

	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	\$500		20% after ded		\$200 after ded		30% after ded	
Lab/X-Ray	Office-\$50 + 10%; OP-\$500 + 10%		20% after ded		Office-\$20 after ded; OP-\$200 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 \$822.72		1 x \$819.46		1 x \$790.07		1 x \$705.06	
EE with Spouse	0 x \$1,645.44		0 x \$1,638.92		0 x \$1,580.14		0 x \$1,410.12	
EE with Child(ren)	0 x \$1,398.62		0 x \$1,393.08		0 x \$1,343.12		0 x \$1,198.60	
Family	1 x \$2,344.75		1 x \$2,335.46		1 x \$2,251.70		1 x \$2,009.42	
Monthly Cost	2 \$3,167.47		2 \$3,154.92		2 \$3,041.77		2 \$2,714.48	
Annual Cost	\$38,009.64		\$37,859.04		\$36,501.24		\$32,573.76	

	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 \$687.15		1 x \$582.24		1 x \$579.08	
EE with Spouse	0 x \$1,374.30		0 x \$1,164.48		0 x \$1,158.16	
EE with Child(ren)	0 x \$1,168.16		0 x \$989.81		0 x \$984.44	
Family	1 x \$1,958.38		1 x \$1,659.38		1 x \$1,650.38	
Monthly Cost	2 \$2,645.53		2 \$2,241.62		2 \$2,229.46	
Annual Cost	\$31,746.36		\$26,899.44		\$26,753.52	