

	EmblemHealth Platinum HMO 15/35 (HMO) (UCR=N/A)		EmblemHealth Gold HMO 40/60 (HMOc) (UCR=N/A)		EmblemHealth Silver HMO 35/55 (HMOc) (UCR=N/A)		EmblemHealth Bronze HMO HD6300 (HSA) (UCR=N/A)	
	In-Network		In-Network		In-Network		In-Network	Out-Network
Prescription Drugs								
Drug Card	10/30/60		15/35/75/100 ded		15/35/75/100 ded		0%/0%/0% IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		\$200/\$400		\$3,000/\$6,000		\$6,300/\$12,600	
Individual/Family OOP Limit	\$2,000/\$4,000		\$5,500/\$11,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,300/\$12,600 (incl ded)	
Co-Insurance	N/A		0%		30%		0%	
Office Visits								
Primary Care	\$15		\$40 after ded		\$35 ded waived		0% after ded	
Specialist	\$35		\$60 after ded		\$55 ded waived		0% after ded	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$1,500/admit after ded		30% after ded		0% after ded	
Mental Health Inpatient	\$500/admit		\$1,500/admit after ded		30% after ded		0% after ded	
Outpatient Services								
Outpatient Facility	\$100		\$150 after ded		30% after ded		0% after ded	
Lab/X-Ray	\$35		\$60 after ded		\$55 ded waived		0% after ded	
Mental Health Outpatient	\$15		\$40 after ded		\$35 ded waived		0% after ded	
Emergency Care								
Emergency Room	\$100 (waived if admitted)		\$200 (waived if admitted) after ded		\$200 (waived if admitted) ded waived		0% after ded	
Urgent Care	\$55		\$60 after ded		\$60 ded waived		0% after ded	
Single	1 x	\$914.34	1 x	\$748.19	1 x	\$665.23	1 x	\$539.98
EE with Spouse	0 x	\$1,828.70	0 x	\$1,496.38	0 x	\$1,330.45	0 x	\$1,079.96
EE with Child(ren)	0 x	\$1,554.38	0 x	\$1,271.93	0 x	\$1,130.89	0 x	\$917.98
Family	1 x	\$2,605.88	1 x	\$2,132.34	1 x	\$1,895.89	1 x	\$1,538.95
Monthly Cost	2	\$3,520.22	2	\$2,880.53	2	\$2,561.12	2	\$2,078.93
Annual Cost		\$42,242.64		\$34,566.36		\$30,733.44		\$24,947.16