

	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 \$828.07		1 x \$714.78		1 x \$702.42		1 x \$693.75	
EE with Spouse	0 x \$1,656.14		0 x \$1,429.56		0 x \$1,404.84		0 x \$1,387.50	
EE with Child(ren)	0 x \$1,407.72		0 x \$1,215.13		0 x \$1,194.11		0 x \$1,179.38	
Family	1 x \$2,360.00		1 x \$2,037.12		1 x \$2,001.90		1 x \$1,977.19	
Monthly Cost	2 \$3,188.07		2 \$2,751.90		2 \$2,704.32		2 \$2,670.94	
Annual Cost	\$38,256.84		\$33,022.80		\$32,451.84		\$32,051.28	

	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 \$626.70		1 x \$616.08		1 x \$581.76	
EE with Spouse	0 x \$1,253.40		0 x \$1,232.16		0 x \$1,163.52	
EE with Child(ren)	0 x \$1,065.39		0 x \$1,047.34		0 x \$988.99	
Family	1 x \$1,786.10		1 x \$1,755.83		1 x \$1,658.02	
Monthly Cost	2 \$2,412.80		2 \$2,371.91		2 \$2,239.78	
Annual Cost	\$28,953.60		\$28,462.92		\$26,877.36	