

	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 \$998.49		1 x \$936.44		1 x \$889.36		1 x \$878.88	
EE with Spouse	0 x \$1,996.98		0 x \$1,872.88		0 x \$1,778.72		0 x \$1,757.76	
EE with Child(ren)	0 x \$1,697.43		0 x \$1,591.95		0 x \$1,511.91		0 x \$1,494.10	
Family	1 x \$2,845.70		1 x \$2,668.85		1 x \$2,534.68		1 x \$2,504.81	
Monthly Cost	2 \$3,844.19		2 \$3,605.29		2 \$3,424.04		2 \$3,383.69	
Annual Cost	\$46,130.28		\$43,263.48		\$41,088.48		\$40,604.28	

	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 \$872.23		1 x \$857.35		1 x \$827.49		1 x \$814.95	
EE with Spouse	0 x \$1,744.46		0 x \$1,714.70		0 x \$1,654.98		0 x \$1,629.90	
EE with Child(ren)	0 x \$1,482.79		0 x \$1,457.50		0 x \$1,406.73		0 x \$1,385.42	
Family	1 x \$2,485.86		1 x \$2,443.45		1 x \$2,358.35		1 x \$2,322.61	
Monthly Cost	2 \$3,358.09		2 \$3,300.80		2 \$3,185.84		2 \$3,137.56	
Annual Cost	\$40,297.08		\$39,609.60		\$38,230.08		\$37,650.72	

	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 \$785.09		1 x \$765.81		1 x \$754.02		1 x \$746.91	
EE with Spouse	0 x \$1,570.18		0 x \$1,531.62		0 x \$1,508.04		0 x \$1,493.82	
EE with Child(ren)	0 x \$1,334.65		0 x \$1,301.88		0 x \$1,281.83		0 x \$1,269.75	
Family	1 x \$2,237.51		1 x \$2,182.56		1 x \$2,148.96		1 x \$2,128.69	
Monthly Cost	2 \$3,022.60		2 \$2,948.37		2 \$2,902.98		2 \$2,875.60	
Annual Cost	\$36,271.20		\$35,380.44		\$34,835.76		\$34,507.20	

	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 \$723.41		1 x \$677.27		1 x \$634.12		1 x \$606.23	
EE with Spouse	0 x \$1,446.82		0 x \$1,354.54		0 x \$1,268.24		0 x \$1,212.46	
EE with Child(ren)	0 x \$1,229.80		0 x \$1,151.36		0 x \$1,078.00		0 x \$1,030.59	
Family	1 x \$2,061.72		1 x \$1,930.22		1 x \$1,807.24		1 x \$1,727.76	
Monthly Cost	2 \$2,785.13		2 \$2,607.49		2 \$2,441.36		2 \$2,333.99	
Annual Cost	\$33,421.56		\$31,289.88		\$29,296.32		\$28,007.88	

Prepared For: **Empire 2019 1st qtr Mid Hudson Valley Blue**

Delaware County, NY 12167

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: 35464921

SIC: 0000

	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 \$604.64		1 x \$584.70	
EE with Spouse	0 x \$1,209.28		0 x \$1,169.40	
EE with Child(ren)	0 x \$1,027.89		0 x \$993.99	
Family	1 x \$1,723.22		1 x \$1,666.40	
Monthly Cost	2 \$2,327.86		2 \$2,251.10	
Annual Cost	\$27,934.32		\$27,013.20	