158.31	\$1,038.80
Family	\$2,396.19	\$2,319.79	\$2,255.69	\$2,359.17	\$2,128.86	\$1,969.46	\$1,941.88	\$1,741.52
Age 29 Rates								
Individual	\$866.00	\$838.38	\$815.21	\$852.61	\$769.38	\$711.78	\$701.80	\$629.40
Individual/Spouse	\$1,732.00	\$1,676.76	\$1,630.42	\$1,705.22	\$1,538.76	\$1,423.56	\$1,403.60	\$1,258.80
Individual/Child	\$1,472.20	\$1,425.25	\$1,385.86	\$1,449.44	\$1,307.95	\$1,210.03	\$1,193.06	\$1,069.98
Family	\$2,468.10	\$2,389.38	\$2,323.35	\$2,429.94	\$2,192.73	\$2,028.57	\$2,000.13	\$1,793.79
Plan Benefits								
Network	Prime	Prime	Prime	Prime	Select Care	Select Care	Prime	Select Care
Referral Required	No	Yes	Yes	No	No	Yes	Yes	Yes
Deductible: Ind/Fam	\$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 Ded: Ind/Fam	\$0/\$0	\$200/\$400	\$0/\$0	\$200/\$400	Integrated	Integrated	Integrated	Integrated
Out Of Pocket Max	\$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
PCP Office Visit	\$30*+	\$40*	\$40^+	\$35*	\$30*+	\$35*+	50%^	0%^+
Spec 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/Spec	\$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 Albany, Broome, Columbia, Fulton, Greene, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties.



EmblemHealth 1st Quarter Small Group Rates

Long Island								
	Non-Gated	Non-Gated	Non-Gated	Non-Gated	Gated	Gated	Non-Gated	Gated
	Platinum Premier	Platinum Choice	Gold Premier	Gold Premier 1	Gold Plus	Gold Plus 1	Gold Choice	Gold Value
Standard Rates								
Individual	\$1,166.19	\$1,026.90	\$1,024.67	\$903.57	\$959.47	\$895.77	\$872.22	\$806.79
Individual/Spouse	\$2,332.38	\$2,053.80	\$2,049.34	\$1,807.14	\$1,918.94	\$1,791.54	\$1,744.44	\$1,613.58
Individual/Child	\$1,982.52	\$1,745.73	\$1,741.94	\$1,536.07	\$1,631.10	\$1,522.81	\$1,482.77	\$1,371.54
Family	\$3,323.64	\$2,926.67	\$2,920.31	\$2,575.17	\$2,734.49	\$2,552.94	\$2,485.83	\$2,299.35
Age 29 Rates								
Individual	\$1,201.18	\$1,057.70	\$1,055.40	\$930.67	\$988.25	\$922.64	\$898.39	\$831.00
Individual/Spouse	\$2,402.36	\$2,115.40	\$2,110.80	\$1,861.34	\$1,976.50	\$1,845.28	\$1,796.78	\$1,662.00
Individual/Child	\$2,042.01	\$1,798.09	\$1,794.18	\$1,582.14	\$1,680.03	\$1,568.49	\$1,527.26	\$1,412.70
Family	\$3,423.36	\$3,014.45	\$3,007.89	\$2,652.41	\$2,816.51	\$2,629.52	\$2,560.41	\$2,368.35
Plan Benefits								
Network	Prime	Select Care	Prime	Prime	Prime	Prime	Select Care	Select Care
Referral Required	No	No	No	No	Yes	Yes	No	Yes
Deductible: Ind/Fam	\$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 Ded: Ind/Fam	\$0/\$0	Integrated	\$0/\$0	\$100/\$200	\$0/\$0	\$100/\$200	Integrated	Integrated
Out Of Pocket Max	\$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
PCP Office Visit	\$15+	\$15*+	\$30*+	\$30*	\$40*+	\$30*	\$30*+	\$45*+
Spec 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 max	\$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/Spec	\$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 & Suffolk counties.
(Continued)

