

	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 \$804.55		1 x \$658.36		1 x \$585.34		1 x \$475.15	
EE with Spouse	0 x \$1,609.11		0 x \$1,316.71		0 x \$1,170.69		0 x \$950.30	
EE with Child(ren)	0 x \$1,367.74		0 x \$1,119.21		0 x \$995.09		0 x \$807.76	
Family	1 x \$2,292.99		1 x \$1,876.31		1 x \$1,668.22		1 x \$1,354.18	
Monthly Cost	2 \$3,097.54		2 \$2,534.67		2 \$2,253.56		2 \$1,829.33	
Annual Cost	\$37,170.48		\$30,416.04		\$27,042.72		\$21,951.96	