

	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	\$816.62	1 x	\$668.24	1 x	\$594.12	1 x	\$482.28
EE with Spouse	0 x	\$1,633.25	0 x	\$1,336.46	0 x	\$1,188.25	0 x	\$964.55
EE with Child(ren)	0 x	\$1,388.26	0 x	\$1,136.00	0 x	\$1,010.02	0 x	\$819.88
Family	1 x	\$2,327.38	1 x	\$1,904.45	1 x	\$1,693.24	1 x	\$1,374.49
Monthly Cost	2	\$3,144.00	2	\$2,572.69	2	\$2,287.36	2	\$1,856.77
Annual Cost		\$37,728.00		\$30,872.28		\$27,448.32		\$22,281.24