

	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 \$989.50		1 x \$928.00		1 x \$881.34		1 x \$870.96	
EE with Spouse	0 x \$1,979.00		0 x \$1,856.00		0 x \$1,762.68		0 x \$1,741.92	
EE with Child(ren)	0 x \$1,682.15		0 x \$1,577.60		0 x \$1,498.28		0 x \$1,480.63	
Family	1 x \$2,820.08		1 x \$2,644.80		1 x \$2,511.82		1 x \$2,482.24	
Monthly Cost	2 \$3,809.58		2 \$3,572.80		2 \$3,393.16		2 \$3,353.20	
Annual Cost	\$45,714.96		\$42,873.60		\$40,717.92		\$40,238.40	

	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 \$864.37		1 x \$849.62		1 x \$820.03		1 x \$807.61	
EE with Spouse	0 x \$1,728.74		0 x \$1,699.24		0 x \$1,640.06		0 x \$1,615.22	
EE with Child(ren)	0 x \$1,469.43		0 x \$1,444.35		0 x \$1,394.05		0 x \$1,372.94	
Family	1 x \$2,463.45		1 x \$2,421.42		1 x \$2,337.09		1 x \$2,301.69	
Monthly Cost	2 \$3,327.82		2 \$3,271.04		2 \$3,157.12		2 \$3,109.30	
Annual Cost	\$39,933.84		\$39,252.48		\$37,885.44		\$37,311.60	

	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 \$778.02		1 x \$758.91		1 x \$747.22		1 x \$740.17	
EE with Spouse	0 x \$1,556.04		0 x \$1,517.82		0 x \$1,494.44		0 x \$1,480.34	
EE with Child(ren)	0 x \$1,322.63		0 x \$1,290.15		0 x \$1,270.27		0 x \$1,258.29	
Family	1 x \$2,217.36		1 x \$2,162.89		1 x \$2,129.58		1 x \$2,109.48	
Monthly Cost	2 \$2,995.38		2 \$2,921.80		2 \$2,876.80		2 \$2,849.65	
Annual Cost	\$35,944.56		\$35,061.60		\$34,521.60		\$34,195.80	

	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 Urgent Care	\$300 after ded \$50 after ded		40% after ded \$75 ded waived		40% after ded \$100 ded waived		\$350 after ded \$75 after ded	
Single	1 x \$716.89		1 x \$671.17		1 x \$628.41		1 x \$600.77	
EE with Spouse	0 x \$1,433.78		0 x \$1,342.34		0 x \$1,256.82		0 x \$1,201.54	
EE with Child(ren)	0 x \$1,218.71		0 x \$1,140.99		0 x \$1,068.30		0 x \$1,021.31	
Family	1 x \$2,043.14		1 x \$1,912.83		1 x \$1,790.97		1 x \$1,712.19	
Monthly Cost	2 \$2,760.03		2 \$2,584.00		2 \$2,419.38		2 \$2,312.96	
Annual Cost	\$33,120.36		\$31,008.00		\$29,032.56		\$27,755.52	

Prepared For: **Empire 2019 1st qtr New York City Blue Access**

New York County, NY 10001

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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 \$599.19		1 x \$579.43	
EE with Spouse	0 x \$1,198.38		0 x \$1,158.86	
EE with Child(ren)	0 x \$1,018.62		0 x \$985.03	
Family	1 x \$1,707.69		1 x \$1,651.38	
Monthly Cost	2 \$2,306.88		2 \$2,230.81	
Annual Cost	\$27,682.56		\$26,769.72	