Individual Rates

	· Standard Bronze EPO	Standard Silver EP0	Standard Gold EP0	Standard Platinum EPO	Tradition Platinum 30 HRx	Tradition Platinum 30 LRx	Tradition Gold 30/50 HRx	Tradition Gold 30/50 LRx	Tradition Silver 40/60 HRx	Tradition Silver 40/60 LRx	Tradition Bronze HSA 70%	Catastrophic
COPAYMENT												
Primary Care	50% coinsurance after deductible	\$30 after deductible	\$25 after deductible	\$15	\$30	\$30	\$30	\$30	\$40	\$40	\$20	0% coinsurance after deductible
Specialist	50% coinsurance after deductible	\$50 after deductible	\$40 after deductible	\$35	\$30	\$30	\$50	\$50	\$60	\$60	\$40	0% coinsurance after deductible
Emergency Room (waived if admitted within 24 hours)	50% coinsurance after deductible	\$150 after deductible	\$150 after deductible	\$100	\$200	\$200	\$200	\$200	\$350	\$350	\$200	0% coinsurance after deductible
Inpatient Surgery Facility Fee	50% coinsurance after deductible	\$1,500 per admit	\$1,000 per admit after deductible	\$500 per admit	\$500 per admit	\$500 per admit	10% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Outpatient Sur- gery Facility Fee	50% coinsurance after deductible	\$100	\$100 after deductible	\$100	\$200	\$200	10% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	0% coinsurance after deductible
DEDUCTIBLE (2x for Fa	mily)		,									
In-network	\$3,000	\$2,000	\$600	\$0	\$0	\$0	\$1,000	\$1,000	\$4,000	\$4,000	\$3,400	\$6,600
COINSURANCE												
In-network	50%	30%	20%	10%	NA	NA	10%	10%	20%	20%	30%	0%
MAXIMUM OUT OF POC	(ET (2x for Family)						62.00.00.00.00.00					
In-network	\$6,350	\$5,500	\$4,000	\$2,000	\$1,000	\$1,000	\$3,000	\$3,000	\$6,600	\$6,600	\$6,350	\$6,600
PRESCRIPTION DRUGS				9 0 0 0 0						0.00		
In-network	\$10/\$35/\$70 after ded.	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$30/\$60	\$15/\$35/\$75 after \$100 Rx deductible (ded. waived for tier 1)	\$10/\$50/50% coin- surance to max \$250	\$15/\$35/\$75 after \$100 Rx deductible [ded. waived for tier 1]	\$10/\$50/50% coinsurance to max \$250	\$15/\$35/\$75 after \$100 Rx deductible (ded. waived for tier 1)	\$10/\$50/50% coinsurance to max \$250	\$15/\$35/\$75	0% coinsurance after deductible
1st QUARTER 2015 NA	SSAU AND SUFFOLK RAT	ES										
Single	\$ 334	\$420	\$476	\$547	\$558	\$549	\$493	\$485	\$445	\$436	\$338	\$183
Couple	\$668	\$840	\$952	\$1,094	\$1,116	\$1,098	\$986	\$970	\$890	\$872	\$676	\$366
Parent with Child (ren)	\$568	\$714	\$809	\$930	\$949	\$933	\$838	\$825	\$757	\$741	\$575	\$311
Family	\$952	\$1,197	\$1,357	\$1,559	\$1,590	\$1,565	\$1,405	\$1,382	\$1,268	\$1,243	\$963	\$522
1st QUARTER 2015 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX, & WESTCHESTER RATES												
Single	\$313	\$394	\$446	\$513	. \$522	\$515	\$463	\$454	\$417	\$409	\$317	\$172
Couple	\$626	\$788	\$892	\$1,026	\$1,044	\$1,030	\$926	\$908	\$834	\$818	\$ 634	\$344
Parent with												