

	Empire Blue Cross Blue Shield Platinum PPO 15/0%/3000 80th Percentile FAIR Health		Empire Blue Cross Blue Shield Platinum PPO 10/0%/3000		Empire Blue Cross Blue Shield Platinum PPO 250/0%/6000		Empire Blue Cross Blue Shield Platinum EPO 10/0%/3000	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75		5/30/60/100 ded T2-3		10/35/75		5/30/60/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$2,000/\$4,000 embedded	N/A	\$2,000/\$4,000 embedded	\$250/\$750 embedded	\$500/\$1,000 embedded	N/A	
Individual/Family OOP Limit	\$3,000/\$6,000	\$6,000/\$12,000 (incl ded)	\$3,000/\$6,000	\$6,000/\$12,000 (incl ded)	\$6,000/\$12,000 (incl ded)	\$12,000/\$24,000 (incl ded)	\$3,000/\$6,000	
Co-Insurance	0%	20%	0%	30%	0%	30%	0%	
Office Visits								
Primary Care	\$15	20% after ded	\$10	30% after ded	\$25 ded waived	30% after ded	\$10	
Specialist	\$30	20% after ded	\$20	30% after ded	\$50 after ded	30% after ded	\$20	
Inpatient Services								
Inpatient Hospital	\$300/day up to 3 days	20% after ded	\$200/day up to 3 days	30% after ded	\$1,000/admit after ded	30% after ded	\$200/day up to 3 days	
Mental Health Inpatient	\$300/day up to 3 days	20% after ded	\$200/day up to 3 days	30% after ded	\$1,000/admit after ded	30% after ded	\$200/day up to 3 days	
Outpatient Services								
Outpatient Facility Lab/X-Ray	\$200 Office-\$30 + 10%; OP-\$200	20% after ded 20% after ded	\$150 Office-\$20 + 10%; OP-\$150	30% after ded 30% after ded	0% after ded 0% after ded	30% after ded 30% after ded	\$150 Office-\$20 + 10%; OP-\$150	
Mental Health Outpatient	\$30	20% after ded	\$20	30% after ded	\$25 after ded	30% after ded	\$20	
Emergency Care								
Emergency Room	\$200	Paid as in-network	\$200	Paid as in-network	\$200 after ded	Paid as in-network	\$200	
Single	1 x \$1,082.25		1 x \$1,055.60		1 x \$1,012.64		1 x \$968.28	
EE with Spouse	0 x \$2,164.50		0 x \$2,111.20		0 x \$2,025.28		0 x \$1,936.56	
EE with Child(ren)	0 x \$1,839.83		0 x \$1,794.52		0 x \$1,721.49		0 x \$1,646.08	
Family	1 x \$3,084.41		1 x \$3,008.46		1 x \$2,886.02		1 x \$2,759.60	
Monthly Cost	2 \$4,166.66		2 \$4,064.06		2 \$3,898.66		2 \$3,727.88	
Annual Cost	\$49,999.92		\$48,768.72		\$46,783.92		\$44,734.56	

