

Emblem 2018

Individual Rates 2018 – Standard Market Plans

	PLATINUM	GOLD	SILVER	BRONZE HSA
DEDUCTIBLE / MAXMIUM OUT OF POCKET				
DEDUCTIBLE	\$0	\$600 person / \$1,200 family	\$2,000 person / \$4,000 family	\$4,000 person/\$8,000 family
OOP MAXIMUM	\$2,000 person / \$4,000 family	\$4,000 person / \$8,000 family	\$6,750 person / \$13,500 family	\$7,150 person / \$14,300 family
COPAYMENTS		<i>after deductible</i>	<i>after deductible</i>	After deductible
PRIMARY CARE (PCP)	\$15	\$25 copay	\$30 copay	50% coinsurance after deductible
SPECIALIST VISITS	\$35	\$40 copay	\$50 copay	50% coinsurance after deductible
URGENT CARE	\$55	\$60 copay	\$70 copay	50% coinsurance after deductible
EMERGENY ROOM	\$100	\$150 copay per visit	\$250 copay per visit	50% coinsurance after deductible
INPATIENT SURGERY FACILITY FEE	\$500 copay	\$1,000 copay	\$1,500 copay per admission	50% coinsurance after deductible
OUT PATIENT SURGERY FACILITY FEE	\$100	\$100 copay per admission	\$100 copay per admission	50% coinsurance after deductible
LABS	\$15 copay in PCP office/\$35 Copayment in specialist office	\$25 copay in PCP office/\$40 copay in Specialist office	\$30 copay PCP office/\$50 copay in Specialist office	50% coinsurance after deductible
PRESCRIPTION DRUGS				After deductible
GENERIC DRUGS	\$10 copay	\$10 copay	\$10 copay	\$10 copay
PREFERRED BRANDS	\$30 copay	\$35 copay	\$35 copay	\$35 copay
NON PREFERRED BRANDS	\$60 copay	\$70 copay	\$70 copay	\$70 copay
2018 NASSAU/SUFFOLK RATES				
INDIVIDUAL	\$1,078.22	\$903.56	\$741.13	\$584.97
INDIVIDUAL + SPOUSE	\$2,156.44	\$1,807.12	\$1,482.26	\$1,169.94
INDIVIDUAL + CHILD(REN)	\$1,832.97	\$1,536.05	\$1,259.92	\$994.45
FAMILY	\$3,072.93	\$2,575.15	\$2,112.22	\$1,667.16
2018 QUEENS/WESTCHESTER/BRONX/BROOKLYN/STATEN ISLAND				
INDIVIDUAL	\$947.90	\$794.34	\$651.55	\$514.27
INDIVIDUAL + SPOUSE	\$1,895.80	\$1,588.68	\$1,303.10	\$1,028.54
INDIVIDUAL + CHILD(REN)	\$1,659.78	\$1,350.38	\$1,107.64	\$874.26
FAMILY	\$2,701.52	\$2,263.87	\$1,856.92	\$1,465.67