

PARENT & CHILD 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	1832.97	1536.05	1259.92	994.45		-
	Standard in-network with pediatric dental, dependents up to age 29	1887.97	1582.14	1297.71	1024.28		625.04
Empire Blue Cross/Blue Shield	Standard In-network with pediatric dental, dependents up to age 25	1903.42	1595.48	1331.34	-	1100.38	-
	Standard In-network with pediatric dental, dependents up to age 29	1981.18	1660.51	1385.55	-	1145.14	535.25
Fidelis	Standard in-network with pediatric dental, dependents up to age 25	1150.62	964.40	815.32	665.10		-
	Standard in-network with pediatric dental, dependents up to age 29	1208.16	1012.62	856.08	698.36		320.33
Health First	Standard In-network with pediatric dental, dependents up to age 25	1385.65	1104.61	958.94	779.35		-
	Standard In-network with pediatric dental, dependents up to age 29	1399.51	1115.63	968.54	787.12		483.79
Oscar	Standard In-network with pediatric dental, dependents up to age 25	1418.62	1191.99	1002.27	821.81		289.96
	Standard In-network with pediatric dental, dependents up to age 29	1426.82	1198.62	1006.75	827.02		-
United Healthcare	Standard in-network with pediatric dental, dependents up to age 25	2004.20	1716.03	1471.01	1158.11		-
	Standard in-network with pediatric dental, dependents up to age 29	2507.25	2146.75	1840.23	1448.80		699.84

Tax Credit: \$_____