

	Empire Blue Access Platinum Blue Access EPO 15/0%/3500 (EPO) (UCR=N/A)		Empire Blue Access Platinum Blue Access GEPO 20/10%/5500 (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 25/0%/6000 (EPO) (UCR=N/A)		Empire Blue Access 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 \$1,030.56		1 x \$966.51		1 x \$917.92		1 x \$907.10	
EE with Spouse	0 x \$2,061.12		0 x \$1,933.02		0 x \$1,835.84		0 x \$1,814.20	
EE with Child(ren)	0 x \$1,751.95		0 x \$1,643.07		0 x \$1,560.46		0 x \$1,542.07	
Family	1 x \$2,937.10		1 x \$2,754.55		1 x \$2,616.07		1 x \$2,585.24	
Monthly Cost	2 \$3,967.66		2 \$3,721.06		2 \$3,533.99		2 \$3,492.34	
Annual Cost	\$47,611.92		\$44,652.72		\$42,407.88		\$41,908.08	

	Empire Blue Access Gold Blue Access EPO 1250/20%/4000 (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 500/20%/7350 (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 1350/0%/3000 w/HSA (HSA) (UCR=N/A)		Empire Blue Access 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 \$900.24		1 x \$884.88		1 x \$854.06		1 x \$841.12	
EE with Spouse	0 x \$1,800.48		0 x \$1,769.76		0 x \$1,708.12		0 x \$1,682.24	
EE with Child(ren)	0 x \$1,530.41		0 x \$1,504.30		0 x \$1,451.90		0 x \$1,429.90	
Family	1 x \$2,565.68		1 x \$2,521.91		1 x \$2,434.07		1 x \$2,397.19	
Monthly Cost	2 \$3,465.92		2 \$3,406.79		2 \$3,288.13		2 \$3,238.31	
Annual Cost	\$41,591.04		\$40,881.48		\$39,457.56		\$38,859.72	

	Empire Blue Access Gold Blue Access GEPO 1500/20%/6000 (EPOc) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 2750/30%/7350 (EPOc) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 2500/30%/7500 (EPOc) (UCR=N/A)		Empire Blue Access 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 \$810.30		1 x \$790.40		1 x \$778.23		1 x \$770.89	
EE with Spouse	0 x \$1,620.60		0 x \$1,580.80		0 x \$1,556.46		0 x \$1,541.78	
EE with Child(ren)	0 x \$1,377.51		0 x \$1,343.68		0 x \$1,322.99		0 x \$1,310.51	
Family	1 x \$2,309.36		1 x \$2,252.64		1 x \$2,217.96		1 x \$2,197.04	
Monthly Cost	2 \$3,119.66		2 \$3,043.04		2 \$2,996.19		2 \$2,967.93	
Annual Cost	\$37,435.92		\$36,516.48		\$35,954.28		\$35,615.16	

	Empire Blue Access Silver Blue Access EPO 3000/0%/5250 w/HSA (HSA) (UCR=N/A)		Empire Blue Access Silver Blue Access GEPO 4000/40%/7350 (EPOc) (UCR=N/A)		Empire Blue Access Bronze Blue Access GEPO 6500/40%/7900 (EPOc) (UCR=N/A)		Empire Blue Access Bronze Blue Access EPO 5500/20%/6700 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	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 \$746.64		1 x \$699.02		1 x \$654.48		1 x \$625.70	
EE with Spouse	0 x \$1,493.28		0 x \$1,398.04		0 x \$1,308.96		0 x \$1,251.40	
EE with Child(ren)	0 x \$1,269.29		0 x \$1,188.33		0 x \$1,112.62		0 x \$1,063.69	
Family	1 x \$2,127.92		1 x \$1,992.21		1 x \$1,865.27		1 x \$1,783.25	
Monthly Cost	2 \$2,874.56		2 \$2,691.23		2 \$2,519.75		2 \$2,408.95	
Annual Cost	\$34,494.72		\$32,294.76		\$30,237.00		\$28,907.40	

Prepared For: **Empire 2019 3rd qtr Blue Access Long Island**

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 07/01/2019

Prepared On: 04/25/2019

Report ID: 36390311

SIC: 0000

	Empire Blue Access Bronze Blue Access EPO 5500/35%/6700 w/HSA (HSA) (UCR=N/A)		Empire Blue Access 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 \$624.05		1 x \$603.48	
EE with Spouse	0 x \$1,248.10		0 x \$1,206.96	
EE with Child(ren)	0 x \$1,060.89		0 x \$1,025.92	
Family	1 x \$1,778.54		1 x \$1,719.92	
Monthly Cost	2 \$2,402.59		2 \$2,323.40	
Annual Cost	\$28,831.08		\$27,880.80	