

	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
Prescription Drugs								
Drug Card	10/35/75		10/35/75		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 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+	
Emergency Care								
Emergency Room	\$350		\$250 ded waived		\$250 after ded		\$300 after ded	
Single	1 x \$798.78		1 x \$795.62		1 x \$767.08		1 x \$684.54	
EE with Spouse	0 x \$1,597.56		0 x \$1,591.24		0 x \$1,534.16		0 x \$1,369.08	
EE with Child(ren)	0 x \$1,357.93		0 x \$1,352.55		0 x \$1,304.04		0 x \$1,163.72	
Family	1 x \$2,276.52		1 x \$2,267.52		1 x \$2,186.18		1 x \$1,950.94	
Monthly Cost	2 \$3,075.30		2 \$3,063.14		2 \$2,953.26		2 \$2,635.48	
Annual Cost	\$36,903.60		\$36,757.68		\$35,439.12		\$31,625.76	

	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
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 \$667.15		1 x \$565.30		1 x \$562.23	
EE with Spouse	0 x \$1,334.30		0 x \$1,130.60		0 x \$1,124.46	
EE with Child(ren)	0 x \$1,134.16		0 x \$961.01		0 x \$955.79	
Family	1 x \$1,901.38		1 x \$1,611.11		1 x \$1,602.36	
Monthly Cost	2 \$2,568.53		2 \$2,176.41		2 \$2,164.59	
Annual Cost	\$30,822.36		\$26,116.92		\$25,975.08	