

	HealthFirst Gold 25/50/0 Pro EPO (EPO) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 25/0%/7000 (EPO) (UCR=N/A)		Oxford Liberty G LBTY NG 25/50/100 EPO ZD 20 CNT (EPO) (UCR=N/A)		Emblem Prime EmblemHealth Platinum Premier Non-Gated-P (HMO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/85		10/50/80/100 ded T2-3		10/65/90/100 ded T2-3		0/30/60	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		N/A		N/A	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$7,000/\$14,000		\$5,000/\$10,000		\$2,000/\$4,000	
Co-Insurance	0%		0%		0%		0%	
Office Visits								
Primary Care	\$25		\$25		\$25		No charge visits 1-3; \$15 visits 4+	
Specialist	\$50		\$50		\$50		\$35	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$400/day; 4 days/admit		\$500/admit		\$500/admit; pre-auth req	
Mental Health Inpatient	\$500/admit		\$400/day; 4 days/admit		\$500/admit		\$500/admit; pre-auth req	
Outpatient Services								
Outpatient Facility	\$300		\$400		Hosp-\$500; FS-\$150		\$100; pre-auth req	
Lab/X-Ray	PCP-\$25; SP-\$50		Office-\$25; OP-Lab-No charge; X-ray-\$50		Lab-\$20; X-ray-\$50		PCP-\$15; SP-\$35; pre-auth req	
Mental Health Outpatient	\$25		\$50		\$50		\$35	
Emergency Care								
Emergency Room	\$350 (waived if admitted)		\$500		\$750 (waived if admitted)		\$350 (waived if admitted)	
Urgent Care	\$60		\$100		\$50		\$75	
Single	2 x \$731.95		2 x \$996.12		2 x \$1,048.46		2 x \$1,257.58	
EE with Spouse	0 x \$1,463.90		0 x \$1,992.24		0 x \$2,096.92		0 x \$2,515.17	
EE with Child(ren)	0 x \$1,244.32		0 x \$1,693.40		0 x \$1,782.38		0 x \$2,137.90	
Family	0 x \$2,086.06		0 x \$2,838.94		0 x \$2,988.11		0 x \$3,584.12	
Monthly Cost	2 \$1,463.90		2 \$1,992.24		2 \$2,096.92		2 \$2,515.16	
Annual Cost	\$17,566.80		\$23,906.88		\$25,163.04		\$30,181.92	