

	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	\$697.06	1 x	\$606.87	1 x	\$538.57	1 x	\$452.29
EE with Spouse	0 x	\$1,394.11	0 x	\$1,213.73	0 x	\$1,077.14	0 x	\$904.59
EE with Child(ren)	0 x	\$1,185.00	0 x	\$1,031.68	0 x	\$915.57	0 x	\$768.90
Family	1 x	\$1,986.61	1 x	\$1,729.57	1 x	\$1,534.93	1 x	\$1,289.04
Monthly Cost	2	\$2,683.67	2	\$2,336.44	2	\$2,073.50	2	\$1,741.33
Annual Cost		\$32,204.04		\$28,037.28		\$24,882.00		\$20,895.96