

| | Empire EPO/PPO Platinum PPO 15/0%/3500 80th Percentile FAIR Health | | Empire EPO/PPO Platinum PPO 5/0%/2600 | | Empire EPO/PPO Platinum PPO 250/10%/5250 | | Empire EPO/PPO Platinum EPO 5/0%/2600 | |
|----------------------------------|--|--------------------------------|---|--------------------------------|---|--------------------------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | | | |
| Drug Card | 5/30/60 | | 5/30/60 | | 10/35/75 | | 5/30/60 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | N/A | \$2,000/\$4,000 embedded | N/A | \$2,000/\$4,000 embedded | \$250/\$750 embedded | \$2,000/\$4,000 embedded | N/A | |
| Individual/Family OOP Limit | \$3,500/\$7,000 | \$7,000/\$14,000 (incl ded) | \$2,600/\$5,200 | \$5,200/\$10,400 (incl ded) | \$5,250/\$10,500 (incl ded) | \$10,500/\$21,000 (incl ded) | \$2,600/\$5,200 | |
| Co-Insurance | 0% | 20% | 0% | 30% | 10% | 30% | 0% | |
| Office Visits | | | | | | | | |
| Primary Care | \$15 | 20% after ded | \$5 | 30% after ded | \$10 ded waived | 30% after ded | \$5 | |
| Specialist | \$15 | 20% after ded | \$10 | 30% after ded | \$20 ded waived | 30% after ded | \$10 | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | \$250/admit | 20% after ded | \$200/admit | 30% after ded | 10% after ded | 30% after ded | \$200/admit | |
| Mental Health Inpatient | \$250/admit | 20% after ded | \$200/admit | 30% after ded | 10% after ded | 30% after ded | \$200/admit | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility Lab/X-Ray | \$150 Lab-No charge; X-ray: Office-No charge; OP-\$20 | 20% after ded 20% after ded | \$150 Lab-No charge; X-ray: Office-No charge; OP-\$20 | 30% after ded 30% after ded | 10% after ded 10% after ded | 30% after ded 30% after ded | \$150 Lab-No charge; X-ray: Office-No charge; OP-\$20 | |
| Mental Health Outpatient | \$15 | 20% after ded | \$10 | 30% after ded | \$20 ded waived | 30% after ded | \$10 | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$150 | Paid as in-network | \$100 | Paid as in-network | \$200 ded waived | Paid as in-network | \$100 | |
| Urgent Care | \$25 | Paid as in-network | \$25 | Paid as in-network | \$50 ded waived | Paid as in-network | \$25 | |
| Single | 1 x | \$1,220.58 | 1 x | \$1,136.46 | 1 x | \$1,077.76 | 1 x | \$1,043.68 |
| EE with Spouse | 0 x | \$2,441.16 | 0 x | \$2,272.92 | 0 x | \$2,155.52 | 0 x | \$2,087.36 |
| EE with Child(ren) | 0 x | \$2,074.99 | 0 x | \$1,931.98 | 0 x | \$1,832.19 | 0 x | \$1,774.26 |
| Family | 1 x | \$3,478.65 | 1 x | \$3,238.91 | 1 x | \$3,071.62 | 1 x | \$2,974.49 |
| Monthly Cost | 2 | \$4,699.23 | 2 | \$4,375.37 | 2 | \$4,149.38 | 2 | \$4,018.17 |
| Annual Cost | | \$56,390.76 | | \$52,504.44 | | \$49,792.56 | | \$48,218.04 |

Prepared For: **Empire 2018 EPO/PPO**
 New York County, NY 10001
 Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 01/01/2018
 Prepared On: 10/26/2017
 Report ID: 33720188
 SIC: 0000

