

	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	\$1,276.11	1 x	\$1,188.17	1 x	\$1,126.80	1 x	\$1,091.17
EE with Spouse	0 x	\$2,552.22	0 x	\$2,376.34	0 x	\$2,253.60	0 x	\$2,182.34
EE with Child(ren)	0 x	\$2,169.39	0 x	\$2,019.89	0 x	\$1,915.56	0 x	\$1,854.99
Family	1 x	\$3,636.91	1 x	\$3,386.28	1 x	\$3,211.38	1 x	\$3,109.83
Monthly Cost	2	\$4,913.02	2	\$4,574.45	2	\$4,338.18	2	\$4,201.00
Annual Cost		\$58,956.24		\$54,893.40		\$52,058.16		\$50,412.00

	Empire EPO/PPO Platinum EPO 15/0%/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 25/0%/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 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 \$1,081.37		1 x \$1,021.04		1 x \$968.91		1 x \$962.60	
EE with Spouse	0 x \$2,162.74		0 x \$2,042.08		0 x \$1,937.82		0 x \$1,925.20	
EE with Child(ren)	0 x \$1,838.33		0 x \$1,735.77		0 x \$1,647.15		0 x \$1,636.42	
Family	1 x \$3,081.90		1 x \$2,909.96		1 x \$2,761.39		1 x \$2,743.41	
Monthly Cost	2 \$4,163.27		2 \$3,931.00		2 \$3,730.30		2 \$3,706.01	
Annual Cost	\$49,959.24		\$47,172.00		\$44,763.60		\$44,472.12	

	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 \$935.92		1 x \$931.59		1 x \$914.62		1 x \$912.45	
EE with Spouse	0 x \$1,871.84		0 x \$1,863.18		0 x \$1,829.24		0 x \$1,824.90	
EE with Child(ren)	0 x \$1,591.06		0 x \$1,583.70		0 x \$1,554.85		0 x \$1,551.17	
Family	1 x \$2,667.37		1 x \$2,655.03		1 x \$2,606.67		1 x \$2,600.48	
Monthly Cost	2 \$3,603.29		2 \$3,586.62		2 \$3,521.29		2 \$3,512.93	
Annual Cost	\$43,239.48		\$43,039.44		\$42,255.48		\$42,155.16	

	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 \$849.96		1 x \$811.78		1 x \$803.86		1 x \$801.88	
EE with Spouse	0 x \$1,699.92		0 x \$1,623.56		0 x \$1,607.72		0 x \$1,603.76	
EE with Child(ren)	0 x \$1,444.93		0 x \$1,380.03		0 x \$1,366.56		0 x \$1,363.20	
Family	1 x \$2,422.39		1 x \$2,313.57		1 x \$2,291.00		1 x \$2,285.36	
Monthly Cost	2 \$3,272.35		2 \$3,125.35		2 \$3,094.86		2 \$3,087.24	
Annual Cost	\$39,268.20		\$37,504.20		\$37,138.32		\$37,046.88	

	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 \$781.15		1 x \$775.02		1 x \$773.13		1 x \$677.27	
EE with Spouse	0 x \$1,562.30		0 x \$1,550.04		0 x \$1,546.26		0 x \$1,354.54	
EE with Child(ren)	0 x \$1,327.96		0 x \$1,317.53		0 x \$1,314.32		0 x \$1,151.36	
Family	1 x \$2,226.28		1 x \$2,208.81		1 x \$2,203.42		1 x \$1,930.22	
Monthly Cost	2 \$3,007.43		2 \$2,983.83		2 \$2,976.55		2 \$2,607.49	
Annual Cost	\$36,089.16		\$35,805.96		\$35,718.60		\$31,289.88	

Prepared For: **Empire 2018 3rd 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	\$676.04
EE with Spouse	0 x	\$1,352.08
EE with Child(ren)	0 x	\$1,149.27
Family	1 x	\$1,926.71
Monthly Cost	2	\$2,602.75
Annual Cost		\$31,233.00