

	EmblemHealth Platinum HMO 15/35 (HMO) (UCR=N/A)		EmblemHealth Gold HMO 40/60 (HMOc) (UCR=N/A)		EmblemHealth Silver HMO 35/55 (HMOc) (UCR=N/A)		EmblemHealth Bronze HMO HD6300 (HSA) (UCR=N/A)	
	In-Network		In-Network	Out-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		\$200/\$400		\$3,000/\$6,000		\$6,300/\$12,600	
Individual/Family OOP Limit	\$2,000/\$4,000		\$5,500/\$11,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,300/\$12,600 (incl ded)	
Co-Insurance	N/A		0%		30%		0%	
<b>Office Visits</b>								
Primary Care	\$15		\$40 after ded		\$35 ded waived		0% after ded	
Specialist	\$35		\$60 after ded		\$55 ded waived		0% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit		\$1,500/admit after ded		30% after ded		0% after ded	
Mental Health Inpatient	\$500/admit		\$1,500/admit after ded		30% after ded		0% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$100		\$150 after ded		30% after ded		0% after ded	
Lab/X-Ray	\$35		\$60 after ded		\$55 ded waived		0% after ded	
Mental Health Outpatient	\$15		\$40 after ded		\$35 ded waived		0% after ded	
<b>Emergency Care</b>								
Emergency Room	\$100 (waived if admitted)		\$200 (waived if admitted) after ded		\$200 (waived if admitted) ded waived		0% after ded	
Urgent Care	\$55		\$60 after ded		\$60 ded waived		0% after ded	
Single	1 x	\$780.95	1 x	\$639.04	1 x	\$568.17	1 x	\$461.21
EE with Spouse	0 x	\$1,561.90	0 x	\$1,278.08	0 x	\$1,136.34	0 x	\$922.42
EE with Child(ren)	0 x	\$1,327.62	0 x	\$1,086.37	0 x	\$965.89	0 x	\$784.06
Family	1 x	\$2,225.71	1 x	\$1,821.26	1 x	\$1,619.28	1 x	\$1,314.45
Monthly Cost	2	\$3,006.66	2	\$2,460.30	2	\$2,187.45	2	\$1,775.66
Annual Cost		\$36,079.92		\$29,523.60		\$26,249.40		\$21,307.92