

	Empire EPO/PPO Platinum Blue Access EPO 15/0%/3500 (EPO) (UCR=N/A)		Empire EPO/PPO Platinum Blue Access GEPO 20/10%/5500 (EPOc) (UCR=N/A)		Empire EPO/PPO Gold Blue Access EPO 25/0%/6000 (EPO) (UCR=N/A)		Empire EPO/PPO Gold Blue Access EPO 35/10%/5850 (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		15/60/50%to\$500		10/50/75		10/50/75	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		N/A		N/A	
Individual/Family OOP Limit	\$3,500/\$7,000		\$5,500/\$11,000 (incl ded)		\$6,000/\$12,000		\$5,850/\$11,700	
Co-Insurance	0%		10%		0%		10%	
Office Visits								
Primary Care	\$15		\$20		\$25		\$35	
Specialist	\$15		\$40		\$50		\$50	
Inpatient Services								
Inpatient Hospital	\$300/admit		10%		\$400/day; 4 days/admit		\$500/day; 4 days/admit	
Mental Health Inpatient	\$300/admit		10%		\$400/day; 4 days/admit		\$500/day; 4 days/admit	
Outpatient Services								
Outpatient Facility	\$200		10%		\$400		\$500	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-\$20		Office-No charge; OP-10%		Lab-No charge; X-ray: Office-No charge; OP-\$50		Lab-No charge; X-ray: Office-No charge; OP-\$100	
Mental Health Outpatient	\$15		10%		\$50		\$50	
Emergency Care								
Emergency Room	\$200		10%		\$400		\$400	
Urgent Care	\$25		\$50		\$75		\$100	
Single	1 x \$971.40		1 x \$911.03		1 x \$865.23		1 x \$855.03	
EE with Spouse	0 x \$1,942.80		0 x \$1,822.06		0 x \$1,730.46		0 x \$1,710.06	
EE with Child(ren)	0 x \$1,651.38		0 x \$1,548.75		0 x \$1,470.89		0 x \$1,453.55	
Family	1 x \$2,768.49		1 x \$2,596.44		1 x \$2,465.91		1 x \$2,436.84	
Monthly Cost	2 \$3,739.89		2 \$3,507.47		2 \$3,331.14		2 \$3,291.87	
Annual Cost	\$44,878.68		\$42,089.64		\$39,973.68		\$39,502.44	

	Empire EPO/PPO Gold Blue Access EPO 1250/20%/4000 (EPOc) (UCR=N/A)		Empire EPO/PPO Gold Blue Access EPO 500/20%/7350 (EPOc) (UCR=N/A)		Empire EPO/PPO Gold Blue Access EPO 1350/0%/3000 w/HSA (EPOc) (UCR=N/A)		Empire EPO/PPO Gold Blue Access GEPO 40/30%/6000 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/75		10/50/75		10/50/80 IntDed		15/60/50%to\$500	
Cost Share Information								
Individual/Family Deductible	\$1,250/\$2,500 embedded		\$500/\$1,000 embedded		\$1,350/\$2,700 non-embedded		N/A	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$7,350/\$14,700 (incl ded)		\$3,000/\$6,000 (incl ded)		\$6,000/\$12,000 (incl ded)	
Co-Insurance	20%		20%		0%		30%	
Office Visits								
Primary Care	\$25 ded waived		\$25 ded waived		\$15 after ded		\$40	
Specialist	\$50 ded waived		\$50 ded waived		\$30 after ded		\$70	
Inpatient Services								
Inpatient Hospital	20% after ded		20% after ded		\$400/admit after ded		30%	
Mental Health Inpatient	20% after ded		20% after ded		\$400/admit after ded		30%	
Outpatient Services								
Outpatient Facility	20% after ded		20% after ded		\$300 after ded		30%	
Lab/X-Ray	20% after ded		20% after ded		Office-\$15 after ded; OP-\$300 after ded		Office-No charge; OP-30%	
Mental Health Outpatient	No charge		No charge		\$30 after ded		30%	
Emergency Care								
Emergency Room	\$400 ded waived		\$400 ded waived		\$300 after ded		30%	
Urgent Care	\$75 ded waived		\$75 ded waived		\$30 after ded		\$75	
Single	1 x \$848.56		1 x \$834.09		1 x \$805.04		1 x \$792.84	
EE with Spouse	0 x \$1,697.12		0 x \$1,668.18		0 x \$1,610.08		0 x \$1,585.68	
EE with Child(ren)	0 x \$1,442.55		0 x \$1,417.95		0 x \$1,368.57		0 x \$1,347.83	
Family	1 x \$2,418.40		1 x \$2,377.16		1 x \$2,294.36		1 x \$2,259.59	
Monthly Cost	2 \$3,266.96		2 \$3,211.25		2 \$3,099.40		2 \$3,052.43	
Annual Cost	\$39,203.52		\$38,535.00		\$37,192.80		\$36,629.16	

