

Applicant Information:
NY City, 48, Male

Spouse: N/A
Dependents: 0

Zip Code: 10001
Effective Date: 12/1/2015

Report Id: 29611458

Empire BlueCross BlueShield Empire HMO 6000 Bronze NS INN Pediatric Dental Dep 25 \$381.92

Individual Deductible	\$6,000
Family Deductible	\$12,000
Primary Care	\$45 ded waived visits 1-2; 20% after ded visits 3+
Maternity Prenatal/Postnatal Care	20% after ded
Inpatient Hospital	\$600/admit + 20% after ded
Maternity Delivery/Inpatient	\$600/admit + 20% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	20% after ded
Rx Preferred	20% after ded

Empire BlueCross BlueShield Empire HMO 5600 Bronze NS INN Pediatric Dental Dep 25 \$385.09

Individual Deductible	\$5,600
Family Deductible	\$11,200
Primary Care	\$15 ded waived
Maternity Prenatal/Postnatal Care	40% after ded
Inpatient Hospital	\$1,000/admit + 40% after ded
Maternity Delivery/Inpatient	\$1,000/admit + 40% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	40% after ded
Rx Preferred	40% after ded

Empire BlueCross BlueShield Empire HMO 3000 Bronze ST INN Pediatric Dental Dep 25 \$404.71

Individual Deductible	\$3,000
Family Deductible	\$6,000
Primary Care	50% after ded
Maternity Prenatal/Postnatal Care	50% after ded
Inpatient Hospital	50% after ded
Maternity Delivery/Inpatient	50% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	\$10 after ded
Rx Preferred	\$35 after ded

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Empire BlueCross BlueShield Empire HMO 2450 Silver NS INN Pediatric Dental Dep 25

\$448.12

Individual Deductible	\$2,450
Family Deductible	\$4,900
Primary Care	10% after ded
Maternity Prenatal/Postnatal Care	10% after ded
Inpatient Hospital	\$1,000/admit + 10% after ded
Maternity Delivery/Inpatient	\$1,000/admit + 10% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	10% after ded
Rx Preferred	10% after ded

Empire BlueCross BlueShield Empire HMO 2250 Silver NS INN Pediatric Dental Dep 25

\$458.86

Individual Deductible	\$2,250
Family Deductible	\$4,500
Primary Care	\$30 ded waived
Maternity Prenatal/Postnatal Care	25% after ded
Inpatient Hospital	\$1,000/admit + 25% after ded
Maternity Delivery/Inpatient	\$1,000/admit + 25% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	25% after ded
Rx Preferred	25% after ded

Empire BlueCross BlueShield Empire HMO 2000 Silver ST INN Pediatric Dental Dep 25

\$471.19

Individual Deductible	\$2,000
Family Deductible	\$4,000
Primary Care	\$30 after ded
Maternity Prenatal/Postnatal Care	\$100 after ded
Inpatient Hospital	\$1,500/admit after ded
Maternity Delivery/Inpatient	\$1,500/admit after ded
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$35

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Empire BlueCross BlueShield Empire HMO 1000 Gold NS INN Pediatric Dental Dep 25

\$557.28

Individual Deductible	\$1,000
Family Deductible	\$2,000
Primary Care	\$30 ded waived
Maternity Prenatal/Postnatal Care	10% after ded
Inpatient Hospital	\$1,000/admit + 10% after ded
Maternity Delivery/Inpatient	\$1,000/admit + 10% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	\$15 ded waived
Rx Preferred	\$40 ded waived

Empire BlueCross BlueShield Empire HMO 600 Gold ST INN Pediatric Dental Dep 25

\$561.94

Individual Deductible	\$600
Family Deductible	\$1,200
Primary Care	\$25 after ded
Maternity Prenatal/Postnatal Care	\$100 after ded
Inpatient Hospital	\$1,000/admit after ded
Maternity Delivery/Inpatient	\$1,000/admit after ded
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$35

Empire BlueCross BlueShield Empire HMO 200 Platinum NS INN Pediatric Dental Dep 25

\$658.39

Individual Deductible	\$200
Family Deductible	\$400
Primary Care	\$20 ded waived
Maternity Prenatal/Postnatal Care	5% after ded
Inpatient Hospital	\$300/admit + 5% after ded
Maternity Delivery/Inpatient	\$300/admit + 5% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	\$10 after ded
Rx Preferred	\$35 after ded

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Empire BlueCross BlueShield Empire HMO 0 Platinum ST INN Pediatric Dental Dep 25

\$665.90

Individual Deductible	N/A
Family Deductible	N/A
Primary Care	\$15
Maternity Prenatal/Postnatal Care	\$100
Inpatient Hospital	\$500/admit
Maternity Delivery/Inpatient	\$500/admit
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$30