

	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 \$1,037.53		1 x \$893.83		1 x \$881.78		1 x \$854.31	
EE with Spouse	0 x \$2,075.06		0 x \$1,787.66		0 x \$1,763.56		0 x \$1,708.62	
EE with Child(ren)	0 x \$1,763.80		0 x \$1,519.51		0 x \$1,499.03		0 x \$1,452.33	
Family	1 x \$2,956.96		1 x \$2,547.42		1 x \$2,513.07		1 x \$2,434.78	
Monthly Cost	2 \$3,994.49		2 \$3,441.25		2 \$3,394.85		2 \$3,289.09	
Annual Cost	\$47,933.88		\$41,295.00		\$40,738.20		\$39,469.08	

	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 \$771.33		1 x \$769.40		1 x \$741.84		1 x \$649.80	
EE with Spouse	0 x \$1,542.66		0 x \$1,538.80		0 x \$1,483.68		0 x \$1,299.60	
EE with Child(ren)	0 x \$1,311.26		0 x \$1,307.98		0 x \$1,261.13		0 x \$1,104.66	
Family	1 x \$2,198.29		1 x \$2,192.79		1 x \$2,114.24		1 x \$1,851.93	
Monthly Cost	2 \$2,969.62		2 \$2,962.19		2 \$2,856.08		2 \$2,501.73	
Annual Cost	\$35,635.44		\$35,546.28		\$34,272.96		\$30,020.76	

Prepared For: **Empire 2018 4th 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
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 \$648.64		1 x \$618.38	
EE with Spouse	0 x \$1,297.28		0 x \$1,236.76	
EE with Child(ren)	0 x \$1,102.69		0 x \$1,051.25	
Family	1 x \$1,848.62		1 x \$1,762.38	
Monthly Cost	2 \$2,497.26		2 \$2,380.76	
Annual Cost	\$29,967.12		\$28,569.12	