

	Empire EPO/PPO (BlueCard) Platinum PPO 15/0%/3000 80th Percentile FAIR Health		Empire EPO/PPO (BlueCard) Platinum PPO 10/0%/3000		Empire EPO/PPO (BlueCard) Platinum PPO 250/0%/6000		Empire EPO/PPO (BlueCard) 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 \$1,114.72		1 x \$1,087.27		1 x \$1,043.02		1 x \$997.33	
EE with Spouse	0 x \$2,229.44		0 x \$2,174.54		0 x \$2,086.04		0 x \$1,994.66	
EE with Child(ren)	0 x \$1,895.02		0 x \$1,848.36		0 x \$1,773.13		0 x \$1,695.46	
Family	1 x \$3,176.95		1 x \$3,098.72		1 x \$2,972.61		1 x \$2,842.39	
Monthly Cost	2 \$4,291.67		2 \$4,185.99		2 \$4,015.63		2 \$3,839.72	
Annual Cost	\$51,500.04		\$50,231.88		\$48,187.56		\$46,076.64	

	Empire EPO/PPO (BlueCard) Platinum EPO 15/0%/3000		Empire EPO/PPO (BlueCard) Gold PPO 1000/10%/5000		Empire EPO/PPO (BlueCard) Gold PPO 1350/0%/3000 w/HSA		Empire EPO/PPO (BlueCard) 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 \$977.04		1 x \$919.24		1 x \$875.34		1 x \$843.37	
EE with Spouse	0 x \$1,954.08		0 x \$1,838.48		0 x \$1,750.68		0 x \$1,686.74	
EE with Child(ren)	0 x \$1,660.97		0 x \$1,562.71		0 x \$1,488.08		0 x \$1,433.73	
Family	1 x \$2,784.56		1 x \$2,619.83		1 x \$2,494.72		1 x \$2,403.60	
Monthly Cost	2 \$3,761.60		2 \$3,539.07		2 \$3,370.06		2 \$3,246.97	
Annual Cost	\$45,139.20		\$42,468.84		\$40,440.72		\$38,963.64	

	Empire EPO/PPO (BlueCard) Gold EPO 500/20%/7150		Empire EPO/PPO (BlueCard) Gold EPO 1500/0%/7000		Empire EPO/PPO (BlueCard) Silver PPO 2700/0%/4500 w/HSA		Empire EPO/PPO (BlueCard) 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	\$828.79	1 x	\$818.56	1 x	\$772.19	1 x	\$758.97
EE with Spouse	0 x	\$1,657.58	0 x	\$1,637.12	0 x	\$1,544.38	0 x	\$1,517.94
EE with Child(ren)	0 x	\$1,408.94	0 x	\$1,391.55	0 x	\$1,312.72	0 x	\$1,290.25
Family	1 x	\$2,362.05	1 x	\$2,332.90	1 x	\$2,200.74	1 x	\$2,163.06
Monthly Cost	2	\$3,190.84	2	\$3,151.46	2	\$2,972.93	2	\$2,922.03
Annual Cost		\$38,290.08		\$37,817.52		\$35,675.16		\$35,064.36

	Empire EPO/PPO (BlueCard) Silver EPO 1500/30%/6500		Empire EPO/PPO (BlueCard) Silver EPO 2700/0%/4500 w/HSA		Empire EPO/PPO (BlueCard) Silver EPO 2700/20%/5000 w/HSA		Empire EPO/PPO (BlueCard) 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 IntDed T3	
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	\$726.92	1 x	\$708.33	1 x	\$699.64	1 x	\$686.43
EE with Spouse	0 x	\$1,453.84	0 x	\$1,416.66	0 x	\$1,399.28	0 x	\$1,372.86
EE with Child(ren)	0 x	\$1,235.76	0 x	\$1,204.16	0 x	\$1,189.39	0 x	\$1,166.93
Family	1 x	\$2,071.72	1 x	\$2,018.74	1 x	\$1,993.97	1 x	\$1,956.33
Monthly Cost	2	\$2,798.64	2	\$2,727.07	2	\$2,693.61	2	\$2,642.76
Annual Cost		\$33,583.68		\$32,724.84		\$32,323.32		\$31,713.12

Prepared For: **Empire 2017 2nd qtr EPO PPO**

New York County, NY 10001

Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 04/01/2017

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	Empire EPO/PPO (BlueCard) Bronze EPO 5500/20%/6550 w/HSA		Empire EPO/PPO (BlueCard) 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 Lab/X-Ray	\$350 after ded Office-\$50 after ded; OP- \$350 after ded		50% 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 \$599.47		1 x \$596.23	
EE with Spouse	0 x \$1,198.94		0 x \$1,192.46	
EE with Child(ren)	0 x \$1,019.10		0 x \$1,013.59	
Family	1 x \$1,708.49		1 x \$1,699.26	
Monthly Cost	2 \$2,307.96		2 \$2,295.49	
Annual Cost	\$27,695.52		\$27,545.88	