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EmblemHealth 1st 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
Standard Rates								
Individual	\$798.17	\$772.72	\$751.37	\$785.84	\$709.12	\$656.03	\$646.84	\$580.10
Individual/Spouse	\$1,596.34	\$1,545.44	\$1,502.74	\$1,571.68	\$1,418.24	\$1,312.06	\$1,293.68	\$1,160.20
Individual/Child	\$1,356.89	\$1,313.62	\$1,277.33	\$1,335.93	\$1,205.50	\$1,115.25	\$1,099.63	\$986.17
Family	\$2,274.78	\$2,202.25	\$2,141.40	\$2,239.64	\$2,020.99	\$1,869.69	\$1,843.49	\$1,653.29
Age 29 Rates								
Individual	\$822.11	\$795.91	\$773.91	\$809.42	\$730.40	\$675.71	\$666.24	\$597.50
Individual/Spouse	\$1,644.22	\$1,591.82	\$1,547.82	\$1,618.84	\$1,460.80	\$1,351.42	\$1,332.48	\$1,195.00
Individual/Child	\$1,397.59	\$1,353.05	\$1,315.65	\$1,376.01	\$1,241.68	\$1,148.71	\$1,132.61	\$1,015.75
Family	\$2,343.01	\$2,268.34	\$2,205.64	\$2,306.85	\$2,081.64	\$1,925.77	\$1,898.78	\$1,702.88
Plan Benefits								
Network	Prime	Prime	Prime	Prime	Select Care	Select Care	Prime	Select Care
Referral Required	No	Yes	Yes	No	No	Yes	Yes	Yes
Deductible: Ind/Fam	\$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 Ded: Ind/Fam	\$0/\$0	\$200/\$400	\$0/\$0	\$200/\$400	Integrated	Integrated	Integrated	Integrated
Out Of Pocket Max	\$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
PCP Office Visit	\$30* ⁺	\$40*	\$40 ⁺	\$35*	\$30* ⁺	\$35* ⁺	50% [^]	0% ^{^+}
Spec 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/ Spec	\$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 & Suffolk counties.



EmblemHealth 1st Quarter Small Group Rates

Mid-Hudson								
	Non-Gated	Non-Gated	Non-Gated	Non-Gated	Gated	Gated	Non-Gated	Gated
	Platinum Premier	Platinum Choice	Gold Premier	Gold Premier 1	Gold Plus	Gold Plus 1	Gold Choice	Gold Value
Standard Rates								
Individual	\$1,228.94	\$1,082.16	\$1,079.81	\$952.18	\$1,011.10	\$943.98	\$919.15	\$850.20
Individual/Spouse	\$2,457.88	\$2,164.32	\$2,159.62	\$1,904.36	\$2,022.20	\$1,887.96	\$1,838.30	\$1,700.40
Individual/Child	\$2,089.20	\$1,839.67	\$1,835.68	\$1,618.71	\$1,718.87	\$1,604.77	\$1,562.56	\$1,445.34
Family	\$3,502.48	\$3,084.16	\$3,077.46	\$2,713.71	\$2,881.64	\$2,690.34	\$2,619.58	\$2,423.07
Age 29 Rates								
Individual	\$1,265.81	\$1,114.62	\$1,112.20	\$980.75	\$1,041.43	\$972.30	\$946.73	\$875.71
Individual/Spouse	\$2,531.62	\$2,229.24	\$2,224.40	\$1,961.50	\$2,082.86	\$1,944.60	\$1,893.46	\$1,751.42
Individual/Child	\$2,151.88	\$1,894.85	\$1,890.74	\$1,667.28	\$1,770.43	\$1,652.91	\$1,609.44	\$1,488.71
Family	\$3,607.56	\$3,176.67	\$3,169.77	\$2,795.14	\$2,968.08	\$2,771.06	\$2,698.18	\$2,495.77
Plan Benefits								
Network	Prime	Select Care	Prime	Prime	Prime	Prime	Select Care	Select Care
Referral Required	No	No	No	No	Yes	Yes	No	Yes
Deductible: Ind/Fam	\$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 Ded: Ind/Fam	\$0/\$0	Integrated	\$0/\$0	\$100/\$200	\$0/\$0	\$100/\$200	Integrated	Integrated
Out Of Pocket Max	\$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
PCP Office Visit	\$15+	\$15*+	\$30*+	\$30*	\$40*+	\$30*	\$30*+	\$45*+
Spec 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 max	50%^	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/Spec	\$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 Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties.

