

	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 \$660.79		1 x \$575.30		1 x \$510.55		1 x \$428.75	
EE with Spouse	0 x \$1,321.58		0 x \$1,150.59		0 x \$1,021.10		0 x \$857.51	
EE with Child(ren)	0 x \$1,123.35		0 x \$978.01		0 x \$867.93		0 x \$728.88	
Family	1 x \$1,883.25		1 x \$1,639.59		1 x \$1,455.07		1 x \$1,221.95	
Monthly Cost	2 \$2,544.04		2 \$2,214.89		2 \$1,965.62		2 \$1,650.70	
Annual Cost	\$30,528.48		\$26,578.68		\$23,587.44		\$19,808.40	