

	Empire Blue Cross Blue Shield Gold Blue Priority EPO 35/10%/7000		Empire Blue Cross Blue Shield Gold Blue Priority EPO 1250/20%/4000		Empire Blue Cross Blue Shield Gold Blue Priority EPO 1350/0%/3000 w/HSA		Empire Blue Cross Blue Shield Silver Blue Priority EPO 1500/30%/6500	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/70		10/35/70		10/40/80 IntDed		15/40/80/250 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,250/\$2,500 embedded		\$1,350/\$2,700 non-embedded		\$1,500/\$3,000 embedded	
Individual/Family OOP Limit	\$7,000/\$14,000		\$4,000/\$8,000 (incl ded)		\$3,000/\$6,000 (incl ded)		\$6,500/\$13,000 (incl ded)	
Co-Insurance	10%		20%		0%		30%	
Office Visits								
Primary Care	\$35		\$25 ded waived		\$20 after ded		\$35 ded waived visits 1-3; 30% after ded visits 4+	
Specialist	\$50		\$50 ded waived		\$40 after ded		\$35 ded waived visits 1-3; 30% after ded visits 4+	
Inpatient Services								
Inpatient Hospital	\$500/day up to 3 days		20% after ded		\$500/admit after ded		30% after ded	
Mental Health Inpatient	\$500/day up to 3 days		20% after ded		\$500/admit after ded		30% after ded	
Outpatient Services								
Outpatient Facility	\$500		20% after ded		\$200 after ded		30% after ded	
Lab/X-Ray	Office-\$50 + 10%; OP-\$500 + 10%		20% after ded		Office-\$20 after ded; OP-\$200 after ded		30% after ded	
Mental Health Outpatient	\$50		\$50 ded waived		\$40 after ded		\$35 ded waived visits 1-3; 30% after ded visits 4+	
Emergency Care								
Emergency Room	\$350		\$250 ded waived		\$250 after ded		\$300 after ded	
Single	1 x \$752.92		1 x \$749.94		1 x \$723.04		1 x \$645.24	
EE with Spouse	0 x \$1,505.84		0 x \$1,499.88		0 x \$1,446.08		0 x \$1,290.48	
EE with Child(ren)	0 x \$1,279.96		0 x \$1,274.90		0 x \$1,229.17		0 x \$1,096.91	
Family	1 x \$2,145.82		1 x \$2,137.33		1 x \$2,060.66		1 x \$1,838.93	
Monthly Cost	2 \$2,898.74		2 \$2,887.27		2 \$2,783.70		2 \$2,484.17	
Annual Cost	\$34,784.88		\$34,647.24		\$33,404.40		\$29,810.04	

	Empire Blue Cross Blue Shield Silver Blue Priority EPO 2700/0%/4500 w/HSA		Empire Blue Cross Blue Shield Bronze Blue Priority EPO 5500/20%/6550 w/HSA		Empire Blue Cross Blue Shield Bronze Blue Priority EPO 5300/50%/6550 w/HSA	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/40/80 IntDed		15/50/90 IntDed		50%/50%/50% IntDed	
Cost Share Information						
Individual/Family Deductible	\$2,700/\$5,400 embedded		\$5,500/\$11,000 embedded		\$5,300/\$10,600 embedded	
Individual/Family OOP Limit	\$4,500/\$9,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	0%		20%		50%	
Office Visits						
Primary Care	\$25 after ded		\$50 after ded		50% after ded	
Specialist	\$50 after ded		\$75 after ded		50% after ded	
Inpatient Services						
Inpatient Hospital	\$500/admit after ded		\$500/admit after ded		50% after ded	
Mental Health Inpatient	\$500/admit after ded		\$500/admit after ded		50% after ded	
Outpatient Services						
Outpatient Facility Lab/X-Ray	\$200 after ded Office-\$25 after ded; OP- \$200 after ded		\$350 after ded Office-\$50 after ded; OP- \$350 after ded		50% after ded 50% after ded	
Mental Health Outpatient	\$50 after ded		\$75 after ded		50% after ded	
Emergency Care						
Emergency Room	\$300 after ded		\$350 after ded		50% after ded	
Single	1 x \$628.86		1 x \$532.85		1 x \$529.95	
EE with Spouse	0 x \$1,257.72		0 x \$1,065.70		0 x \$1,059.90	
EE with Child(ren)	0 x \$1,069.06		0 x \$905.85		0 x \$900.92	
Family	1 x \$1,792.25		1 x \$1,518.62		1 x \$1,510.36	
Monthly Cost	2 \$2,421.11		2 \$2,051.47		2 \$2,040.31	
Annual Cost	\$29,053.32		\$24,617.64		\$24,483.72	