



Q4 2020 New York Small Group Plans | Albany

Region 1: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties

The Whole Health Company

Plan Name	Empire Platinum EPO 5/0%/2500	Empire Platinum EPO 20/0%/2500	Empire Platinum EPO 500/10%/4000	Empire Platinum Blue Access EPO 20/0%/4600	Empire Platinum Blue Access GEPO 250/10%/3000	Empire Gold EPO 25/0%/7000	Empire Gold EPO 35/10%/7000	Empire Gold EPO 750/10%/5500
Contract Code	4GMW	4GGQ	4GZW	4GHE	4GEU	4GNL	4GQ0	4H4C

Premium	Empire Platinum EPO 5/0%/2500	Empire Platinum EPO 20/0%/2500	Empire Platinum EPO 500/10%/4000	Empire Platinum Blue Access EPO 20/0%/4600	Empire Platinum Blue Access GEPO 250/10%/3000	Empire Gold EPO 25/0%/7000	Empire Gold EPO 35/10%/7000	Empire Gold EPO 750/10%/5500
Individual	\$939.69	\$923.58	\$879.11	\$822.55	\$775.82	\$830.49	\$821.02	\$798.35
Individual + Spouse	\$1,879.38	\$1,847.16	\$1,758.22	\$1,645.10	\$1,551.64	\$1,660.98	\$1,642.04	\$1,596.70
Individual + Child(ren)	\$1,597.47	\$1,570.09	\$1,494.49	\$1,398.34	\$1,318.89	\$1,411.83	\$1,395.73	\$1,357.20
Family	\$2,678.12	\$2,632.20	\$2,505.46	\$2,344.27	\$2,211.09	\$2,366.90	\$2,339.91	\$2,275.30

Plan Name	Empire Platinum EPO 5/0%/2500 WH	Empire Platinum EPO 20/0%/2500 WH	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Empire Gold EPO 750/10%/5500 WH
Contract Code	4HEG	4HE0	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	4HCC

Enhanced Embedded Dental and Vision Premium	Empire Platinum EPO 5/0%/2500 WH	Empire Platinum EPO 20/0%/2500 WH	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Empire Gold EPO 750/10%/5500 WH
Individual	\$959.74	\$943.55	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	\$817.08
Individual + Spouse	\$1,919.48	\$1,887.10	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	\$1,634.16
Individual + Child(ren)	\$1,631.56	\$1,604.04	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	\$1,389.04
Family	\$2,735.26	\$2,689.12	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	\$2,328.68

Plan Details	Empire Platinum EPO 5/0%/2500 WH	Empire Platinum EPO 20/0%/2500 WH	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Empire Gold EPO 750/10%/5500 WH
Network	PPO / EPO	PPO / EPO	PPO / EPO	Blue Access	Blue Access	PPO / EPO	PPO / EPO	PPO / EPO
National Access via BlueCard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No	Yes	No	No	No
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded

