Applicant Information:
 Spouse: N/A
 Zip Code: 10001

 NY City, 48, Male
 Dependents: 0
 Effective Date: 12/1/2015

1

Comparison

Report Id: 29611458

Empire BlueCross BlueShield Empire HMO 6000 Bronze NS INN Pediatric Dental Dep 25

Individual Deductible	\$6,000
Family Deductible	\$12,000
Primary Care	\$45 ded waived visits 1-2; 20% after ded visits 3+
Maternity Prenatal/Postnatal Care	20% after ded
Inpatient Hospital	\$600/admit + 20% after ded
Maternity Delivery/Inpatient	\$600/admit + 20% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	20% after ded
Rx Preferred	20% after ded

Empire BlueCross BlueShield Empire HMO 5600 Bronze NS INN Pediatric Dental Dep 25

Individual Deductible		
Family Deductible		
Primary Care		
Maternity Prenatal/Postnatal Care		
Inpatient Hospital		
Maternity Delivery/Inpatient		
Rx Deductible		
Rx Generic		
Rx Preferred		

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\$5,600 \$11,200 \$15 ded waived 40% after ded \$1,000/admit + 40% after ded \$1,000/admit + 40% after ded Integrated Medical/Rx 40% after ded 40% after ded

Empire BlueCross BlueShield Empire HMO 3000 Bronze ST INN Pediatric Dental Dep 25

Individual Deductible	\$3,000
Family Deductible	\$6,000
Primary Care	50% after ded
Maternity Prenatal/Postnatal Care	50% after ded
Inpatient Hospital	50% after ded
Maternity Delivery/Inpatient	50% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	\$10 after ded
Rx Preferred	\$35 after ded

The above rates and benefits are for general information and discussion purposes only and are not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy issued by the carrier and not the rates and descriptions on this report or in this website will form the contract between the insured and the carrier. Please do not cancel any current coverage until you have been approved for a new policy.

\$385.09

\$404.71

\$381.92

Applicant Information:	Spouse: N/A	Zip Code: 10001	Report Id: 29611458
NY City, 48, Male	Dependents: 0	Effective Date: 12/1/2015	

Empire BlueCross BlueShield Empire HMO 2450 Silver NS INN Pediatric Dental Dep 25

Individual Deductible		
Family Deductible		
Primary Care		
Maternity Prenatal/Postnatal Care		
Inpatient Hospital		
Maternity Delivery/Inpatient		
Rx Deductible		
Rx Generic		
Rx Preferred		

\$4,900 10% after ded 10% after ded \$1,000/admit + 10% after ded \$1,000/admit + 10% after ded Integrated Medical/Rx 10% after ded 10% after ded

\$2,450

Empire BlueCross BlueShield Empire HMO 2250 Silver NS INN Pediatric Dental Dep 25

Individual Deductible Family Deductible Primary Care Maternity Prenatal/Postnatal Care Inpatient Hospital Maternity Delivery/Inpatient Rx Deductible Rx Generic Rx Preferred

\$4,500 \$30 ded waived 25% after ded \$1,000/admit + 25% after ded \$1,000/admit + 25% after ded Integrated Medical/Rx 25% after ded 25% after ded

\$2,250

Empire BlueCross BlueShield Empire HMO 2000 Silver ST INN Pediatric Dental Dep 25

Individual Deductible	\$2,000
Family Deductible	\$4,000
Primary Care	\$30 after ded
Maternity Prenatal/Postnatal Care	\$100 after ded
Inpatient Hospital	\$1,500/admit after ded
Maternity Delivery/Inpatient	\$1,500/admit after ded
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$35

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Comparison

\$448.12

\$458.86

\$471.19

Applicant Information:	Spouse: N/A	Zip Code: 10001	Report Id: 29611458
NY City, 48, Male	Dependents: 0	Effective Date: 12/1/2015	

Empire BlueCross BlueShield Empire HMO 1000 Gold NS INN Pediatric Dental Dep 25

Individual Deductible
Family Deductible
Primary Care
Maternity Prenatal/Postnatal Care
Inpatient Hospital
Maternity Delivery/Inpatient
Rx Deductible
Rx Generic
Rx Preferred

\$1,000 \$2,000 \$30 ded waived 10% after ded \$1,000/admit + 10% after ded \$1,000/admit + 10% after ded Integrated Medical/Rx \$15 ded waived \$40 ded waived

Empire BlueCross BlueShield Empire HMO 600 Gold ST INN Pediatric Dental Dep 25

Individual Deductible	\$600
Family Deductible	\$1,200
Primary Care	\$25 after ded
Maternity Prenatal/Postnatal Care	\$100 after ded
Inpatient Hospital	\$1,000/admit after ded
Maternity Delivery/Inpatient	\$1,000/admit after ded
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$35

Empire BlueCross BlueShield Empire HMO 200 Platinum NS INN Pediatric Dental Dep 25

Individual Deductible		
Family Deductible		
Primary Care		
Maternity Prenatal/Postnatal Care		
Inpatient Hospital		
Maternity Delivery/Inpatient		
Rx Deductible		
Rx Generic		
Rx Preferred		

\$200 \$400 \$20 ded waived 5% after ded \$300/admit + 5% after ded \$300/admit + 5% after ded Integrated Medical/Rx \$10 after ded \$35 after ded

\$658.39

Comparison

\$557.28

\$561.94

Applicant Information:	Spouse: N/A	Zip Code: 10001	Report Id: 29611458
NY City, 48, Male	Dependents: 0	Effective Date: 12/1/2015	

Comparison

\$665.90

Empire BlueCross BlueShield Empire HMO 0 Platinum ST INN Pediatric Dental Dep 25

Individual Deductible	N/A
Family Deductible	N/A
Primary Care	\$15
Maternity Prenatal/Postnatal Care	\$100
Inpatient Hospital	\$500/admit
Maternity Delivery/Inpatient	\$500/admit
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$30

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