

	Empire Blue Cross Platinum EPO 15/0%/3000		Empire Blue Cross Gold EPO 1000/10%/5000		Empire Blue Cross Gold EPO 500/20%/7150		Empire Blue Cross Gold EPO 1500/0%/7000	
	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		10/35/75		10/35/75	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,000/\$3,000 embedded		\$500/\$1,500 embedded		\$1,500/\$3,000 embedded	
Individual/Family OOP Limit	\$3,000/\$6,000		\$5,000/\$10,000 (incl ded)		\$7,150/\$14,300 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	0%		10%		20%		0%	
Office Visits								
Primary Care	\$15		\$30 ded waived		\$25 ded waived		\$30 ded waived	
Specialist	\$30		\$50 ded waived		\$50 ded waived		\$60 after ded	
Inpatient Services								
Inpatient Hospital	\$300/day up to 3 days		10% after ded		20% after ded		\$500/admit after ded	
Mental Health Inpatient	\$300/day up to 3 days		10% after ded		20% after ded		\$500/admit after ded	
Outpatient Services								
Outpatient Facility Lab/X-Ray	\$200 Office-\$30 + 10%; OP- \$200		10% after ded 10% after ded		20% after ded 20% after ded		0% after ded 0% after ded	
Mental Health Outpatient	\$30		\$50 ded waived		\$50 ded waived		\$30 after ded	
Emergency Care								
Emergency Room	\$200		\$300 ded waived		\$300 ded waived		\$300 after ded	
Single	1 x \$803.95		1 x \$693.96		1 x \$681.96		1 x \$673.55	
EE with Spouse	0 x \$1,607.90		0 x \$1,387.92		0 x \$1,363.92		0 x \$1,347.10	
EE with Child(ren)	0 x \$1,366.72		0 x \$1,179.73		0 x \$1,159.33		0 x \$1,145.04	
Family	1 x \$2,291.26		1 x \$1,977.79		1 x \$1,943.59		1 x \$1,919.62	
Monthly Cost	2 \$3,095.21		2 \$2,671.75		2 \$2,625.55		2 \$2,593.17	
Annual Cost	\$37,142.52		\$32,061.00		\$31,506.60		\$31,118.04	

	Empire Blue Cross Gold EPO 2500/0%/5000 w/HRA		Empire Blue Cross Silver EPO 1500/30%/6500		Empire Blue Cross Silver EPO 4000/0%/7000	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	15/50/90 IntDed		15/40/80/250 ded T2-3		15/50/90 IntDed T3	
Cost Share Information						
Individual/Family Deductible	\$2,500/\$5,000 embedded		\$1,500/\$3,000 embedded		\$4,000/\$8,000 embedded	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$6,500/\$13,000 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	0%		30%		0%	
Office Visits						
Primary Care	\$25 after ded		\$35 ded waived visits 1-3; 30% after ded visits 4+		\$30 ded waived	
Specialist	\$50 after ded		\$35 ded waived visits 1-3; 30% after ded visits 4+		\$50 after ded	
Inpatient Services						
Inpatient Hospital	\$300/admit after ded		30% after ded		\$500/admit after ded	
Mental Health Inpatient	\$300/admit after ded		30% after ded		\$500/admit after ded	
Outpatient Services						
Outpatient Facility Lab/X-Ray	\$200 after ded Office-\$25 after ded; OP- \$200 after ded		30% after ded 30% after ded		0% after ded 0% after ded	
Mental Health Outpatient	\$50 after ded		\$35 ded waived visits 1-3; 30% after ded visits 4+		\$30 after ded	
Emergency Care						
Emergency Room	\$250 after ded		\$300 after ded		\$300 after ded	
Single	1 x \$608.45		1 x \$598.14		1 x \$564.82	
EE with Spouse	0 x \$1,216.90		0 x \$1,196.28		0 x \$1,129.64	
EE with Child(ren)	0 x \$1,034.37		0 x \$1,016.84		0 x \$960.19	
Family	1 x \$1,734.08		1 x \$1,704.70		1 x \$1,609.74	
Monthly Cost	2 \$2,342.53		2 \$2,302.84		2 \$2,174.56	
Annual Cost	\$28,110.36		\$27,634.08		\$26,094.72	