Plan Benefits	Empire Platinum EPO 5/0%/2500 WH	Empire Platinum EPO 20/0%/2500 WH	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Empire Gold EPO 750/10%/5500 WH
INN Deductible (Ind / Fam)	\$0 / \$0	\$0 / \$0	\$500 / \$1,500	\$0 / \$0	\$250 / \$750	\$0 / \$0	\$0 / \$0	\$750 / \$2,250
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	0%	0%	10%	0%	10%	0%	10%	10%
OON Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$2,500 / \$5,000	\$2,500 / \$5,000	\$4,000 / \$8,000	\$4,600 / \$9,200	\$3,000 / \$6,000	\$7,000 / \$14,000	\$7,000 / \$14,000	\$5,500 / \$11,000
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	\$50	\$20	\$10	\$20	\$15	\$25	\$35	\$50
Specialist Visit	\$15	\$40	\$30	\$40	\$35	\$50	\$50	\$50
Emergency Room	\$200	\$200	\$200	\$200	Ded / 10%	\$500	\$500	\$500
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$100	\$100	\$75
Inpatient Facility	\$200	\$400	Ded / 10%	\$400	Ded / 10%	\$400, up to 4 days	\$500, up to 4 days	Ded / \$250, up to 10 days
Outpatient Facility	\$100	\$300	Ded / \$300	\$300	Ded / 10%	\$400	\$500	Ded / \$250
Preferred Lab	\$0	\$0	\$10	\$0	\$15	\$0	\$0	\$50
INN Lab (Office; Outpatient)	\$0	\$0	Ded / 10%	\$0	Ded / 10%	O: \$25; OP: \$0	O: \$35; OP: \$0	Ded / 10%
INN X-Ray (Office; Outpatient)	O: \$0; OP: \$20	O: \$0; OP: \$20	Ded / 10%	O: \$0; OP: \$20	Ded / 10%	O: \$25; OP: \$50	O: \$35; OP: \$100	Ded / 10%
INN Adv Diagnostic Imaging (Office; Outpatient)	O: \$15; OP: \$100	O: \$40; OP: \$100	Ded / 10%	O: \$40; OP: \$100	Ded / 10%	O: \$50; OP: \$150	O: \$50; OP: \$200	Ded / 10%
Rx Deductible (Tier 2 / 3)	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$100 / \$200	\$100 / \$200	\$100 / \$200	\$100 / \$200
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$50 / \$80	\$10 / \$50 / \$80	\$10 / \$50 / \$80

* Gated EPO plans using Blue Access and Connection network are not intended for those residing outside of the New York service area, as PCP election needs to be in the Empire service area. The BlueCard Program is administered by the Blue Cross Blue Shield Association.
 ** Empire's participating Freestanding (Preferred) Labs are Laboratory Corporation of America or Quest Diagnostics. Please check Provider Finder for additional participating Freestanding Labs in your area.
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The Whole Health Company

Plan Name	Empire Gold EPO 1000/10%/7000	Empire Gold EPO 1250/20%/5000	Empire Gold EPO 1500/10%/4000 w/HSA	Empire Gold Blue Access EPO 25/0%/7000	Empire Gold Blue Access EPO 35/10%/7000	Empire Gold EPO 2000/30%/7900	Empire Gold Blue Access EPO 1400/0%/3000 w/HSA	Empire Gold Blue Access EPO 2000/30%/7900
Contract Code	4GR6	4GRN	4H20	4GP2	4GPS	4GJL	4GUQ	4GFA

Premium	Empire Gold EPO 1000/10%/7000	Empire Gold EPO 1250/20%/5000	Empire Gold EPO 1500/10%/4000 w/HSA	Empire Gold Blue Access EPO 25/0%/7000	Empire Gold Blue Access EPO 35/10%/7000	Empire Gold EPO 2000/30%/7900	Empire Gold Blue Access EPO 1400/0%/3000 w/HSA	Empire Gold Blue Access EPO 2000/30%/7900
Individual	\$786.68	\$778.74	\$754.10	\$747.54	\$739.01	\$726.11	\$682.59	\$653.58
Individual + Spouse	\$1,573.36	\$1,557.48	\$1,508.20	\$1,495.08	\$1,478.02	\$1,452.22	\$1,365.18	\$1,307.16
Individual + Child(ren)	\$1,337.36	\$1,323.86	\$1,281.97	\$1,270.82	\$1,256.32	\$1,234.39	\$1,160.40	\$1,111.09
Family	\$2,242.04	\$2,219.41	\$2,149.19	\$2,130.49	\$2,106.18	\$2,069.41	\$1,945.38	\$1,862.70

Plan Name	Empire Gold EPO 1000/10%/7000 WH	Empire Gold EPO 1250/20%/5000 WH	Empire Gold EPO 1500/10%/4000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code	4HDA	4HBW	4HCU	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered

Enhanced Embedded Dental and Vision Premium	Empire Gold EPO 1000/10%/7000 WH	Empire Gold EPO 1250/20%/5000 WH	Empire Gold EPO 1500/10%/4000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Individual	\$805.05	\$796.74	\$771.74	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Individual + Spouse	\$1,610.10	\$1,593.48	\$1,543.48	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Individual + Child(ren)	\$1,368.59	\$1,354.46	\$1,311.96	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Family	\$2,294.39	\$2,270.71	\$2,199.46	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered

