

	Empire EPO/PPO Platinum PPO 15/0%/3500 80th Percentile FAIR Health (PPO) (UCR=80fh%)		Empire EPO/PPO Platinum PPO 5/0%/2600 (PPO) (UCR=140mc%)		Empire EPO/PPO Platinum PPO 250/10%/5250 (PPOc) (UCR=140mc%)		Empire EPO/PPO Platinum EPO 5/0%/2600 (EPO) (UCR=N/A)	
	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	\$1,248.04	1 x	\$1,162.03	1 x	\$1,102.01	1 x	\$1,067.17
EE with Spouse	0 x	\$2,496.08	0 x	\$2,324.06	0 x	\$2,204.02	0 x	\$2,134.34
EE with Child(ren)	0 x	\$2,121.67	0 x	\$1,975.45	0 x	\$1,873.42	0 x	\$1,814.19
Family	1 x	\$3,556.91	1 x	\$3,311.79	1 x	\$3,140.73	1 x	\$3,041.43
Monthly Cost	2	\$4,804.95	2	\$4,473.82	2	\$4,242.74	2	\$4,108.60
Annual Cost		\$57,659.40		\$53,685.84		\$50,912.88		\$49,303.20

	Empire EPO/PPO Platinum EPO 15%/3500 (EPO) (UCR=N/A)		Empire EPO/PPO Gold PPO 1000/10%/5000 (PPOc) (UCR=140mc%)		Empire EPO/PPO Gold PPO 1350/0%/3000 w/HSA (HSA) (UCR=140mc%)		Empire EPO/PPO Gold EPO 25%/6000 (EPO) (UCR=N/A)	
	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/day; 4 days max/admit	
Mental Health Inpatient	\$250/admit		10% after ded	30% after ded	\$200/admit after ded	20% after ded	\$350/day; 4 days max/admit	
Outpatient Services								
Outpatient Facility	\$150		10% after ded	30% after ded	\$150 after ded	20% after ded	\$300	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-\$20		10% after ded	30% after ded	Office-\$10 after ded; OP-\$150 after ded	20% after ded	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 \$1,057.58		1 x \$998.58		1 x \$947.60		1 x \$941.42	
EE with Spouse	0 x \$2,115.16		0 x \$1,997.16		0 x \$1,895.20		0 x \$1,882.84	
EE with Child(ren)	0 x \$1,797.89		0 x \$1,697.59		0 x \$1,610.92		0 x \$1,600.41	
Family	1 x \$3,014.10		1 x \$2,845.95		1 x \$2,700.66		1 x \$2,683.05	
Monthly Cost	2 \$4,071.68		2 \$3,844.53		2 \$3,648.26		2 \$3,624.47	
Annual Cost	\$48,860.16		\$46,134.36		\$43,779.12		\$43,493.64	

	Empire EPO/PPO Gold EPO 1000/10%/5000 (EPOc) (UCR=N/A)		Empire EPO/PPO Gold EPO 35/10%/5850 (EPOc) (UCR=N/A)		Empire EPO/PPO Gold EPO 500/20%/7350 (EPOc) (UCR=N/A)		Empire EPO/PPO Gold EPO 1500/10%/7000 (EPOc) (UCR=N/A)	
	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/day; 4 days/admit		20% after ded		10% after ded	
Mental Health Inpatient	10% after ded		\$500/day; 4 days/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 \$915.33		1 x \$911.09		1 x \$894.50		1 x \$892.38	
EE with Spouse	0 x \$1,830.66		0 x \$1,822.18		0 x \$1,789.00		0 x \$1,784.76	
EE with Child(ren)	0 x \$1,556.06		0 x \$1,548.85		0 x \$1,520.65		0 x \$1,517.05	
Family	1 x \$2,608.69		1 x \$2,596.61		1 x \$2,549.33		1 x \$2,543.28	
Monthly Cost	2 \$3,524.02		2 \$3,507.70		2 \$3,443.83		2 \$3,435.66	
Annual Cost	\$42,288.24		\$42,092.40		\$41,325.96		\$41,227.92	

	Empire EPO/PPO Silver PPO 2700/20%/5000 w/HSA (HSA) (UCR=140mc%)		Empire EPO/PPO Silver EPO 2750/30%/7350 (EPOc) (UCR=N/A)		Empire EPO/PPO Silver EPO 1500/30%/6650 (EPOc) (UCR=N/A)		Empire EPO/PPO Silver EPO 2500/30%/7350 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/40/80 IntDed		15/45/75/100 ded T2-3		15/40/80/250 ded T2-3		15/45/75/100 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 \$831.26		1 x \$793.92		1 x \$786.18		1 x \$784.24	
EE with Spouse	0 x \$1,662.52		0 x \$1,587.84		0 x \$1,572.36		0 x \$1,568.48	
EE with Child(ren)	0 x \$1,413.14		0 x \$1,349.66		0 x \$1,336.51		0 x \$1,333.21	
Family	1 x \$2,369.09		1 x \$2,262.67		1 x \$2,240.61		1 x \$2,235.08	
Monthly Cost	2 \$3,200.35		2 \$3,056.59		2 \$3,026.79		2 \$3,019.32	
Annual Cost	\$38,404.20		\$36,679.08		\$36,321.48		\$36,231.84	

	Empire EPO/PPO Silver EPO 2700/20%/5000 w/HSA (HSA) (UCR=N/A)		Empire EPO/PPO Silver EPO 3000/30%/7350 (EPOc) (UCR=N/A)		Empire EPO/PPO Silver EPO 3000/0%/5250 w/HSA (HSA) (UCR=N/A)		Empire EPO/PPO Bronze 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
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/day after ded; 4 days/admit		\$500/day; 4 days/admit	
Mental Health Inpatient	20% after ded		30% after ded		\$500/day after ded; 4 days/admit		\$500/day; 4 days/admit	
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 \$763.96		1 x \$757.97		1 x \$756.12		1 x \$662.37	
EE with Spouse	0 x \$1,527.92		0 x \$1,515.94		0 x \$1,512.24		0 x \$1,324.74	
EE with Child(ren)	0 x \$1,298.73		0 x \$1,288.55		0 x \$1,285.40		0 x \$1,126.03	
Family	1 x \$2,177.29		1 x \$2,160.21		1 x \$2,154.94		1 x \$1,887.75	
Monthly Cost	2 \$2,941.25		2 \$2,918.18		2 \$2,911.06		2 \$2,550.12	
Annual Cost	\$35,295.00		\$35,018.16		\$34,932.72		\$30,601.44	

Prepared For: **Empire 2018 2nd qtr EPO/PPO Downstate**

New York County, NY 10001

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Health Plan Comparison Report (4L)

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Empire EPO/PPO Bronze EPO 5500/35%/6650 w/HSA (HSA) (UCR=N/A)		
	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	\$661.17
EE with Spouse	0 x	\$1,322.34
EE with Child(ren)	0 x	\$1,123.99
Family	1 x	\$1,884.33
Monthly Cost	2	\$2,545.50
Annual Cost		\$30,546.00