

	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 Gold PPO 1000/10%/5000 (PPOc) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/35/75		10/35/75		10/35/75		10/50/75	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A	\$2,000/\$4,000 embedded	N/A	\$2,000/\$4,000 embedded	\$250/\$500 embedded	\$2,000/\$4,000 embedded	\$1,000/\$2,000 embedded	\$2,000/\$4,000 embedded
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)	\$5,000/\$10,000 (incl ded)	\$10,000/\$20,000 (incl ded)
Co-Insurance	0%	30%	0%	30%	10%	30%	10%	30%
<b>Office Visits</b>								
Primary Care	\$15	30% after ded	\$5	30% after ded	\$10 ded waived	30% after ded	\$30 ded waived	30% after ded
Specialist	\$15	30% after ded	\$10	30% after ded	\$20 ded waived	30% after ded	\$50 ded waived	30% after ded
<b>Inpatient Services</b>								
Inpatient Hospital	\$300/admit	30% after ded	\$200/admit	30% after ded	10% after ded	30% after ded	10% after ded	30% after ded
Mental Health Inpatient	\$300/admit	30% after ded	\$200/admit	30% after ded	10% after ded	30% after ded	10% after ded	30% after ded
<b>Outpatient Services</b>								
Outpatient Facility Lab/X-Ray	\$200 Lab-No charge; X-ray: Office-No charge; OP-\$20	30% after ded 30% 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	10% after ded 10% after ded	30% after ded 30% after ded
Mental Health Outpatient	\$15	30% after ded	\$10	30% after ded	No charge	30% after ded	No charge	30% after ded
<b>Emergency Care</b>								
Emergency Room	\$200	Paid as in-network	\$200	Paid as in-network	\$250 ded waived	Paid as in-network	\$500 ded waived	Paid as in-network
Urgent Care	\$25	Paid as in-network	\$25	Paid as in-network	\$50 ded waived	Paid as in-network	\$75 ded waived	Paid as in-network
Single	1 x \$1,353.11		1 x \$1,239.20		1 x \$1,184.02		1 x \$1,073.02	
EE with Spouse	0 x \$2,706.22		0 x \$2,478.40		0 x \$2,368.04		0 x \$2,146.04	
EE with Child(ren)	0 x \$2,300.29		0 x \$2,106.64		0 x \$2,012.83		0 x \$1,824.13	
Family	1 x \$3,856.36		1 x \$3,531.72		1 x \$3,374.46		1 x \$3,058.11	
Monthly Cost	2 \$5,209.47		2 \$4,770.92		2 \$4,558.48		2 \$4,131.13	
Annual Cost	\$62,513.64		\$57,251.04		\$54,701.76		\$49,573.56	

	Empire EPO/PPO Platinum EPO 5/0%/2600 (EPO) (UCR=N/A)		Empire EPO/PPO Platinum EPO 15/0%/3500 (EPO) (UCR=N/A)		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
<b>Prescription Drugs</b>								
Drug Card	10/35/75		10/35/75		10/50/80 IntDed		10/50/75	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		N/A		\$1,350/\$2,700 non-embedded	\$2,700/\$5,400 non-embedded	N/A	
Individual/Family OOP Limit	\$2,600/\$5,200		\$3,500/\$7,000		\$3,000/\$6,000 (incl ded)	\$6,000/\$12,000 (incl ded)	\$6,000/\$12,000	
Co-Insurance	0%		0%		0%	30%	0%	
<b>Office Visits</b>								
Primary Care	\$5		\$15		\$15 after ded	30% after ded	\$25	
Specialist	\$10		\$15		\$30 after ded	30% after ded	\$50	
<b>Inpatient Services</b>								
Inpatient Hospital	\$200/admit		\$300/admit		\$400/admit after ded	30% after ded	\$400/day; 4 days max/admit	
Mental Health Inpatient	\$200/admit		\$300/admit		\$400/admit after ded	30% after ded	\$400/day; 4 days max/admit	
<b>Outpatient Services</b>								
Outpatient Facility	\$150		\$200		\$300 after ded	30% after ded	\$400	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-\$20		Lab-No charge; X-ray: Office-No charge; OP-\$20		Office-\$15 after ded; OP-\$300 after ded	30% after ded	Lab-No charge; X-ray: Office-No charge; OP-\$50	
Mental Health Outpatient	\$10		\$15		\$30 after ded	30% after ded	\$50	
<b>Emergency Care</b>								
Emergency Room	\$200		\$200		\$300 after ded	Paid as in-network	\$400	
Urgent Care	\$25		\$25		\$30 after ded	Paid as in-network	\$75	
Single	1 x \$1,062.91		1 x \$1,046.25		1 x \$1,006.82		1 x \$931.06	
EE with Spouse	0 x \$2,125.82		0 x \$2,092.50		0 x \$2,013.64		0 x \$1,862.12	
EE with Child(ren)	0 x \$1,806.95		0 x \$1,778.63		0 x \$1,711.59		0 x \$1,582.80	
Family	1 x \$3,029.29		1 x \$2,981.81		1 x \$2,869.44		1 x \$2,653.52	
Monthly Cost	2 \$4,092.20		2 \$4,028.06		2 \$3,876.26		2 \$3,584.58	
Annual Cost	\$49,106.40		\$48,336.72		\$46,515.12		\$43,014.96	

