

	EmblemHealth Platinum HMO 15/35		EmblemHealth Gold HMO 40/60		EmblemHealth Silver HMO 35/55		EmblemHealth Bronze HMO HD6300	
	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	\$928.06	1 x	\$759.41	1 x	\$675.21	1 x	\$548.08
EE with Spouse	0 x	\$1,856.13	0 x	\$1,518.83	0 x	\$1,350.41	0 x	\$1,096.16
EE with Child(ren)	0 x	\$1,577.70	0 x	\$1,291.01	0 x	\$1,147.85	0 x	\$931.75
Family	1 x	\$2,644.97	1 x	\$2,164.33	1 x	\$1,924.33	1 x	\$1,562.03
Monthly Cost	2	\$3,573.03	2	\$2,923.74	2	\$2,599.54	2	\$2,110.11
Annual Cost		\$42,876.36		\$35,084.88		\$31,194.48		\$25,321.32