

	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 \$1,182.57		1 x \$1,153.45		1 x \$1,106.52		1 x \$1,058.04	
EE with Spouse	0 x \$2,365.14		0 x \$2,306.90		0 x \$2,213.04		0 x \$2,116.08	
EE with Child(ren)	0 x \$2,010.37		0 x \$1,960.87		0 x \$1,881.08		0 x \$1,798.67	
Family	1 x \$3,370.32		1 x \$3,287.33		1 x \$3,153.58		1 x \$3,015.41	
Monthly Cost	2 \$4,552.89		2 \$4,440.78		2 \$4,260.10		2 \$4,073.45	
Annual Cost	\$54,634.68		\$53,289.36		\$51,121.20		\$48,881.40	

	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 \$1,036.52		1 x \$975.20		1 x \$928.62		1 x \$894.71	
EE with Spouse	0 x \$2,073.04		0 x \$1,950.40		0 x \$1,857.24		0 x \$1,789.42	
EE with Child(ren)	0 x \$1,762.08		0 x \$1,657.84		0 x \$1,578.65		0 x \$1,521.01	
Family	1 x \$2,954.08		1 x \$2,779.32		1 x \$2,646.57		1 x \$2,549.92	
Monthly Cost	2 \$3,990.60		2 \$3,754.52		2 \$3,575.19		2 \$3,444.63	
Annual Cost	\$47,887.20		\$45,054.24		\$42,902.28		\$41,335.56	

	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	\$879.24	1 x	\$868.39	1 x	\$819.19	1 x	\$805.17
EE with Spouse	0 x	\$1,758.48	0 x	\$1,736.78	0 x	\$1,638.38	0 x	\$1,610.34
EE with Child(ren)	0 x	\$1,494.71	0 x	\$1,476.26	0 x	\$1,392.62	0 x	\$1,368.79
Family	1 x	\$2,505.83	1 x	\$2,474.91	1 x	\$2,334.69	1 x	\$2,294.73
Monthly Cost	2	\$3,385.07	2	\$3,343.30	2	\$3,153.88	2	\$3,099.90
Annual Cost		\$40,620.84		\$40,119.60		\$37,846.56		\$37,198.80

	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	\$771.17	1 x	\$751.45	1 x	\$742.23	1 x	\$728.21
EE with Spouse	0 x	\$1,542.34	0 x	\$1,502.90	0 x	\$1,484.46	0 x	\$1,456.42
EE with Child(ren)	0 x	\$1,310.99	0 x	\$1,277.47	0 x	\$1,261.79	0 x	\$1,237.96
Family	1 x	\$2,197.83	1 x	\$2,141.63	1 x	\$2,115.36	1 x	\$2,075.40
Monthly Cost	2	\$2,969.00	2	\$2,893.08	2	\$2,857.59	2	\$2,803.61
Annual Cost		\$35,628.00		\$34,716.96		\$34,291.08		\$33,643.32

Prepared For: **Empire 2017 4th qtr EPO PPO**

New York County, NY 10001

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Health Plan Comparison Report (4L)

Effective Date: 10/01/2017

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SIC: 0000

	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 \$635.96		1 x \$632.53	
EE with Spouse	0 x \$1,271.92		0 x \$1,265.06	
EE with Child(ren)	0 x \$1,081.13		0 x \$1,075.30	
Family	1 x \$1,812.49		1 x \$1,802.71	
Monthly Cost	2 \$2,448.45		2 \$2,435.24	
Annual Cost	\$29,381.40		\$29,222.88	