

	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 \$1,081.22		1 x \$1,014.03		1 x \$963.05		1 x \$951.69	
EE with Spouse	0 x \$2,162.44		0 x \$2,028.06		0 x \$1,926.10		0 x \$1,903.38	
EE with Child(ren)	0 x \$1,838.07		0 x \$1,723.85		0 x \$1,637.19		0 x \$1,617.87	
Family	1 x \$3,081.48		1 x \$2,889.99		1 x \$2,744.69		1 x \$2,712.32	
Monthly Cost	2 \$4,162.70		2 \$3,904.02		2 \$3,707.74		2 \$3,664.01	
Annual Cost	\$49,952.40		\$46,848.24		\$44,492.88		\$43,968.12	

	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 \$944.50		1 x \$928.38		1 x \$896.05		1 x \$882.47	
EE with Spouse	0 x \$1,889.00		0 x \$1,856.76		0 x \$1,792.10		0 x \$1,764.94	
EE with Child(ren)	0 x \$1,605.65		0 x \$1,578.25		0 x \$1,523.29		0 x \$1,500.20	
Family	1 x \$2,691.83		1 x \$2,645.88		1 x \$2,553.74		1 x \$2,515.04	
Monthly Cost	2 \$3,636.33		2 \$3,574.26		2 \$3,449.79		2 \$3,397.51	
Annual Cost	\$43,635.96		\$42,891.12		\$41,397.48		\$40,770.12	

	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 \$850.14		1 x \$829.26		1 x \$816.49		1 x \$808.79	
EE with Spouse	0 x \$1,700.28		0 x \$1,658.52		0 x \$1,632.98		0 x \$1,617.58	
EE with Child(ren)	0 x \$1,445.24		0 x \$1,409.74		0 x \$1,388.03		0 x \$1,374.94	
Family	1 x \$2,422.90		1 x \$2,363.39		1 x \$2,327.00		1 x \$2,305.05	
Monthly Cost	2 \$3,273.04		2 \$3,192.65		2 \$3,143.49		2 \$3,113.84	
Annual Cost	\$39,276.48		\$38,311.80		\$37,721.88		\$37,366.08	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

	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 \$783.35		1 x \$733.38		1 x \$686.66		1 x \$656.46	
EE with Spouse	0 x \$1,566.70		0 x \$1,466.76		0 x \$1,373.32		0 x \$1,312.92	
EE with Child(ren)	0 x \$1,331.70		0 x \$1,246.75		0 x \$1,167.32		0 x \$1,115.98	
Family	1 x \$2,232.55		1 x \$2,090.13		1 x \$1,956.98		1 x \$1,870.91	
Monthly Cost	2 \$3,015.90		2 \$2,823.51		2 \$2,643.64		2 \$2,527.37	
Annual Cost	\$36,190.80		\$33,882.12		\$31,723.68		\$30,328.44	

Prepared For: **Empire 2019 4 qtr Blue Access New York City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

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	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 \$654.73		1 x \$633.15	
EE with Spouse	0 x \$1,309.46		0 x \$1,266.30	
EE with Child(ren)	0 x \$1,113.04		0 x \$1,076.36	
Family	1 x \$1,865.98		1 x \$1,804.48	
Monthly Cost	2 \$2,520.71		2 \$2,437.63	
Annual Cost	\$30,248.52		\$29,251.56	