

	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 \$686.14		1 x \$597.37		1 x \$530.13		1 x \$445.20	
EE with Spouse	0 x \$1,372.28		0 x \$1,194.73		0 x \$1,060.27		0 x \$890.40	
EE with Child(ren)	0 x \$1,166.44		0 x \$1,015.53		0 x \$901.22		0 x \$756.84	
Family	1 x \$1,955.49		1 x \$1,702.48		1 x \$1,510.89		1 x \$1,268.83	
Monthly Cost	2 \$2,641.63		2 \$2,299.85		2 \$2,041.02		2 \$1,714.03	
Annual Cost	\$31,699.56		\$27,598.20		\$24,492.24		\$20,568.36	