

	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
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/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	
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 \$1,014.73		1 x \$874.18		1 x \$862.40		1 x \$835.53	
EE with Spouse	0 x \$2,029.46		0 x \$1,748.36		0 x \$1,724.80		0 x \$1,671.06	
EE with Child(ren)	0 x \$1,725.04		0 x \$1,486.11		0 x \$1,466.08		0 x \$1,420.40	
Family	1 x \$2,891.98		1 x \$2,491.41		1 x \$2,457.84		1 x \$2,381.26	
Monthly Cost	2 \$3,906.71		2 \$3,365.59		2 \$3,320.24		2 \$3,216.79	
Annual Cost	\$46,880.52		\$40,387.08		\$39,842.88		\$38,601.48	

	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
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/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	
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 \$754.38		1 x \$752.49		1 x \$725.53		1 x \$635.51	
EE with Spouse	0 x \$1,508.76		0 x \$1,504.98		0 x \$1,451.06		0 x \$1,271.02	
EE with Child(ren)	0 x \$1,282.45		0 x \$1,279.23		0 x \$1,233.40		0 x \$1,080.37	
Family	1 x \$2,149.98		1 x \$2,144.60		1 x \$2,067.76		1 x \$1,811.20	
Monthly Cost	2 \$2,904.36		2 \$2,897.09		2 \$2,793.29		2 \$2,446.71	
Annual Cost	\$34,852.32		\$34,765.08		\$33,519.48		\$29,360.52	

Prepared For: **Empire 2018 3rd qtr Blue Priority**

New York County, NY 10001

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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
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 \$634.38		1 x \$604.78	
EE with Spouse	0 x \$1,268.76		0 x \$1,209.56	
EE with Child(ren)	0 x \$1,078.45		0 x \$1,028.13	
Family	1 x \$1,807.98		1 x \$1,723.62	
Monthly Cost	2 \$2,442.36		2 \$2,328.40	
Annual Cost	\$29,308.32		\$27,940.80	