	Empire EPO/PPO Gold Blue Access GEPO 1500/20%/6000 (EPOc) (UCR=N/A)		Empire EPO/PPO Silver Blue Access EPO 2750/30%/7350 (EPOc) (UCR=N/A)		Empire EPO/PPO Silver Blue Access EPO 2500/30%/7500 (EPOc) (UCR=N/A)		Empire EPO/PPO Silver Blue Access EPO 1500/30%/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	15/60/50%to\$500 IntDed T2-3		15/50/80/250 ded T2-3		15/50/80/250 ded T2-3		15/50/80/250 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000 embedded		\$2,750/\$5,500 embedded		\$2,500/\$5,000 embedded		\$1,500/\$3,000 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$7,350/\$14,700 (incl ded)		\$7,500/\$15,000 (incl ded)		\$7,350/\$14,700 (incl ded)	
Co-Insurance	20%		30%		30%		30%	
Office Visits								
Primary Care	\$30 ded waived		\$40 ded waived		\$40 ded waived		\$35 ded waived visits 1-3; 30% after ded visits 4+	
Specialist	\$60 ded waived		\$80 ded waived		\$70 ded waived		\$35 ded waived visits 1-3; 30% after ded visits 4+	
Inpatient Services								
Inpatient Hospital	20% after ded		30% after ded		30% after ded		30% after ded	
Mental Health Inpatient	20% after ded		30% after ded		30% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	20% after ded		30% after ded		30% after ded		30% after ded	
Lab/X-Ray	20% after ded		30% after ded		30% after ded		30% after ded	
Mental Health Outpatient	20% after ded		No charge		No charge		30% after ded	
Emergency Care								
Emergency Room	20% after ded		\$700 ded waived		\$700 after ded		\$500 after ded	
Urgent Care	\$100 ded waived		\$80 ded waived		\$75 ded waived		\$75 after ded	
Single	1 x \$763.79		1 x \$745.03		1 x \$733.56		1 x \$726.64	
EE with Spouse	0 x \$1,527.58		0 x \$1,490.06		0 x \$1,467.12		0 x \$1,453.28	
EE with Child(ren)	0 x \$1,298.44		0 x \$1,266.55		0 x \$1,247.05		0 x \$1,235.29	
Family	1 x \$2,176.80		1 x \$2,123.34		1 x \$2,090.65		1 x \$2,070.92	
Monthly Cost	2 \$2,940.59		2 \$2,868.37		2 \$2,824.21		2 \$2,797.56	
Annual Cost	\$35,287.08		\$34,420.44		\$33,890.52		\$33,570.72	

	Empire EPO/PPO Silver Blue Access EPO 3000/0%/5250 w/HSA (EPOc) (UCR=N/A)		Empire EPO/PPO Silver Blue Access GEPO 4000/40%/7350 (EPOc) (UCR=N/A)		Empire EPO/PPO Bronze Blue Access GEPO 6500/40%/7900 (EPOc) (UCR=N/A)		Empire EPO/PPO Bronze Blue Access EPO 5500/20%/6700 w/HSA (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		15/60/50%to\$500 IntDed T2-3		15/60/50%to\$500 IntDed T2-3		15/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000 embedded		\$4,000/\$8,000 embedded		\$6,500/\$13,000 embedded		\$5,500/\$11,000 non-embedded	
Individual/Family OOP Limit	\$5,250/\$10,500 (incl ded)		\$7,350/\$14,700 (incl ded)		\$7,900/\$15,800 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	0%		40%		40%		20%	
Office Visits								
Primary Care	\$25 after ded		\$40 ded waived		\$50 ded waived		\$50 after ded	
Specialist	\$50 after ded		\$70 ded waived		\$80 ded waived		\$75 after ded	
Inpatient Services								
Inpatient Hospital	\$500/day after ded; 4 days/admit		40% after ded		40% after ded		\$500/day; 4 days/admit	
Mental Health Inpatient	\$500/day after ded; 4 days/admit		40% after ded		40% after ded		\$500/day; 4 days/admit	
Outpatient Services								
Outpatient Facility Lab/X-Ray	\$200 after ded Office-\$25 after ded; OP- \$200 after ded		40% after ded 40% after ded		40% after ded 40% after ded		\$350 after ded Office-\$50 after ded; OP- \$350 after ded	
Mental Health Outpatient	\$50 after ded		40% after ded		40% after ded		\$75 after ded	
Emergency Care								
Emergency Room	\$300 after ded		40% after ded		40% after ded		\$350 after ded	
Urgent Care	\$50 after ded		\$75 ded waived		\$100 ded waived		\$75 after ded	
Single	1 x \$703.78		1 x \$658.89		1 x \$616.91		1 x \$589.78	
EE with Spouse	0 x \$1,407.56		0 x \$1,317.78		0 x \$1,233.82		0 x \$1,179.56	
EE with Child(ren)	0 x \$1,196.43		0 x \$1,120.11		0 x \$1,048.75		0 x \$1,002.63	
Family	1 x \$2,005.77		1 x \$1,877.84		1 x \$1,758.19		1 x \$1,680.87	
Monthly Cost	2 \$2,709.55		2 \$2,536.73		2 \$2,375.10		2 \$2,270.65	
Annual Cost	\$32,514.60		\$30,440.76		\$28,501.20		\$27,247.80	

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

Nassau County, NY 11565

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Health Plan Comparison Report (4L)

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	Empire EPO/PPO Bronze Blue Access EPO 5500/35%/6700 w/HSA (HSA) (UCR=N/A)		Empire EPO/PPO Bronze Blue Access EPO 7900/0%/7900 (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 non-embedded		\$7,900/\$15,800 embedded	
Individual/Family OOP Limit	\$6,700/\$13,400 (incl ded)		\$7,900/\$15,800 (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 \$588.23		1 x \$568.84	
EE with Spouse	0 x \$1,176.46		0 x \$1,137.68	
EE with Child(ren)	0 x \$999.99		0 x \$967.03	
Family	1 x \$1,676.46		1 x \$1,621.19	
Monthly Cost	2 \$2,264.69		2 \$2,190.03	
Annual Cost	\$27,176.28		\$26,280.36	