

	Empire Blue Priority Platinum Blue Priority EPO 15/0%/3500		Empire Blue Priority Gold Blue Priority EPO 35/10%/5850		Empire Blue Priority Gold Blue Priority EPO 1250/20%/4000		Empire Blue Priority Gold Blue Priority EPO 1350/0%/3000 w/HSA	
	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		10/35/75		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$1,250/\$2,500 embedded		\$1,350/\$2,700 non-embedded	
Individual/Family OOP Limit	\$3,500/\$7,000		\$5,850/\$11,700		\$4,000/\$8,000 (incl ded)		\$3,000/\$6,000 (incl ded)	
Co-Insurance	0%		10%		20%		0%	
Office Visits								
Primary Care	\$15		\$35		\$25 ded waived		\$10 after ded	
Specialist	\$15		\$50		\$50 ded waived		\$30 after ded	
Inpatient Services								
Inpatient Hospital	\$250/admit		\$500/admit		20% after ded		\$200/admit after ded	
Mental Health Inpatient	\$250/admit		\$500/admit		20% after ded		\$200/admit after ded	
Outpatient Services								
Outpatient Facility	\$150		\$500		20% after ded		\$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-\$20		Lab-No charge; X-ray: Office-No charge; OP-\$100		20% after ded		Office-\$10 after ded; OP-\$150 after ded	
Mental Health Outpatient	\$15		\$50		\$50 ded waived		\$30 after ded	
Emergency Care								
Emergency Room	\$150		\$350		\$250 ded waived		\$150 after ded	
Urgent Care	\$25		\$100		\$75 ded waived		\$30 after ded	
Single	1 x \$970.56		1 x \$836.14		1 x \$824.87		1 x \$799.17	
EE with Spouse	0 x \$1,941.12		0 x \$1,672.28		0 x \$1,649.74		0 x \$1,598.34	
EE with Child(ren)	0 x \$1,649.95		0 x \$1,421.44		0 x \$1,402.28		0 x \$1,358.59	
Family	1 x \$2,766.10		1 x \$2,383.00		1 x \$2,350.88		1 x \$2,277.63	
Monthly Cost	2 \$3,736.66		2 \$3,219.14		2 \$3,175.75		2 \$3,076.80	
Annual Cost	\$44,839.92		\$38,629.68		\$38,109.00		\$36,921.60	

Prepared For: **Empire 2018 1st qtr Blue Priority**

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

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SIC: 0000

	Empire Blue Priority Silver Blue Priority EPO 1500/30%/6650		Empire Blue Priority Silver Blue Priority EPO 2500/30%/7350		Empire Blue Priority Silver Blue Priority EPO 3000/0%/5250 w/HSA		Empire Blue Priority Bronze Blue Priority 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	15/40/80/250 ded T2-3		15/45/75/100 ded T2-3		10/40/80 IntDed		15/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000 embedded		\$2,500/\$5,000 embedded		\$3,000/\$6,000 embedded		\$5,500/\$11,000 embedded	
Individual/Family OOP Limit	\$6,650/\$13,300 (incl ded)		\$7,350/\$14,700 (incl ded)		\$5,250/\$10,500 (incl ded)		\$6,650/\$13,300 (incl ded)	
Co-Insurance	30%		30%		0%		20%	
Office Visits								
Primary Care	\$35 ded waived visits 1-3; 30% after ded visits 4+		\$40 ded waived		\$25 after ded		\$50 after ded	
Specialist	\$35 ded waived visits 1-3; 30% after ded visits 4+		\$70 ded waived		\$50 after ded		\$75 after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		30% after ded		\$500/admit after ded		\$500/admit after ded	
Mental Health Inpatient	30% after ded		30% after ded		\$500/admit after ded		\$500/admit after ded	
Outpatient Services								
Outpatient Facility	30% after ded		30% after ded		\$200 after ded		\$350 after ded	
Lab/X-Ray	30% after ded		30% after ded		Office-\$25 after ded; OP-\$200 after ded		Office-\$50 after ded; OP-\$350 after ded	
Mental Health Outpatient	30% after ded		\$70 ded waived		\$50 after ded		\$75 after ded	
Emergency Care								
Emergency Room	\$300 after ded		\$500 after ded		\$300 after ded		\$350 after ded	
Urgent Care	30% after ded		\$75 ded waived		\$50 after ded		\$75 after ded	
Single	1 x \$721.54		1 x \$719.74		1 x \$693.96		1 x \$607.85	
EE with Spouse	0 x \$1,443.08		0 x \$1,439.48		0 x \$1,387.92		0 x \$1,215.70	
EE with Child(ren)	0 x \$1,226.62		0 x \$1,223.56		0 x \$1,179.73		0 x \$1,033.35	
Family	1 x \$2,056.39		1 x \$2,051.26		1 x \$1,977.79		1 x \$1,732.37	
Monthly Cost	2 \$2,777.93		2 \$2,771.00		2 \$2,671.75		2 \$2,340.22	
Annual Cost	\$33,335.16		\$33,252.00		\$32,061.00		\$28,082.64	

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

Prepared For: **Empire 2018 1st qtr Blue Priority**

New York County, NY 10001

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	Empire Blue Priority Bronze Blue Priority EPO 5500/35%/6650 w/HSA		Empire Blue Priority Bronze Blue Priority EPO 7350/0%/7350	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	15/50/90 IntDed		0%/0%/0% IntDed	
Cost Share Information				
Individual/Family Deductible	\$5,500/\$11,000 embedded		\$7,350/\$14,700 embedded	
Individual/Family OOP Limit	\$6,650/\$13,300 (incl ded)		\$7,350/\$14,700 (incl ded)	
Co-Insurance	35%		0%	
Office Visits				
Primary Care	35% after ded		0% after ded	
Specialist	35% after ded		0% after ded	
Inpatient Services				
Inpatient Hospital	35% after ded		0% after ded	
Mental Health Inpatient	35% after ded		0% after ded	
Outpatient Services				
Outpatient Facility	35% after ded		0% after ded	
Lab/X-Ray	35% after ded		0% after ded	
Mental Health Outpatient	35% after ded		0% after ded	
Emergency Care				
Emergency Room	35% after ded		0% after ded	
Urgent Care	35% after ded		0% after ded	
Single	1 x \$606.77		1 x \$578.46	
EE with Spouse	0 x \$1,213.54		0 x \$1,156.92	
EE with Child(ren)	0 x \$1,031.51		0 x \$983.38	
Family	1 x \$1,729.29		1 x \$1,648.61	
Monthly Cost	2 \$2,336.06		2 \$2,227.07	
Annual Cost	\$28,032.72		\$26,724.84	