

	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		In-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		\$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%	
Office Visits								
Primary Care	\$15		\$40 after ded		\$35 ded waived		0% after ded	
Specialist	\$35		\$60 after ded		\$55 ded waived		0% after ded	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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	\$792.66	1 x	\$648.63	1 x	\$576.69	1 x	\$468.13
EE with Spouse	0 x	\$1,585.33	0 x	\$1,297.25	0 x	\$1,153.39	0 x	\$936.26
EE with Child(ren)	0 x	\$1,347.53	0 x	\$1,102.67	0 x	\$980.38	0 x	\$795.82
Family	1 x	\$2,259.10	1 x	\$1,848.58	1 x	\$1,643.57	1 x	\$1,334.17
Monthly Cost	2	\$3,051.76	2	\$2,497.21	2	\$2,220.26	2	\$1,802.30
Annual Cost		\$36,621.12		\$29,966.52		\$26,643.12		\$21,627.60