

	Empire Blue Priority Gold Blue Priority EPO 35/10%/7000		Empire Blue Priority Gold Blue Priority EPO 1250/20%/4000		Empire Blue Priority Gold Blue Priority EPO 1350/0%/3000 w/HSA		Empire Blue Priority Silver Blue Priority EPO 1500/30%/6500	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/35/75		10/35/75		10/40/80 IntDed		15/40/80/250 ded T2-3	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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+	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
Outpatient Facility Lab/X-Ray	\$500 Office-\$50 + 10%; OP-\$500 + 10%		20% after ded 20% after ded		\$200 after ded Office-\$20 after ded; OP-\$200 after ded		30% 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+	
<b>Emergency Care</b>								
Emergency Room	\$350		\$250 ded waived		\$250 after ded		\$300 after ded	
Single	1 x \$775.51		1 x \$772.44		1 x \$744.74		1 x \$664.60	
EE with Spouse	0 x \$1,551.02		0 x \$1,544.88		0 x \$1,489.48		0 x \$1,329.20	
EE with Child(ren)	0 x \$1,318.37		0 x \$1,313.15		0 x \$1,266.06		0 x \$1,129.82	
Family	1 x \$2,210.20		1 x \$2,201.45		1 x \$2,122.51		1 x \$1,894.11	
Monthly Cost	2 \$2,985.71		2 \$2,973.89		2 \$2,867.25		2 \$2,558.71	
Annual Cost	\$35,828.52		\$35,686.68		\$34,407.00		\$30,704.52	

	Empire Blue Priority Silver Blue Priority EPO 2700/0%/4500 w/HSA		Empire Blue Priority Bronze Blue Priority EPO 5500/20%/6550 w/HSA		Empire Blue Priority Bronze Blue Priority EPO 5300/50%/6550 w/HSA	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	10/40/80 IntDed		15/50/90 IntDed		50%/50%/50% IntDed	
<b>Cost Share Information</b>						
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%	
<b>Office Visits</b>						
Primary Care	\$25 after ded		\$50 after ded		50% after ded	
Specialist	\$50 after ded		\$75 after ded		50% after ded	
<b>Inpatient Services</b>						
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	
<b>Outpatient Services</b>						
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	
<b>Emergency Care</b>						
Emergency Room	\$300 after ded		\$350 after ded		50% after ded	
Single	1 x \$647.72		1 x \$548.83		1 x \$545.85	
EE with Spouse	0 x \$1,295.44		0 x \$1,097.66		0 x \$1,091.70	
EE with Child(ren)	0 x \$1,101.12		0 x \$933.01		0 x \$927.95	
Family	1 x \$1,846.00		1 x \$1,564.17		1 x \$1,555.67	
Monthly Cost	2 \$2,493.72		2 \$2,113.00		2 \$2,101.52	
Annual Cost	\$29,924.64		\$25,356.00		\$25,218.24	