

	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
<b>Prescription Drugs</b>								
Drug Card	10/30/60		15/35/75/100 ded		15/35/75/100 ded		0%/0%/0% IntDed	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
Primary Care	\$15		\$40		\$35 ded waived		0% after ded	
Specialist	\$35		\$60		\$55 ded waived		0% after ded	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	\$570.60	1 x	\$496.78	1 x	\$440.87	1 x	\$370.24
EE with Spouse	0 x	\$1,141.20	0 x	\$993.56	0 x	\$881.74	0 x	\$740.48
EE with Child(ren)	0 x	\$970.02	0 x	\$844.53	0 x	\$749.48	0 x	\$629.41
Family	1 x	\$1,626.21	1 x	\$1,415.82	1 x	\$1,256.48	1 x	\$1,055.18
Monthly Cost	2	\$2,196.81	2	\$1,912.60	2	\$1,697.35	2	\$1,425.42
Annual Cost		\$26,361.72		\$22,951.20		\$20,368.20		\$17,105.04