| | Empire EPO/PPO Platinum EPO 15/0%/3500 | | Empire EPO/PPO Gold PPO 1000/10%/5000 | | Empire EPO/PPO Gold PPO 1350/0%/3000 w/HSA | | Empire EPO/PPO Gold EPO 25/0%/6000 | |
|----------------------------------|---|-------------|--|--------------------------------|--|--------------------------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | | | |
| Drug Card | 5/30/60 | | 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 | N/A | |
| Individual/Family OOP Limit | \$3,500/\$7,000 | | \$5,000/\$10,000 (incl ded) | \$10,000/\$20,000 (incl ded) | \$3,000/\$6,000 (incl ded) | \$6,000/\$12,000 (incl ded) | \$6,000/\$12,000 | |
| Co-Insurance | 0% | | 10% | 30% | 0% | 20% | 0% | |
| Office Visits | | | | | | | | |
| Primary Care | \$15 | | \$30 ded waived | 30% after ded | \$10 after ded | 20% after ded | \$25 | |
| Specialist | \$15 | | \$50 ded waived | 30% after ded | \$30 after ded | 20% after ded | \$50 | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | \$250/admit | | 10% after ded | 30% after ded | \$200/admit after ded | 20% after ded | \$350/admit | |
| Mental Health Inpatient | \$250/admit | | 10% after ded | 30% after ded | \$200/admit after ded | 20% after ded | \$350/admit | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility Lab/X-Ray | \$150 Lab-No charge; X-ray: Office-No charge; OP-\$20 | | 10% after ded 10% after ded | 30% after ded 30% after ded | \$150 after ded Office-\$10 after ded; OP- \$150 after ded | 20% after ded 20% after ded | \$300 Lab-No charge; X-ray: Office-No charge; OP-\$50 | |
| Mental Health Outpatient | \$15 | | \$50 ded waived | 30% after ded | \$30 after ded | 20% after ded | \$50 | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$150 | | \$300 ded waived | Paid as in-network | \$150 after ded | Paid as in-network | \$300 | |
| Urgent Care | \$25 | | \$75 ded waived | Paid as in-network | \$30 after ded | Paid as in-network | \$75 | |
| Single | 1 x \$1,034.31 | | 1 x \$976.61 | | 1 x \$926.75 | | 1 x \$920.71 | |
| EE with Spouse | 0 x \$2,068.62 | | 0 x \$1,953.22 | | 0 x \$1,853.50 | | 0 x \$1,841.42 | |
| EE with Child(ren) | 0 x \$1,758.33 | | 0 x \$1,660.24 | | 0 x \$1,575.48 | | 0 x \$1,565.21 | |
| Family | 1 x \$2,947.78 | | 1 x \$2,783.34 | | 1 x \$2,641.24 | | 1 x \$2,624.02 | |
| Monthly Cost | 2 \$3,982.09 | | 2 \$3,759.95 | | 2 \$3,567.99 | | 2 \$3,544.73 | |
| Annual Cost | \$47,785.08 | | \$45,119.40 | | \$42,815.88 | | \$42,536.76 | |

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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 New York County, NY 10001
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Health Plan Comparison Report (4L)

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| | Empire EPO/PPO Gold EPO 1000/10%/5000 | | Empire EPO/PPO Gold EPO 35/10%/5850 | | Empire EPO/PPO Gold EPO 500/20%/7350 | | Empire EPO/PPO Gold EPO 1500/10%/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 | \$1,000/\$3,000 embedded | | N/A | | \$500/\$1,500 embedded | | \$1,500/\$3,000 embedded | |
| Individual/Family OOP Limit | \$5,000/\$10,000 (incl ded) | | \$5,850/\$11,700 | | \$7,350/\$14,700 (incl ded) | | \$7,000/\$14,000 (incl ded) | |
| Co-Insurance | 10% | | 10% | | 20% | | 10% | |
| Office Visits | | | | | | | | |
| Primary Care | \$30 ded waived | | \$35 | | \$25 ded waived | | \$30 ded waived | |
| Specialist | \$50 ded waived | | \$50 | | \$50 ded waived | | \$60 ded waived | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 10% after ded | | \$500/admit | | 20% after ded | | 10% after ded | |
| Mental Health Inpatient | 10% after ded | | \$500/admit | | 20% after ded | | 10% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | 10% after ded | | \$500 | | 20% after ded | | 10% after ded | |
| Lab/X-Ray | 10% after ded | | Lab-No charge; X-ray: Office-No charge; OP- \$100 | | 20% after ded | | 10% after ded | |
| Mental Health Outpatient | \$50 ded waived | | \$50 | | \$50 ded waived | | \$60 ded waived | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$300 ded waived | | \$350 | | \$300 ded waived | | \$300 ded waived | |
| Urgent Care | \$75 ded waived | | \$100 | | \$75 ded waived | | \$60 ded waived | |
| Single | 1 x \$895.19 | | 1 x \$891.04 | | 1 x \$874.82 | | 1 x \$872.74 | |
| EE with Spouse | 0 x \$1,790.38 | | 0 x \$1,782.08 | | 0 x \$1,749.64 | | 0 x \$1,745.48 | |
| EE with Child(ren) | 0 x \$1,521.82 | | 0 x \$1,514.77 | | 0 x \$1,487.19 | | 0 x \$1,483.66 | |
| Family | 1 x \$2,551.29 | | 1 x \$2,539.46 | | 1 x \$2,493.24 | | 1 x \$2,487.31 | |
| Monthly Cost | 2 \$3,446.48 | | 2 \$3,430.50 | | 2 \$3,368.06 | | 2 \$3,360.05 | |
| Annual Cost | \$41,357.76 | | \$41,166.00 | | \$40,416.72 | | \$40,320.60 | |

