

PARENT & CHILD COVERAGE 2019 Premium Rates (Standard Plans)

| Plan Name | PLAN TYPE | Platinum | Gold | Silver | Bronze | HSA Compliant Bronze | Catastrophic* (Under age 30, <u>unless otherwise noted</u> , no APTC eligibility) |
|-------------------------------|---|-----------|-----------|-----------|-----------|----------------------|--|
| Emblem | Standard in-network with pediatric dental, dependents up to age 25 | \$2220.88 | \$1834.39 | \$1529.39 | \$1159.86 | | - |
| | Standard in-network with pediatric dental, dependents up to age 29 | \$2287.50 | \$1889.41 | \$1575.27 | \$1194.66 | | \$749.39 |
| Empire Blue Cross/Blue Shield | Standard In-network with pediatric dental, dependents up to age 25 | \$1872.81 | \$1539.44 | \$1231.75 | - | \$911.80 | - |
| | Standard In-network with pediatric dental, dependents up to age 29 | \$1949.36 | \$1602.57 | \$1282.29 | - | \$949.25 | \$401.64 |
| Fidelis | Standard in-network with pediatric dental, dependents up to age 25 | \$1382.77 | \$1141.26 | \$955.93 | \$672.44 | | - |
| | Standard in-network with pediatric dental, dependents up to age 29 | \$1451.91 | \$1198.32 | \$1003.73 | \$706.06 | | \$336.45 |
| Health First | Standard In-network with pediatric dental, dependents up to age 25 | \$1596.06 | \$1268.03 | \$1049.73 | \$785.37 | | - |
| | Standard In-network with pediatric dental, dependents up to age 29 | \$1612.03 | \$1280.68 | \$1060.24 | \$793.19 | | \$484.48 |
| Oscar | Standard In-network with pediatric dental, dependents up to age 25 | \$1732.97 | \$1388.76 | \$1105.53 | \$813.58 | | \$275.55 |
| | Standard In-network with pediatric dental, dependents up to age 29 | \$1742.83 | \$1396.66 | \$1111.85 | \$818.25 | | - |
| United Healthcare | Standard in-network with pediatric dental, dependents up to age 25 | \$2178.00 | \$1791.13 | \$1464.38 | \$1057.53 | | - |
| | Standard in-network with pediatric dental, dependents up to age 29 | \$2724.68 | \$2240.70 | \$1831.94 | \$1322.97 | | \$703.97 |

Tax Credit: \$_____