



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	\$5,500 person/\$11,000 family
OOP MAXIMUM	\$2,000 person / \$4,000 family	\$4,000 person / \$8,000 family	\$6,7500 person / \$13,500 family	\$6,500 person / \$13,100 family
COPAYMENTS		<i>after deductible</i>	<i>after deductible</i>	After deductible
PRIMARY CARE (PCP)	\$15	\$25 copay	\$30 copay	\$15 copay
SPECIALIST VISITS	\$35	\$40 copay	\$50 copay	\$35 copay
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	\$100 copay per admission	\$100 copay	50% coinsurance after deductible
OUT PATIENT SURGERY FACILITY FEE	\$100	\$100 copay per admission	\$100 copay	50% coinsurance after deductible
LABS	\$35	\$40 copay after deductible	\$50 copay per visit	50% coinsurance after deductible
PRESCRIPTION DRUGS		After deductible	After deductible	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	\$1,119.66	\$938.52	\$783.14	\$647.28
INDIVIDUAL + SPOUSE	\$2,239.32	\$1,877.04	\$1,566.28	\$1,294.56
INDIVIDUAL + CHILD(REN)	\$1,903.42	\$1,595.48	\$1,331.34	\$1,00.38
FAMILY	\$3,191.03	\$2,674.78	\$2,231.95	\$1,844.75
2018 QUEENS/WESTCHESTER/BRONX/BROOKLYN/STATEN ISLAND				
INDIVIDUAL	\$1,262.04	\$1,057.86	\$882.73	\$729.59
INDIVIDUAL + SPOUSE	\$2,524.08	\$2,115.72	\$1,765.46	\$1,459.18
INDIVIDUAL + CHILD(REN)	\$2,145.47	\$1,798.36	\$1,500.64	\$1,240.30
FAMILY	\$3,596.61	\$3,014.90	\$2,515.78	\$2,079.33