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| | Empire EPO/PPO Silver PPO 2700/20%/5000 w/HSA | | Empire EPO/PPO Silver EPO 2750/30%/7350 | | Empire EPO/PPO Silver EPO 1500/30%/6650 | | Empire EPO/PPO Silver EPO 2500/30%/7350 | |
|-------------------------------|--|------------------------------|--|-------------|--|-------------|--|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | | | |
| Drug Card | 10/40/80 IntDed | | 15/45/75/200 ded T2-3 | | 15/40/80/250 ded T2-3 | | 15/45/75/200 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$2,700/\$5,400 embedded | \$5,400/\$10,800 embedded | \$2,750/\$5,500 embedded | | \$1,500/\$3,000 embedded | | \$2,500/\$5,000 embedded | |
| Individual/Family OOP Limit | \$5,000/\$10,000 (incl ded) | \$10,000/\$20,000 (incl ded) | \$7,350/\$14,700 (incl ded) | | \$6,650/\$13,300 (incl ded) | | \$7,350/\$14,700 (incl ded) | |
| Co-Insurance | 20% | 40% | 30% | | 30% | | 30% | |
| Office Visits | | | | | | | | |
| Primary Care | 20% after ded | 40% after ded | \$40 ded waived | | \$35 ded waived visits 1-3; 30% after ded visits 4+ | | \$40 ded waived | |
| Specialist | 20% after ded | 40% after ded | \$70 ded waived | | \$35 ded waived visits 1-3; 30% after ded visits 4+ | | \$70 ded waived | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 20% after ded | 40% after ded | 30% after ded | | 30% after ded | | 30% after ded | |
| Mental Health Inpatient | 20% after ded | 40% after ded | 30% after ded | | 30% after ded | | 30% after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | 20% after ded | 40% after ded | 30% after ded | | 30% after ded | | 30% after ded | |
| Lab/X-Ray | 20% after ded | 40% after ded | 30% after ded | | 30% after ded | | 30% after ded | |
| Mental Health Outpatient | 20% after ded | 40% after ded | \$70 ded waived | | 30% after ded | | \$70 ded waived | |
| Emergency Care | | | | | | | | |
| Emergency Room | 20% after ded | Paid as in-network | \$550 ded waived | | \$300 after ded | | \$500 after ded | |
| Urgent Care | 20% after ded | Paid as in-network | \$75 ded waived | | 30% after ded | | \$75 ded waived | |
| Single | 1 x \$812.97 | | 1 x \$776.45 | | 1 x \$768.88 | | 1 x \$766.99 | |
| EE with Spouse | 0 x \$1,625.94 | | 0 x \$1,552.90 | | 0 x \$1,537.76 | | 0 x \$1,533.98 | |
| EE with Child(ren) | 0 x \$1,382.05 | | 0 x \$1,319.97 | | 0 x \$1,307.10 | | 0 x \$1,303.88 | |
| Family | 1 x \$2,316.96 | | 1 x \$2,212.88 | | 1 x \$2,191.31 | | 1 x \$2,185.92 | |
| Monthly Cost | 2 \$3,129.93 | | 2 \$2,989.33 | | 2 \$2,960.19 | | 2 \$2,952.91 | |
| Annual Cost | \$37,559.16 | | \$35,871.96 | | \$35,522.28 | | \$35,434.92 | |

