

FAMILY COVERAGE 2018 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	3072.93	2575.15	2112.22	1667.16		-
	Standard in-network with pediatric dental, dependents up to age 29	3165.12	2652.41	2175.58	1717.18		1047.86
Empire Blue Cross/Blue Shield	Standard In-network with pediatric dental, dependents up to age 25	3191.03	2674.78	2231.95	-	1844.75	-
	Standard In-network with pediatric dental, dependents up to age 29	3321.39	2783.79	2322.84	-	1919.79	897.32
Fidelis	Standard in-network with pediatric dental, dependents up to age 25	1928.97	1616.79	1366.86	1115.02		-
	Standard in-network with pediatric dental, dependents up to age 29	2025.45	1697.63	1435.19	1170.78		537.02
Health First	Standard In-network with pediatric dental, dependents up to age 25	2323.01	1851.84	1607.63	1306.55		-
	Standard In-network with pediatric dental, dependents up to age 29	2346.23	1870.31	1623.73	1319.58		811.05
Oscar	Standard In-network with pediatric dental, dependents up to age 25	2378.28	1998.34	1680.28	1377.73		486.11
	Standard In-network with pediatric dental, dependents up to age 29	2392.02	2009.46	1687.79	1386.48		-
United Healthcare	Standard in-network with pediatric dental, dependents up to age 25	3359.98	2876.87	2466.10	1941.53		-
	Standard in-network with pediatric dental, dependents up to age 29	4203.33	3598.96	3085.09	2428.85		1173.26

Tax Credit: \$_____