

	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 Lab/X-Ray	\$200 Lab-No charge; X-ray: Office-No charge; OP-\$20		10% Office-No charge; OP-10%		\$400 Lab-No charge; X-ray: Office-No charge; OP-\$50		\$500 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 \$1,061.45		1 x \$995.48		1 x \$945.43		1 x \$934.29	
EE with Spouse	0 x \$2,122.90		0 x \$1,990.96		0 x \$1,890.86		0 x \$1,868.58	
EE with Child(ren)	0 x \$1,804.47		0 x \$1,692.32		0 x \$1,607.23		0 x \$1,588.29	
Family	1 x \$3,025.13		1 x \$2,837.12		1 x \$2,694.48		1 x \$2,662.73	
Monthly Cost	2 \$4,086.58		2 \$3,832.60		2 \$3,639.91		2 \$3,597.02	
Annual Cost	\$49,038.96		\$45,991.20		\$43,678.92		\$43,164.24	

	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 Lab/X-Ray	20% after ded 20% after ded		20% after ded 20% after ded		\$300 after ded Office-\$15 after ded; OP-\$300 after ded		30% Office-No charge; OP-30%	
Mental Health Outpatient	No charge		No charge		\$30 after ded		30%	
Emergency Care								
Emergency Room Urgent Care	\$400 ded waived \$75 ded waived		\$400 ded waived \$75 ded waived		\$300 after ded \$30 after ded		30% \$75	
Single	1 x \$927.23		1 x \$911.40		1 x \$879.66		1 x \$866.33	
EE with Spouse	0 x \$1,854.46		0 x \$1,822.80		0 x \$1,759.32		0 x \$1,732.66	
EE with Child(ren)	0 x \$1,576.29		0 x \$1,549.38		0 x \$1,495.42		0 x \$1,472.76	
Family	1 x \$2,642.61		1 x \$2,597.49		1 x \$2,507.03		1 x \$2,469.04	
Monthly Cost	2 \$3,569.84		2 \$3,508.89		2 \$3,386.69		2 \$3,335.37	
Annual Cost	\$42,838.08		\$42,106.68		\$40,640.28		\$40,024.44	

	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 \$834.59		1 x \$814.10		1 x \$801.56		1 x \$794.00	
EE with Spouse	0 x \$1,669.18		0 x \$1,628.20		0 x \$1,603.12		0 x \$1,588.00	
EE with Child(ren)	0 x \$1,418.80		0 x \$1,383.97		0 x \$1,362.65		0 x \$1,349.80	
Family	1 x \$2,378.58		1 x \$2,320.19		1 x \$2,284.45		1 x \$2,262.90	
Monthly Cost	2 \$3,213.17		2 \$3,134.29		2 \$3,086.01		2 \$3,056.90	
Annual Cost	\$38,558.04		\$37,611.48		\$37,032.12		\$36,682.80	

	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 \$769.02		1 x \$719.97		1 x \$674.10		1 x \$644.45	
EE with Spouse	0 x \$1,538.04		0 x \$1,439.94		0 x \$1,348.20		0 x \$1,288.90	
EE with Child(ren)	0 x \$1,307.33		0 x \$1,223.95		0 x \$1,145.97		0 x \$1,095.57	
Family	1 x \$2,191.71		1 x \$2,051.91		1 x \$1,921.19		1 x \$1,836.68	
Monthly Cost	2 \$2,960.73		2 \$2,771.88		2 \$2,595.29		2 \$2,481.13	
Annual Cost	\$35,528.76		\$33,262.56		\$31,143.48		\$29,773.56	

	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 \$642.76		1 x \$621.57	
EE with Spouse	0 x \$1,285.52		0 x \$1,243.14	
EE with Child(ren)	0 x \$1,092.69		0 x \$1,056.67	
Family	1 x \$1,831.87		1 x \$1,771.47	
Monthly Cost	2 \$2,474.63		2 \$2,393.04	
Annual Cost	\$29,695.56		\$28,716.48	