

	EmblemHealth Platinum HMO 15/35 (HMO) (UCR=N/A)		EmblemHealth Gold HMO 40/60 (HMO) (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	Out-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		N/A		\$2,000/\$4,000		\$6,300/\$12,600	
Individual/Family OOP Limit	\$2,000/\$4,000		\$4,000/\$8,000		\$6,000/\$12,000 (incl ded)		\$6,300/\$12,600 (incl ded)	
Co-Insurance	N/A		N/A		30%		0%	
Office Visits								
Primary Care	\$15		\$40		\$35 ded waived		0% after ded	
Specialist	\$35		\$60		\$55 ded waived		0% after ded	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$1,500/admit		30% after ded		0% after ded	
Mental Health Inpatient	\$500/admit		\$1,500/admit		30% after ded		0% after ded	
Outpatient Services								
Outpatient Facility	\$100		\$150		30% after ded		0% after ded	
Lab/X-Ray	\$35		\$60		\$55 ded waived		0% after ded	
Mental Health Outpatient	\$15		\$40		\$35 ded waived		0% after ded	
Emergency Care								
Emergency Room	\$100 (waived if admitted)		\$200 (waived if admitted)		\$200 (waived if admitted) ded waived		0% after ded	
Urgent Care	\$55		\$60		\$60 ded waived		0% after ded	
Single	1 x	\$648.47	1 x	\$564.57	1 x	\$501.03	1 x	\$420.76
EE with Spouse	0 x	\$1,296.94	0 x	\$1,129.14	0 x	\$1,002.06	0 x	\$841.52
EE with Child(ren)	0 x	\$1,102.40	0 x	\$959.77	0 x	\$851.75	0 x	\$715.29
Family	1 x	\$1,848.14	1 x	\$1,609.02	1 x	\$1,427.94	1 x	\$1,199.17
Monthly Cost	2	\$2,496.61	2	\$2,173.59	2	\$1,928.97	2	\$1,619.93
Annual Cost		\$29,959.32		\$26,083.08		\$23,147.64		\$19,439.16