	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 1500/10%/7000 (EPOc) (UCR=N/A)		Empire EPO/PPO Gold EPO 500/20%/7350 (EPOc) (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	10/50/75		10/50/75		10/50/75		10/50/75	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,000/\$2,000 embedded		N/A		\$1,500/\$3,000 embedded		\$500/\$1,000 embedded	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$5,850/\$11,700		\$7,000/\$14,000 (incl ded)		\$7,350/\$14,700 (incl ded)	
Co-Insurance	10%		10%		10%		20%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$35		\$30 ded waived		\$25 ded waived	
Specialist	\$50 ded waived		\$50		\$60 ded waived		\$50 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		\$500/day; 4 days/admit		10% after ded		20% after ded	
Mental Health Inpatient	10% after ded		\$500/day; 4 days/admit		10% after ded		20% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	10% after ded		\$500		10% after ded		20% after ded	
Lab/X-Ray	10% after ded		Lab-No charge; X-ray: Office-No charge; OP- \$100		10% after ded		20% after ded	
Mental Health Outpatient	No charge		\$50		No charge		No charge	
<b>Emergency Care</b>								
Emergency Room	\$500 ded waived		\$400		\$400 ded waived		\$400 ded waived	
Urgent Care	\$75 ded waived		\$100		\$75 ded waived		\$75 ded waived	
Single	1 x \$920.41		1 x \$920.04		1 x \$897.92		1 x \$897.28	
EE with Spouse	0 x \$1,840.82		0 x \$1,840.08		0 x \$1,795.84		0 x \$1,794.56	
EE with Child(ren)	0 x \$1,564.70		0 x \$1,564.07		0 x \$1,526.46		0 x \$1,525.38	
Family	1 x \$2,623.17		1 x \$2,622.11		1 x \$2,559.07		1 x \$2,557.25	
Monthly Cost	2 \$3,543.58		2 \$3,542.15		2 \$3,456.99		2 \$3,454.53	
Annual Cost	\$42,522.96		\$42,505.80		\$41,483.88		\$41,454.36	

	Empire EPO/PPO Silver PPO 3000/0%/5250 w/HSA (HSA) (UCR=140mc%)		Empire EPO/PPO Silver PPO 2700/30%/5000 w/HSA (HSA) (UCR=140mc%)		Empire EPO/PPO Silver EPO 2750/30%/7350 (EPOc) (UCR=N/A)		Empire EPO/PPO Silver EPO 2500/30%/7500 (EPOc) (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	10/40/80 IntDed		10/50/80 IntDed		15/50/80/250 ded T2-3		15/50/80/250 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$3,000/\$6,000 embedded	\$6,000/\$12,000 embedded	\$2,700/\$5,400 non-embedded	\$5,400/\$10,800 non-embedded	\$2,750/\$5,500 embedded		\$2,500/\$5,000 embedded	
Individual/Family OOP Limit	\$5,250/\$10,500 (incl ded)	\$10,500/\$21,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$7,350/\$14,700 (incl ded)		\$7,500/\$15,000 (incl ded)	
Co-Insurance	0%	30%	30%	50%	30%		30%	
<b>Office Visits</b>								
Primary Care	\$25 after ded	30% after ded	30% after ded	50% after ded	\$40 ded waived		\$40 ded waived	
Specialist	\$50 after ded	30% after ded	30% after ded	50% after ded	\$80 ded waived		\$70 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/day after ded; 4 days/admit	30% after ded	30% after ded	50% after ded	30% after ded		30% after ded	
Mental Health Inpatient	\$500/day after ded; 4 days/admit	30% after ded	30% after ded	50% after ded	30% after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility Lab/X-Ray	\$200 after ded Office-\$25 after ded; OP-\$200 after ded	30% after ded 30% after ded	30% after ded 30% after ded	50% after ded 50% after ded	30% after ded 30% after ded		30% after ded 30% after ded	
Mental Health Outpatient	\$50 after ded	30% after ded	30% after ded	50% after ded	No charge		No charge	
<b>Emergency Care</b>								
Emergency Room	\$300 after ded	Paid as in-network	30% after ded	Paid as in-network	\$700 ded waived		\$700 after ded	
Urgent Care	\$50 after ded	Paid as in-network	30% after ded	Paid as in-network	\$80 ded waived		\$75 ded waived	
Single	1 x \$879.70		1 x \$853.21		1 x \$800.67		1 x \$788.19	
EE with Spouse	0 x \$1,759.40		0 x \$1,706.42		0 x \$1,601.34		0 x \$1,576.38	
EE with Child(ren)	0 x \$1,495.49		0 x \$1,450.46		0 x \$1,361.14		0 x \$1,339.92	
Family	1 x \$2,507.15		1 x \$2,431.65		1 x \$2,281.91		1 x \$2,246.34	
Monthly Cost	2 \$3,386.85		2 \$3,284.86		2 \$3,082.58		2 \$3,034.53	
Annual Cost	\$40,642.20		\$39,418.32		\$36,990.96		\$36,414.36	

