

	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	\$673.35	1 x	\$586.23	1 x	\$520.25	1 x	\$436.90
EE with Spouse	0 x	\$1,346.69	0 x	\$1,172.45	0 x	\$1,040.50	0 x	\$873.80
EE with Child(ren)	0 x	\$1,144.69	0 x	\$996.59	0 x	\$884.42	0 x	\$742.73
Family	1 x	\$1,919.03	1 x	\$1,670.74	1 x	\$1,482.72	1 x	\$1,245.17
Monthly Cost	2	\$2,592.38	2	\$2,256.97	2	\$2,002.97	2	\$1,682.07
Annual Cost		\$31,108.56		\$27,083.64		\$24,035.64		\$20,184.84