

Applicant Information:
NY City 2016, 47, Male

Spouse: N/A
Dependents: 0

Zip Code: 10001
Effective Date: 1/1/2016

Report Id: 29611448

Empire BlueCross BlueShield Empire HMO 5850 Bronze NS INN Pediatric Dental Dep 25

\$435.02

Individual Deductible	\$5,850
Family Deductible	\$11,700
Primary Care	No charge visits 1-3; 30% after ded visits 4+
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	\$1,000/admit after ded
Maternity Delivery/Inpatient	\$1,000/admit after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	30% after ded
Rx Preferred	30% after ded

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

\$437.30

Individual Deductible	\$6,000
Family Deductible	\$12,000
Primary Care	No charge visits 1-5; 20% after ded visits 6+
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	\$850/admit after ded
Maternity Delivery/Inpatient	\$850/admit after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	20% after ded
Rx Preferred	20% after ded

Empire BlueCross BlueShield Empire HMO 4000 for HSA Bronze ST INN Pediatric Dental Dep 25

\$443.46

Individual Deductible	\$4,000
Family Deductible	\$8,000
Primary Care	50% after ded
Maternity Prenatal/Postnatal Care	No charge
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 5850 Bronze NS INN Pediatric Dental Dep 25 0
PCP Office Visit

\$443.63

Individual Deductible	\$5,850
Family Deductible	\$11,700
Primary Care	T1-No charge; T2-30% after ded
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	\$1,000/admit after ded
Maternity Delivery/Inpatient	\$1,000/admit after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	30% after ded
Rx Preferred	30% after ded

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

\$507.33

Individual Deductible	\$2,250
Family Deductible	\$4,500
Primary Care	No charge visits 1-5; 25% after ded visits 6+
Maternity Prenatal/Postnatal Care	No charge
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 2750 for HSA Silver NS INN Pediatric Dental Dep 25

\$516.11

Individual Deductible	\$2,750
Family Deductible	\$5,500
Primary Care	10% after ded
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	\$1,100/admit + 10% after ded
Maternity Delivery/Inpatient	\$1,100/admit + 10% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	10% after ded
Rx Preferred	10% after ded

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

\$553.40

Individual Deductible	\$2,000
Family Deductible	\$4,000
Primary Care	\$30 after ded
Maternity Prenatal/Postnatal Care	No charge
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

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

\$614.13

Individual Deductible	\$1,000
Family Deductible	\$2,000
Primary Care	\$30 ded waived
Maternity Prenatal/Postnatal Care	No charge
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

\$645.66

Individual Deductible	\$600
Family Deductible	\$1,200
Primary Care	\$25 after ded
Maternity Prenatal/Postnatal Care	No charge
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

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Empire BlueCross BlueShield Empire HMO 250 Platinum NS INN Pediatric Dental Dep 25

\$725.10

Individual Deductible	\$250
Family Deductible	\$500
Primary Care	\$20 ded waived
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	\$300/admit + 5% after ded
Maternity Delivery/Inpatient	\$300/admit + 5% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	\$10 ded waived
Rx Preferred	\$35 ded waived

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

\$750.76

Individual Deductible	N/A
Family Deductible	N/A
Primary Care	\$15
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	\$500/admit
Maternity Delivery/Inpatient	\$500/admit
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$30