

	Empire Blue Priority Platinum Blue Priority EPO 15/0%/3500 (EPO) (UCR=N/A)		Empire Blue Priority Gold Blue Priority EPO 35/10%/5850 (EPOc) (UCR=N/A)		Empire Blue Priority Gold Blue Priority EPO 1250/20%/4000 (EPOc) (UCR=N/A)		Empire Blue Priority Gold Blue Priority EPO 1350/0%/3000 w/HSA (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	5/30/60		10/35/75		10/35/75		10/40/80 IntDed	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
Primary Care	\$15		\$35		\$25 ded waived		\$10 after ded	
Specialist	\$15		\$50		\$50 ded waived		\$30 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$250/admit		\$500/day; 4 days/admit		20% after ded		\$200/admit after ded	
Mental Health Inpatient	\$250/admit		\$500/day; 4 days/admit		20% after ded		\$200/admit after ded	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
Emergency Room	\$150		\$350		\$250 ded waived		\$150 after ded	
Urgent Care	\$25		\$100		\$75 ded waived		\$30 after ded	
Single	1 x \$992.40		1 x \$854.95		1 x \$843.43		1 x \$817.15	
EE with Spouse	0 x \$1,984.80		0 x \$1,709.90		0 x \$1,686.86		0 x \$1,634.30	
EE with Child(ren)	0 x \$1,687.08		0 x \$1,453.42		0 x \$1,433.83		0 x \$1,389.16	
Family	1 x \$2,828.34		1 x \$2,436.61		1 x \$2,403.78		1 x \$2,328.88	
Monthly Cost	2 \$3,820.74		2 \$3,291.56		2 \$3,247.21		2 \$3,146.03	
Annual Cost	\$45,848.88		\$39,498.72		\$38,966.52		\$37,752.36	

	Empire Blue Priority Silver Blue Priority EPO 1500/30%/6650 (EPOc) (UCR=N/A)		Empire Blue Priority Silver Blue Priority EPO 2500/30%/7350 (EPOc) (UCR=N/A)		Empire Blue Priority Silver Blue Priority EPO 3000/0%/5250 w/HSA (HSA) (UCR=N/A)		Empire Blue Priority Bronze Blue Priority EPO 5500/20%/6650 w/HSA (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/40/80/250 ded T2-3		15/45/75/100 ded T2-3		10/40/80 IntDed		15/50/90 IntDed	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
Inpatient Hospital	30% after ded		30% after ded		\$500/day after ded; 4 days/admit		\$500/day; 4 days/admit	
Mental Health Inpatient	30% after ded		30% after ded		\$500/day after ded; 4 days/admit		\$500/day; 4 days/admit	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	
<b>Single</b>	1 x \$737.78		1 x \$735.94		1 x \$709.57		1 x \$621.53	
EE with Spouse	0 x \$1,475.56		0 x \$1,471.88		0 x \$1,419.14		0 x \$1,243.06	
EE with Child(ren)	0 x \$1,254.23		0 x \$1,251.10		0 x \$1,206.27		0 x \$1,056.60	
Family	1 x \$2,102.67		1 x \$2,097.43		1 x \$2,022.27		1 x \$1,771.36	
<b>Monthly Cost</b>	2 \$2,840.45		2 \$2,833.37		2 \$2,731.84		2 \$2,392.89	
<b>Annual Cost</b>	\$34,085.40		\$34,000.44		\$32,782.08		\$28,714.68	

Prepared For: **Empire 2018 2nd qtr Blue Priority**

New York County, NY 10001

Prepared By: Clifford Grekin Inc. - (631)963-6020

**Health Plan Comparison Report (4L)**

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	Empire Blue Priority Bronze Blue Priority EPO 5500/35%/6650 w/HSA (HSA) (UCR=N/A)		Empire Blue Priority Bronze Blue Priority EPO 7350/0%/7350 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	15/50/90 IntDed		0%/0%/0% IntDed	
<b>Cost Share Information</b>				
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%	
<b>Office Visits</b>				
Primary Care	35% after ded		0% after ded	
Specialist	35% after ded		0% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	35% after ded		0% after ded	
Mental Health Inpatient	35% after ded		0% after ded	
<b>Outpatient Services</b>				
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	
<b>Emergency Care</b>				
Emergency Room	35% after ded		0% after ded	
Urgent Care	35% after ded		0% after ded	
Single	1 x \$620.42		1 x \$591.48	
EE with Spouse	0 x \$1,240.84		0 x \$1,182.96	
EE with Child(ren)	0 x \$1,054.71		0 x \$1,005.52	
Family	1 x \$1,768.20		1 x \$1,685.72	
Monthly Cost	2 \$2,388.62		2 \$2,277.20	
Annual Cost	\$28,663.44		\$27,326.40	