(Continued)



EmblemHealth 1st Quarter Small Group Rates (Continued)

Mid-Hudson								
	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
Standard Rates								
Individual	\$841.13	\$814.31	\$791.80	\$828.13	\$747.28	\$691.34	\$681.64	\$611.32
Individual/Spouse	\$1,682.26	\$1,628.62	\$1,583.60	\$1,656.26	\$1,494.56	\$1,382.68	\$1,363.28	\$1,222.64
Individual/Child	\$1,429.92	\$1,384.33	\$1,346.06	\$1,407.82	\$1,270.38	\$1,175.28	\$1,158.79	\$1,039.24
Family	\$2,397.22	\$2,320.78	\$2,256.63	\$2,360.17	\$2,129.75	\$1,970.32	\$1,942.67	\$1,742.26
Age 29 Rates								
Individual	\$866.37	\$838.74	\$815.56	\$852.98	\$769.70	\$712.07	\$702.09	\$629.66
Individual/Spouse	\$1,732.74	\$1,677.48	\$1,631.12	\$1,705.96	\$1,539.40	\$1,424.14	\$1,404.18	\$1,259.32
Individual/Child	\$1,472.83	\$1,425.86	\$1,386.45	\$1,450.07	\$1,308.49	\$1,210.52	\$1,193.55	\$1,070.42
Family	\$2,469.15	\$2,390.41	\$2,324.35	\$2,430.99	\$2,193.65	\$2,029.40	\$2,000.96	\$1,794.53
Plan Benefits								
Network	Prime	Prime	Prime	Prime	Select Care	Select Care	Prime	Select Care
Referral Required	No	Yes	Yes	No	No	Yes	Yes	Yes
Deductible: Ind/Fam	\$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 Ded: Ind/Fam	\$0/\$0	\$200/\$400	\$0/\$0	\$200/\$400	Integrated	Integrated	Integrated	Integrated
Out Of Pocket Max	\$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
PCP Office Visit	\$30* ⁺	\$40*	\$40 ⁺	\$35*	\$30* ⁺	\$35* ⁺	50% [^]	0% ^{^+}
Spec 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/Spec	\$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*
<small>* Prescription Deductible [^] After Deductible 3 Free PCP Office Visits \$20*/\$45*/\$75[^] \$20/\$40/\$75 \$15*/\$65*/\$85[^] The rates \$15*/\$35*/\$75 apply to Deductible, Out of Pocket, Original Copay, and Copay Waiver amounts. </small>								