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| | Empire EPO/PPO Silver EPO 2700/20%/5000 w/HSA | | Empire EPO/PPO Silver EPO 3000/30%/7350 | | Empire EPO/PPO Silver EPO 3000/0%/5250 w/HSA | | Empire EPO/PPO Bronze EPO 5500/20%/6650 w/HSA | |
|-------------------------------|--|-------------|--|-------------|---|-------------|--|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | | | |
| Drug Card | 10/40/80 IntDed | | 15/50/90 IntDed T3 | | 10/40/80 IntDed | | 15/50/90 IntDed | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$2,700/\$5,400 embedded | | \$3,000/\$6,000 embedded | | \$3,000/\$6,000 embedded | | \$5,500/\$11,000 embedded | |
| Individual/Family OOP Limit | \$5,000/\$10,000 (incl ded) | | \$7,350/\$14,700 (incl ded) | | \$5,250/\$10,500 (incl ded) | | \$6,650/\$13,300 (incl ded) | |
| Co-Insurance | 20% | | 30% | | 0% | | 20% | |
| Office Visits | | | | | | | | |
| Primary Care | 20% after ded | | \$30 ded waived | | \$25 after ded | | \$50 after ded | |
| Specialist | 20% after ded | | \$60 ded waived | | \$50 after ded | | \$75 after ded | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | 20% after ded | | 30% after ded | | \$500/admit after ded | | \$500/admit after ded | |
| Mental Health Inpatient | 20% after ded | | 30% after ded | | \$500/admit after ded | | \$500/admit after ded | |
| Outpatient Services | | | | | | | | |
| Outpatient Facility | 20% after ded | | 30% after ded | | \$200 after ded | | \$350 after ded | |
| Lab/X-Ray | 20% after ded | | 30% after ded | | Office-\$25 after ded; OP-\$200 after ded | | Office-\$50 after ded; OP-\$350 after ded | |
| Mental Health Outpatient | 20% after ded | | \$60 ded waived | | \$50 after ded | | \$75 after ded | |
| Emergency Care | | | | | | | | |
| Emergency Room | 20% after ded | | \$500 after ded | | \$300 after ded | | \$350 after ded | |
| Urgent Care | 20% after ded | | \$75 ded waived | | \$50 after ded | | \$75 after ded | |
| Single | 1 x \$747.15 | | 1 x \$741.29 | | 1 x \$739.49 | | 1 x \$647.79 | |
| EE with Spouse | 0 x \$1,494.30 | | 0 x \$1,482.58 | | 0 x \$1,478.98 | | 0 x \$1,295.58 | |
| EE with Child(ren) | 0 x \$1,270.16 | | 0 x \$1,260.19 | | 0 x \$1,257.13 | | 0 x \$1,101.24 | |
| Family | 1 x \$2,129.38 | | 1 x \$2,112.68 | | 1 x \$2,107.55 | | 1 x \$1,846.20 | |
| Monthly Cost | 2 \$2,876.53 | | 2 \$2,853.97 | | 2 \$2,847.04 | | 2 \$2,493.99 | |
| Annual Cost | \$34,518.36 | | \$34,247.64 | | \$34,164.48 | | \$29,927.88 | |

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Health Plan Comparison Report (4L)
 Effective Date: 01/01/2018 Prepared On: 10/26/2017
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| Empire EPO/PPO Bronze EPO 5500/35%/6650 w/HSA | |
|--|------------------------------------|
| | In-Network Out-Network |
| Prescription Drugs | |
| Drug Card | 15/50/90 IntDed |
| Cost Share Information | |
| Individual/Family Deductible | \$5,500/\$11,000 embedded |
| Individual/Family OOP Limit | \$6,650/\$13,300 (incl ded) |
| Co-Insurance | 35% |
| Office Visits | |
| Primary Care | 35% after ded |
| Specialist | 35% after ded |
| Inpatient Services | |
| Inpatient Hospital | 35% after ded |
| Mental Health Inpatient | 35% after ded |
| Outpatient Services | |
| Outpatient Facility | 35% after ded |
| Lab/X-Ray | 35% after ded |
| Mental Health Outpatient | 35% after ded |
| Emergency Care | |
| Emergency Room | 35% after ded |
| Urgent Care | 35% after ded |
| Single | 1 x \$646.62 |
| EE with Spouse | 0 x \$1,293.24 |
| EE with Child(ren) | 0 x \$1,099.25 |
| Family | 1 x \$1,842.87 |
| Monthly Cost | 2 \$2,489.49 |
| Annual Cost | \$29,873.88 |

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