



Individual Rates 2018 – Standard Market Plans

	PLATINUM	GOLD	SILVER	BRONZE
DEDUCTIBLE / MAXMIUM OUT OF POCKET				
DEDUCTIBLE	\$0	\$600.00 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)	\$15.00	\$25 copay	\$30 copay	50% coinsurance
SPECIALIST VISITS	\$35.00	\$40 copay	\$50 copay	50% coinsurance
URGENT CARE	\$55.00	\$60 copay	\$70 copay	50% coinsurance
EMEREGENCY ROOM	\$100.00 Copay per visit	\$150 copay per visit	\$250 copay per visit	50% coinsurance
INPATIENT SURGERY FACILITY FEE	\$500.00 Copay	\$1,000 copay per admission	\$1,500 copay per admission	50% coinsurance
OUT PATIENT SURGERY FACILITY FEE	\$100.00 copay	\$100 copay per admission	\$100 copay per admission	50% coinsurance
QUEST LABS	\$35.00	\$50 copay	\$50 copay	50% coinsurance
PRESCRIPTION DRUGS	<i>after deductible</i>			
GENERIC DRUGS	\$10 copay	\$10 copay	\$10 copay	\$10 copay
PREFERRED BRANDS	\$30 copay	\$35 copay	\$35 copay	\$30 copay
NON PREFERRED BRANDS	\$60 copay	\$70 copay	\$70 copay	\$70 copay
2018 RATES NASSAU/SUFFOLK/QUEENS/BRONX/BROOKLYN/STATEN ISLAND/WESTCHESTER				
INDIVIDUAL	\$834.48	\$701.17	\$589.57	\$483.42
INDIVIDUAL + SPOUSE	\$1,668.97	\$1,402.34	\$1,179.14	\$966.84
INDIVIDUAL + CHILD(REN)	\$1,418.62	\$1,191.99	\$1,002.27	\$821.81
FAMILY	\$2,378.28	\$1,998.34	\$1,680.27	\$1,377.74