	Empire EPO/PPO Silver EPO 1500/30%/7350 (EPOc) (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 Silver EPO 2700/30%/5000 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	15/50/80/250 ded T2-3		15/50/90 IntDed T2-3		10/40/80 IntDed		10/50/80 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,500/\$3,000 embedded		\$3,000/\$6,000 embedded		\$3,000/\$6,000 embedded		\$2,700/\$5,400 non-embedded	
Individual/Family OOP Limit	\$7,350/\$14,700 (incl ded)		\$7,350/\$14,700 (incl ded)		\$5,250/\$10,500 (incl ded)		\$5,000/\$10,000 (incl ded)	
Co-Insurance	30%		30%		0%		30%	
<b>Office Visits</b>								
Primary Care	\$35 ded waived visits 1-3; 30% after ded visits 4+		\$30 ded waived		\$25 after ded		30% after ded	
Specialist	\$35 ded waived visits 1-3; 30% after ded visits 4+		\$60 ded waived		\$50 after ded		30% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	30% after ded		30% after ded		\$500/day after ded; 4 days/admit		30% after ded	
Mental Health Inpatient	30% after ded		30% after ded		\$500/day after ded; 4 days/admit		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	30% after ded		30% after ded		\$200 after ded		30% after ded	
Lab/X-Ray	30% after ded		30% after ded		Office-\$25 after ded; OP-\$200 after ded		30% after ded	
Mental Health Outpatient	30% after ded		No charge		\$50 after ded		30% after ded	
<b>Emergency Care</b>								
Emergency Room	\$500 after ded		\$700 after ded		\$300 after ded		30% after ded	
Urgent Care	\$75 after ded		\$75 ded waived		\$50 after ded		30% after ded	
Single	1 x \$780.63		1 x \$764.34		1 x \$755.87		1 x \$732.37	
EE with Spouse	0 x \$1,561.26		0 x \$1,528.68		0 x \$1,511.74		0 x \$1,464.74	
EE with Child(ren)	0 x \$1,327.07		0 x \$1,299.38		0 x \$1,284.98		0 x \$1,245.03	
Family	1 x \$2,224.80		1 x \$2,178.37		1 x \$2,154.23		1 x \$2,087.25	
Monthly Cost	2 \$3,005.43		2 \$2,942.71		2 \$2,910.10		2 \$2,819.62	
Annual Cost	\$36,065.16		\$35,312.52		\$34,921.20		\$33,835.44	

Prepared For: **Empire 2019 1st qtr Long Island**

Nassau County, NY 11565

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

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

Effective Date: 01/01/2019

Prepared On: 10/08/2018

Report ID: 35464604

SIC: 0000

	Empire EPO/PPO Bronze EPO 5500/20%/6700 w/HSA (HSA) (UCR=N/A)		Empire EPO/PPO Bronze EPO 5500/35%/6700 w/HSA (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	15/50/90 IntDed		15/50/90 IntDed	
<b>Cost Share Information</b>				
Individual/Family Deductible	\$5,500/\$11,000 non-embedded		\$5,500/\$11,000 non-embedded	
Individual/Family OOP Limit	\$6,700/\$13,400 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	20%		35%	
<b>Office Visits</b>				
Primary Care	\$50 after ded		35% after ded	
Specialist	\$75 after ded		35% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	\$500/day after ded; 4 days/admit		35% after ded	
Mental Health Inpatient	\$500/day after ded; 4 days/admit		35% after ded	
<b>Outpatient Services</b>				
Outpatient Facility	\$350 after ded		35% after ded	
Lab/X-Ray	Office-\$50 after ded; OP- \$350 after ded		35% after ded	
Mental Health Outpatient	\$75 after ded		35% after ded	
<b>Emergency Care</b>				
Emergency Room	\$350 after ded		35% after ded	
Urgent Care	\$75 after ded		35% after ded	
Single	1 x \$632.21		1 x \$630.57	
EE with Spouse	0 x \$1,264.42		0 x \$1,261.14	
EE with Child(ren)	0 x \$1,074.76		0 x \$1,071.97	
Family	1 x \$1,801.80		1 x \$1,797.12	
Monthly Cost	2 \$2,434.01		2 \$2,427.69	
Annual Cost	\$29,208.12		\$29,132.28	