

	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
<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	
<b>Single</b>	1 x	\$964.11	1 x	\$788.91	1 x	\$701.43	1 x	\$569.37
EE with Spouse	0 x	\$1,928.21	0 x	\$1,577.81	0 x	\$1,402.86	0 x	\$1,138.75
EE with Child(ren)	0 x	\$1,638.97	0 x	\$1,341.14	0 x	\$1,192.43	0 x	\$967.93
Family	1 x	\$2,747.71	1 x	\$2,248.39	1 x	\$1,999.07	1 x	\$1,622.72
Monthly Cost	2	\$3,711.82	2	\$3,037.30	2	\$2,700.50	2	\$2,192.09
Annual Cost		\$44,541.84		\$36,447.60		\$32,406.00		\$26,305.08