	Empire Blue Cross Blue Shield Platinum EPO 15/0%/3000		Empire Blue Cross Blue Shield Gold PPO 1000/10%/5000		Empire Blue Cross Blue Shield Gold PPO 1350/0%/3000 w/HSA		Empire Blue Cross Blue Shield Gold EPO 1000/10%/5000	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75		10/35/75		10/40/80 IntDed		10/35/75	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,000/\$3,000 embedded	\$2,000/\$4,000 embedded	\$1,350/\$2,700 non-embedded	\$2,700/\$5,400 non-embedded	\$1,000/\$3,000 embedded	
Individual/Family OOP Limit	\$3,000/\$6,000		\$5,000/\$10,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$3,000/\$6,000 (incl ded)	\$6,000/\$12,000 (incl ded)	\$5,000/\$10,000 (incl ded)	
Co-Insurance	0%		10%	30%	0%	20%	10%	
Office Visits								
Primary Care	\$15		\$30 ded waived	30% after ded	\$20 after ded	20% after ded	\$30 ded waived	
Specialist	\$30		\$50 ded waived	30% after ded	\$40 after ded	20% after ded	\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$300/day up to 3 days		10% after ded	30% after ded	\$500/admit after ded	20% after ded	10% after ded	
Mental Health Inpatient	\$300/day up to 3 days		10% after ded	30% after ded	\$500/admit after ded	20% after ded	10% after ded	
Outpatient Services								
Outpatient Facility Lab/X-Ray	\$200 Office-\$30 + 10%; OP-\$200		10% after ded 10% after ded	30% after ded 30% after ded	\$200 after ded Office-\$20 after ded; OP-\$200 after ded	20% after ded 20% after ded	10% after ded 10% after ded	
Mental Health Outpatient	\$30		\$50 ded waived	30% after ded	\$40 after ded	20% after ded	\$50 ded waived	
Emergency Care								
Emergency Room	\$200		\$300 ded waived	Paid as in-network	\$250 after ded	Paid as in-network	\$300 ded waived	
Single	1 x \$948.58		1 x \$892.47		1 x \$849.84		1 x \$818.81	
EE with Spouse	0 x \$1,897.16		0 x \$1,784.94		0 x \$1,699.68		0 x \$1,637.62	
EE with Child(ren)	0 x \$1,612.59		0 x \$1,517.20		0 x \$1,444.73		0 x \$1,391.98	
Family	1 x \$2,703.45		1 x \$2,543.54		1 x \$2,422.04		1 x \$2,333.61	
Monthly Cost	2 \$3,652.03		2 \$3,436.01		2 \$3,271.88		2 \$3,152.42	
Annual Cost	\$43,824.36		\$41,232.12		\$39,262.56		\$37,829.04	

	Empire Blue Cross Blue Shield Gold EPO 500/20%/7150		Empire Blue Cross Blue Shield Gold EPO 1500/0%/7000		Empire Blue Cross Blue Shield Silver PPO 2700/0%/4500 w/HSA		Empire Blue Cross Blue Shield Silver PPO 2700/20%/5000 w/HSA	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75		10/35/75		10/40/80 IntDed		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$500/\$1,500 embedded		\$1,500/\$3,000 embedded		\$2,700/\$5,400 embedded		\$2,700/\$5,400 embedded	
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)		\$7,000/\$14,000 (incl ded)		\$4,500/\$9,000 (incl ded)		\$5,000/\$10,000 (incl ded)	
Co-Insurance	20%		0%		0%		30%	
Office Visits								
Primary Care	\$25 ded waived		\$30 ded waived		\$25 after ded		30% after ded	
Specialist	\$50 ded waived		\$60 after ded		\$50 after ded		30% after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		\$500/admit after ded		\$500/admit after ded		30% after ded	
Mental Health Inpatient	20% after ded		\$500/admit after ded		\$500/admit after ded		30% after ded	
Outpatient Services								
Outpatient Facility	20% after ded		0% after ded		\$200 after ded		30% after ded	
Lab/X-Ray	20% after ded		0% after ded		Office-\$25 after ded; OP-\$200 after ded		30% after ded	
Mental Health Outpatient	\$50 ded waived		\$30 after ded		\$50 after ded		30% after ded	
Emergency Care								
Emergency Room	\$300 ded waived		\$300 after ded		\$300 after ded		Paid as in-network	
Single	1 x	\$804.65	1 x	\$794.72	1 x	\$749.70	1 x	\$736.87
EE with Spouse	0 x	\$1,609.30	0 x	\$1,589.44	0 x	\$1,499.40	0 x	\$1,473.74
EE with Child(ren)	0 x	\$1,367.91	0 x	\$1,351.02	0 x	\$1,274.49	0 x	\$1,252.68
Family	1 x	\$2,293.25	1 x	\$2,264.95	1 x	\$2,136.65	1 x	\$2,100.08
Monthly Cost	2	\$3,097.90	2	\$3,059.67	2	\$2,886.35	2	\$2,836.95
Annual Cost		\$37,174.80		\$36,716.04		\$34,636.20		\$34,043.40