EmblemHealth 1st Quarter Small Group Rates

New York City, Rockland and Westchester								
	Non-Gated	Non-Gated	Non-Gated	Non-Gated	Gated	Gated	Non-Gated	Gated
	Platinum Premier	Platinum Choice	Gold Premier	Gold Premier 1	Gold Plus	Gold Plus 1	Gold Choice	Gold Value
Standard Rates								
Individual	\$1,025.17	\$902.72	\$900.76	\$794.30	\$843.45	\$787.45	\$766.75	\$709.23
Individual/Spouse	\$2,050.34	\$1,805.44	\$1,801.52	\$1,588.60	\$1,686.90	\$1,574.90	\$1,533.50	\$1,418.46
Individual/Child	\$1,742.79	\$1,534.62	\$1,531.29	\$1,350.31	\$1,433.87	\$1,338.67	\$1,303.48	\$1,205.69
Family	\$2,921.73	\$2,572.75	\$2,567.17	\$2,263.76	\$2,403.83	\$2,244.23	\$2,185.24	\$2,021.31
Age 29 Rates								
Individual	\$1,055.92	\$929.80	\$927.78	\$818.13	\$868.75	\$811.08	\$789.75	\$730.51
Individual/Spouse	\$2,111.84	\$1,859.60	\$1,855.56	\$1,636.26	\$1,737.50	\$1,622.16	\$1,579.50	\$1,461.02
Individual/Child	\$1,795.06	\$1,580.66	\$1,577.23	\$1,390.82	\$1,476.88	\$1,378.84	\$1,342.58	\$1,241.87
Family	\$3,009.37	\$2,649.93	\$2,644.17	\$2,331.67	\$2,475.94	\$2,311.58	\$2,250.79	\$2,081.95
Plan Benefits								
Network	Prime	Select Care	Prime	Prime	Prime	Prime	Select Care	Select Care
Referral Required	No	No	No	No	Yes	Yes	No	Yes
Deductible: Ind/Fam	\$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 Ded: Ind/Fam	\$0/\$0	Integrated	\$0/\$0	\$100/\$200	\$0/\$0	\$100/\$200	Integrated	Integrated
Out Of Pocket Max	\$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
PCP Office Visit	\$15+	\$15*+	\$30*+	\$30*	\$40*+	\$30*	\$30*+	\$45*+
Spec 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 max	\$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/Spec	\$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 The Bronx, Kings, Queens, Richmond, Rockland, and Westchester counties.

(Continued)

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



EmblemHealth 1st Quarter Small Group Rates (Continued)

New York City, Rockland and Westchester								
	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
Standard Rates								
Individual	\$701.66	\$679.28	\$660.51	\$690.82	\$623.38	\$576.71	\$568.62	\$509.96
Individual/Spouse	\$1,403.32	\$1,358.56	\$1,321.02	\$1,381.64	\$1,246.76	\$1,153.42	\$1,137.24	\$1,019.92
Individual/Child	\$1,192.82	\$1,154.78	\$1,122.87	\$1,174.39	\$1,059.75	\$980.41	\$966.65	\$866.93
Family	\$1,999.73	\$1,935.95	\$1,882.45	\$1,968.84	\$1,776.63	\$1,643.62	\$1,620.57	\$1,453.39
Age 29 Rates								
Individual	\$722.71	\$699.66	\$680.32	\$711.54	\$642.08	\$594.01	\$585.68	\$525.25
Individual/Spouse	\$1,445.42	\$1,399.32	\$1,360.64	\$1,423.08	\$1,284.16	\$1,188.02	\$1,171.36	\$1,050.50
Individual/Child	\$1,228.61	\$1,189.42	\$1,156.54	\$1,209.62	\$1,091.54	\$1,009.82	\$995.66	\$892.93
Family	\$2,059.72	\$1,994.03	\$1,938.91	\$2,027.89	\$1,829.93	\$1,692.93	\$1,669.19	\$1,496.96
Plan Benefits								
Network	Prime	Prime	Prime	Prime	Select Care	Select Care	Prime	Select Care
Referral Required	No	Yes	Yes	No	No	Yes	Yes	Yes
Deductible: Ind/Fam	\$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 Ded: Ind/Fam	\$0/\$0	\$200/\$400	\$0/\$0	\$200/\$400	Integrated	Integrated	Integrated	Integrated
Out Of Pocket Max	\$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
PCP Office Visit	\$30* ⁺	\$40*	\$40 ⁺	\$35*	\$30* ⁺	\$35* ⁺	50% [^]	0% ^{^+}
Spec 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/Spec	\$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 The Bronx, Kings, Queens, Richmond, Rockland, and Westchester counties.