

	Empire EPO/PPO Platinum PPO 15%/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 \$1,419.67		1 x \$1,300.15		1 x \$1,242.26		1 x \$1,125.80	
EE with Spouse	0 x \$2,839.34		0 x \$2,600.30		0 x \$2,484.52		0 x \$2,251.60	
EE with Child(ren)	0 x \$2,413.44		0 x \$2,210.26		0 x \$2,111.84		0 x \$1,913.86	
Family	1 x \$4,046.06		1 x \$3,705.43		1 x \$3,540.44		1 x \$3,208.53	
Monthly Cost	2 \$5,465.73		2 \$5,005.58		2 \$4,782.70		2 \$4,334.33	
Annual Cost	\$65,588.76		\$60,066.96		\$57,392.40		\$52,011.96	

	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	\$1,115.19	1 x	\$1,097.71	1 x	\$1,056.34	1 x	\$976.86
EE with Spouse	0 x	\$2,230.38	0 x	\$2,195.42	0 x	\$2,112.68	0 x	\$1,953.72
EE with Child(ren)	0 x	\$1,895.82	0 x	\$1,866.11	0 x	\$1,795.78	0 x	\$1,660.66
Family	1 x	\$3,178.29	1 x	\$3,128.47	1 x	\$3,010.57	1 x	\$2,784.05
Monthly Cost	2	\$4,293.48	2	\$4,226.18	2	\$4,066.91	2	\$3,760.91
Annual Cost		\$51,521.76		\$50,714.16		\$48,802.92		\$45,130.92

	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 \$965.68		1 x \$965.30		1 x \$942.08		1 x \$941.41	
EE with Spouse	0 x \$1,931.36		0 x \$1,930.60		0 x \$1,884.16		0 x \$1,882.82	
EE with Child(ren)	0 x \$1,641.66		0 x \$1,641.01		0 x \$1,601.54		0 x \$1,600.40	
Family	1 x \$2,752.19		1 x \$2,751.11		1 x \$2,684.93		1 x \$2,683.02	
Monthly Cost	2 \$3,717.87		2 \$3,716.41		2 \$3,627.01		2 \$3,624.43	
Annual Cost	\$44,614.44		\$44,596.92		\$43,524.12		\$43,493.16	

	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 Urgent Care	\$300 after ded \$50 after ded	Paid as in-network Paid as in-network	30% after ded 30% after ded	Paid as in-network Paid as in-network	\$700 ded waived \$80 ded waived		\$700 after ded \$75 ded waived	
Single	1 x \$922.98		1 x \$895.17		1 x \$840.05		1 x \$826.96	
EE with Spouse	0 x \$1,845.96		0 x \$1,790.34		0 x \$1,680.10		0 x \$1,653.92	
EE with Child(ren)	0 x \$1,569.07		0 x \$1,521.79		0 x \$1,428.09		0 x \$1,405.83	
Family	1 x \$2,630.49		1 x \$2,551.23		1 x \$2,394.14		1 x \$2,356.84	
Monthly Cost	2 \$3,553.47		2 \$3,446.40		2 \$3,234.19		2 \$3,183.80	
Annual Cost	\$42,641.64		\$41,356.80		\$38,810.28		\$38,205.60	

	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 \$819.03		1 x \$801.93		1 x \$793.05		1 x \$768.40	
EE with Spouse	0 x \$1,638.06		0 x \$1,603.86		0 x \$1,586.10		0 x \$1,536.80	
EE with Child(ren)	0 x \$1,392.35		0 x \$1,363.28		0 x \$1,348.19		0 x \$1,306.28	
Family	1 x \$2,334.24		1 x \$2,285.50		1 x \$2,260.19		1 x \$2,189.94	
Monthly Cost	2 \$3,153.27		2 \$3,087.43		2 \$3,053.24		2 \$2,958.34	
Annual Cost	\$37,839.24		\$37,049.16		\$36,638.88		\$35,500.08	

Prepared For: **Empire 2019 2nd qtr EPO PPO NY City**

New York County, NY 10001

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

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 \$663.31		1 x \$661.59	
EE with Spouse	0 x \$1,326.62		0 x \$1,323.18	
EE with Child(ren)	0 x \$1,127.63		0 x \$1,124.70	
Family	1 x \$1,890.43		1 x \$1,885.53	
Monthly Cost	2 \$2,553.74		2 \$2,547.12	
Annual Cost	\$30,644.88		\$30,565.44	