	Empire Blue Cross Blue Shield Silver EPO 1500/30%/6500		Empire Blue Cross Blue Shield Silver EPO 2700/0%/4500 w/HSA		Empire Blue Cross Blue Shield Silver EPO 2700/20%/5000 w/HSA		Empire Blue Cross Blue Shield Silver EPO 4000/0%/7000	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/40/80/250 ded T2-3		10/40/80 IntDed		10/40/80 IntDed		15/50/90	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000 embedded		\$2,700/\$5,400 embedded		\$2,700/\$5,400 embedded		\$4,000/\$8,000 embedded	
Individual/Family OOP Limit	\$6,500/\$13,000 (incl ded)		\$4,500/\$9,000 (incl ded)		\$5,000/\$10,000 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	30%		0%		20%		0%	
Office Visits								
Primary Care	\$35 ded waived visits 1-3; 30% after ded visits 4+		\$25 after ded		20% after ded		\$30 ded waived	
Specialist	\$35 ded waived visits 1-3; 30% after ded visits 4+		\$50 after ded		20% after ded		\$50 after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		\$500/admit after ded		20% after ded		\$500/admit after ded	
Mental Health Inpatient	30% after ded		\$500/admit after ded		20% after ded		\$500/admit after ded	
Outpatient Services								
Outpatient Facility	30% after ded		\$200 after ded		20% after ded		0% after ded	
Lab/X-Ray	30% after ded		Office-\$25 after ded; OP-\$200 after ded		20% after ded		0% after ded	
Mental Health Outpatient	\$35 ded waived visits 1-3; 30% after ded visits 4+		\$50 after ded		20% after ded		\$30 after ded	
Emergency Care								
Emergency Room	\$300 after ded		\$300 after ded		20% after ded		\$300 after ded	
Single	1 x	\$705.75	1 x	\$687.70	1 x	\$679.26	1 x	\$666.43
EE with Spouse	0 x	\$1,411.50	0 x	\$1,375.40	0 x	\$1,358.52	0 x	\$1,332.86
EE with Child(ren)	0 x	\$1,199.78	0 x	\$1,169.09	0 x	\$1,154.74	0 x	\$1,132.93
Family	1 x	\$2,011.39	1 x	\$1,959.95	1 x	\$1,935.89	1 x	\$1,899.33
Monthly Cost	2	\$2,717.14	2	\$2,647.65	2	\$2,615.15	2	\$2,565.76
Annual Cost		\$32,605.68		\$31,771.80		\$31,381.80		\$30,789.12

Prepared For: **Empire 2017 1st qtr EPO PPO**

New York County, NY 10001

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Health Plan Comparison Report (4L)

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	Empire Blue Cross Blue Shield Bronze EPO 5500/20%/6550 w/HSA		Empire Blue Cross Blue Shield Bronze EPO 5300/50%/6550 w/HSA	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	15/50/90 IntDed		50%/50%/50% IntDed	
Cost Share Information				
Individual/Family Deductible	\$5,500/\$11,000 embedded		\$5,300/\$10,600 embedded	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	20%		50%	
Office Visits				
Primary Care	\$50 after ded		50% after ded	
Specialist	\$75 after ded		50% after ded	
Inpatient Services				
Inpatient Hospital	\$500/admit after ded		50% after ded	
Mental Health Inpatient	\$500/admit after ded		50% after ded	
Outpatient Services				
Outpatient Facility	\$350 after ded		50% after ded	
Lab/X-Ray	Office-\$50 after ded; OP- \$350 after ded		50% after ded	
Mental Health Outpatient	\$75 after ded		50% after ded	
Emergency Care				
Emergency Room	\$350 after ded		50% after ded	
Single	1 x \$582.01		1 x \$578.87	
EE with Spouse	0 x \$1,164.02		0 x \$1,157.74	
EE with Child(ren)	0 x \$989.42		0 x \$984.08	
Family	1 x \$1,658.73		1 x \$1,649.78	
Monthly Cost	2 \$2,240.74		2 \$2,228.65	
Annual Cost	\$26,888.88		\$26,743.80	