

	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
Prescription Drugs								
Drug Card	10/35/75		10/35/75		10/35/75		10/50/75	
Cost Share Information								
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%
Office Visits								
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
Inpatient Services								
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
Outpatient Services								
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
Emergency Care								
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 \$1,378.32		1 x \$1,262.28		1 x \$1,206.08		1 x \$1,093.01	
EE with Spouse	0 x \$2,756.64		0 x \$2,524.56		0 x \$2,412.16		0 x \$2,186.02	
EE with Child(ren)	0 x \$2,343.14		0 x \$2,145.88		0 x \$2,050.34		0 x \$1,858.12	
Family	1 x \$3,928.21		1 x \$3,597.50		1 x \$3,437.33		1 x \$3,115.08	
Monthly Cost	2 \$5,306.53		2 \$4,859.78		2 \$4,643.41		2 \$4,208.09	
Annual Cost	\$63,678.36		\$58,317.36		\$55,720.92		\$50,497.08	

	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
Prescription Drugs								
Drug Card	10/35/75		10/35/75		10/50/80 IntDed		10/50/75	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$5		\$15		\$15 after ded	30% after ded	\$25	
Specialist	\$10		\$15		\$30 after ded	30% after ded	\$50	
Inpatient Services								
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	
Outpatient Services								
Outpatient Facility Lab/X-Ray	\$150 Lab-No charge; X-ray: Office-No charge; OP-\$20		\$200 Lab-No charge; X-ray: Office-No charge; OP-\$20		\$300 after ded Office-\$15 after ded; OP- \$300 after ded	30% after ded 30% after ded	\$400 Lab-No charge; X-ray: Office-No charge; OP-\$50	
Mental Health Outpatient	\$10		\$15		\$30 after ded	30% after ded	\$50	
Emergency Care								
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 \$1,082.71		1 x \$1,065.74		1 x \$1,025.58		1 x \$948.41	
EE with Spouse	0 x \$2,165.42		0 x \$2,131.48		0 x \$2,051.16		0 x \$1,896.82	
EE with Child(ren)	0 x \$1,840.61		0 x \$1,811.76		0 x \$1,743.49		0 x \$1,612.30	
Family	1 x \$3,085.72		1 x \$3,037.36		1 x \$2,922.90		1 x \$2,702.97	
Monthly Cost	2 \$4,168.43		2 \$4,103.10		2 \$3,948.48		2 \$3,651.38	
Annual Cost	\$50,021.16		\$49,237.20		\$47,381.76		\$43,816.56	

	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
Prescription Drugs								
Drug Card	10/50/75		10/50/75		10/50/75		10/50/75	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$30 ded waived		\$35		\$30 ded waived		\$25 ded waived	
Specialist	\$50 ded waived		\$50		\$60 ded waived		\$50 ded waived	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$937.55		1 x \$937.18		1 x \$914.64		1 x \$913.99	
EE with Spouse	0 x \$1,875.10		0 x \$1,874.36		0 x \$1,829.28		0 x \$1,827.98	
EE with Child(ren)	0 x \$1,593.84		0 x \$1,593.21		0 x \$1,554.89		0 x \$1,553.78	
Family	1 x \$2,672.02		1 x \$2,670.96		1 x \$2,606.72		1 x \$2,604.87	
Monthly Cost	2 \$3,609.57		2 \$3,608.14		2 \$3,521.36		2 \$3,518.86	
Annual Cost	\$43,314.84		\$43,297.68		\$42,256.32		\$42,226.32	

	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
Prescription Drugs								
Drug Card	10/40/80 IntDed		10/50/80 IntDed		15/50/80/250 ded T2-3		15/50/80/250 ded T2-3	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$896.09		1 x \$869.10		1 x \$815.58		1 x \$802.88	
EE with Spouse	0 x \$1,792.18		0 x \$1,738.20		0 x \$1,631.16		0 x \$1,605.76	
EE with Child(ren)	0 x \$1,523.35		0 x \$1,477.47		0 x \$1,386.49		0 x \$1,364.90	
Family	1 x \$2,553.86		1 x \$2,476.94		1 x \$2,324.40		1 x \$2,288.21	
Monthly Cost	2 \$3,449.95		2 \$3,346.04		2 \$3,139.98		2 \$3,091.09	
Annual Cost	\$41,399.40		\$40,152.48		\$37,679.76		\$37,093.08	

	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
Prescription Drugs								
Drug Card	15/50/80/250 ded T2-3		15/50/90 IntDed T2-3		10/40/80 IntDed		10/50/80 IntDed	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$795.18		1 x \$778.57		1 x \$769.95		1 x \$746.02	
EE with Spouse	0 x \$1,590.36		0 x \$1,557.14		0 x \$1,539.90		0 x \$1,492.04	
EE with Child(ren)	0 x \$1,351.81		0 x \$1,323.57		0 x \$1,308.92		0 x \$1,268.23	
Family	1 x \$2,266.26		1 x \$2,218.92		1 x \$2,194.36		1 x \$2,126.16	
Monthly Cost	2 \$3,061.44		2 \$2,997.49		2 \$2,964.31		2 \$2,872.18	
Annual Cost	\$36,737.28		\$35,969.88		\$35,571.72		\$34,466.16	

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

New York County, NY 10001

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Health Plan Comparison Report (4L)

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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
Prescription Drugs				
Drug Card	15/50/90 IntDed		15/50/90 IntDed	
Cost Share Information				
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%	
Office Visits				
Primary Care	\$50 after ded		35% after ded	
Specialist	\$75 after ded		35% after ded	
Inpatient Services				
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	
Outpatient Services				
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	
Emergency Care				
Emergency Room	\$350 after ded		35% after ded	
Urgent Care	\$75 after ded		35% after ded	
Single	1 x \$643.99		1 x \$642.32	
EE with Spouse	0 x \$1,287.98		0 x \$1,284.64	
EE with Child(ren)	0 x \$1,094.78		0 x \$1,091.94	
Family	1 x \$1,835.37		1 x \$1,830.61	
Monthly Cost	2 \$2,479.36		2 \$2,472.93	
Annual Cost	\$29,752.32		\$29,675.16	