



Check out these affordable health care plans offered by HIP, Empire Blue Cross Blue Shield and EmblemHealth!

For additional options, contact these insurers directly or call a Brooklyn Chamber health insurance specialist at 718-943-3882.



**Brooklyn Chamber
EPO Select**

Monthly Premium

- Individual Employee: \$366.28
- Family: \$938.48

Annual Deductible (Calendar Year) for Hospital/Inpatient Services

- \$1,000 (Ind) / \$2,000 (Fam)

Co-Insurance After Deductible

- 10%

Maximum Co-Insurance per Year

- \$500 (Ind) / \$1,000 (Fam)

Prescription Drug Coverage

- \$20 co-pay generic prescription
- \$30 co-pay brand name preferred prescription
- \$50 co-pay non-preferred prescription

Network

- HIP prime network

Office Visits

- \$30 co-pay per physician visit
- \$50 co-pay per specialist visit
- \$0 co-pay per well-child visit
- \$30 co-pay for diagnostic/lab fees
- Eye & dental benefits included

Emergency Room

- \$50 co-pay per visit (waived if admitted)

Hospital/In-patient Ambulatory Surgery

- Deductible and co-insurance

Referrals

- None required when using a network doctor or specialist

Out-of-Network Benefits: NONE

Contact

- Al Bottone: 646-447-6790
- abottone@emblemhealth.com
- www.emblemhealth.com



**Brooklyn Chamber
Value EPO**

Monthly Premium

- Individual Employee: \$365.66
- Family: \$1,096.98

Annual Deductible (Calendar Year)

- \$500

Prescription Drug Coverage

- No deductible
- \$10 co-pay generic prescription
- \$35 co-pay brand name preferred prescription
- \$75 co-pay non-preferred prescription
- \$2,000 benefit maximum per year

Network

- Empire PPO/EPO Blue Card national network

Office Visits

- \$0 preventative care
- Examinations and evaluations:
 - \$30 co-pay per physician visit
 - \$50 co-pay per specialist visit
- \$0 well-child visit up to age 19
- 20% co-insurance per visit after deductible for other services performed during visit

Emergency Room

- \$100 co-pay per visit (waived if admitted)

Hospital/In-patient Ambulatory Surgery

- 20% co-insurance after deductible

Maximum Co-Insurance per Year for Medical Services

- \$4,500

Referrals

- None required when using a network doctor or specialist

Out-of-Network Benefits: NONE

Contact

- Errol Pierre: 212-476-1422
- errol.pierre@empireblue.com
- www.empireblue.com



EmblemHealth

**Brooklyn Chamber
In Bal EPO**

Monthly Premium

- Individual Employee: \$410.34
- Family: \$1,050.43

Annual Deductible (Calendar Year) for Hospital/Inpatient Services

- \$1,000 (Ind) / \$3,000 (Fam)

Co-Insurance After Deductible

- 10%

Maximum Co-Insurance (Excludes Deductible)

- \$500 (Ind)/\$1,500 (Fam)

Prescription Drug Coverage

- \$0 co-pay generic prescription
- \$30 co-pay brand name preferred prescription
- \$50 co-pay non-preferred prescription

Network

- GHI tri-state and national networks

Physician/Specialist Office Visits

- \$0 preventative care (annual physical)
- \$40 co-pay per visit for adults
- \$0 co-pay per visit for dependent children up to age 19
- \$40 co-pay for diagnostic/lab fees

Emergency Room

- \$100 co-pay per visit (waived if admitted)

Hospital/In-patient Ambulatory Surgery

- Deductible and co-insurance

Referrals

- None required when using a network doctor or specialist

Out-of-Network Benefits: NONE

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