Plan Details	Empire Gold EPO 1000/10%/7000 WH	Empire Gold EPO 1250/20%/5000 WH	Empire Gold EPO 1500/10%/4000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Network	PPO / EPO	PPO / EPO	PPO / EPO	Blue Access	Blue Access	PPO / EPO	Blue Access	Blue Access
National Access via BlueCard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No	No	No	No	No
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Non-Embedded Ded and Embedded OOP	Embedded	Embedded	Embedded	Non-Embedded Ded and Non-Embedded OOP	Embedded

Plan Benefits	Empire Gold EPO 1000/10%/7000 WH	Empire Gold EPO 1250/20%/5000 WH	Empire Gold EPO 1500/10%/4000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
INN Deductible (Ind / Fam)	\$1,000 / \$3,000	\$1,250 / \$2,500	\$1,500 / \$3,000	\$0 / \$0	\$0 / \$0	\$2,000 / \$4,000	\$1,400 / \$2,800	\$2,000 / \$4,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	10%	20%	10%	0%	10%	30%	0%	30%
OON Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$7,000 / \$14,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$7,000 / \$14,000	\$7,000 / \$14,000	\$7,900 / \$15,800	\$3,000 / \$6,000	\$7,900 / \$15,800
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TeleHealth via LiveHealth Online	\$0	\$0	Ded / 0%	\$0	\$0	\$0	Ded / 0%	\$0
Primary Care Visit	\$15	\$25	Ded / 10%	\$25	\$35	\$30	Ded / \$15	\$30
Specialist Visit	\$35	\$40	Ded / 10%	\$50	\$50	\$60	Ded / \$30	\$60
Emergency Room	\$500	\$400	Ded / 10%	\$500	\$500	\$500	Ded / \$300	\$500
Urgent Care	\$75	\$75	Ded / 10%	\$100	\$100	\$75	Ded / \$30	\$75
Inpatient Facility	Ded / 10%	Ded / 20%	Ded / 10%	\$400, up to 4 days	\$500, up to 4 days	Ded / 30%	Ded / \$400	Ded / 30%
Outpatient Facility	Ded / \$300	Ded / \$250	Ded / 10%	\$400	\$500	Ded / 30%	Ded / \$300	Ded / 30%
Preferred Lab	\$15	\$25	Ded / 10%	\$0	\$0	\$30	Ded / \$15	\$30
INN Lab (Office; Outpatient)	Ded / 10%	Ded / 20%	Ded / 10%	O: \$25; OP: \$0	O: \$35; OP: \$0	Ded / 30%	O: Ded / \$15; OP: Ded / \$300	Ded / 30%
INN X-Ray (Office; Outpatient)	Ded / 10%	Ded / 20%	Ded / 10%	O: \$25; OP: \$50	O: \$35; OP: \$100	Ded / 30%	O: Ded / \$15; OP: Ded / \$300	Ded / 30%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded / 10%	Ded / 20%	Ded / 10%	O: \$50; OP: \$150	O: \$50; OP: \$200	Ded / 30%	O: Ded / \$30; OP: Ded / \$300	Ded / 30%
Rx Deductible (Tier 2 / 3)	\$100 / \$200	\$100 / \$200	T1-3: Med ded	\$100 / \$200	\$100 / \$200	\$100 / \$200	T1-3: Med ded	\$100 / \$200
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$50 / \$90	\$10 / \$50 / \$80	\$10 / \$40 / \$80	\$10 / \$50 / \$80	\$10 / \$50 / \$80	\$10 / \$35 / \$70	\$10 / \$50 / \$80	\$10 / \$35 / \$70

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The Whole Health Company

Plan Name	Empire Gold Blue Access GEPO 1000/0%/4500	Empire Gold Blue Access GEPO 40/30%/6000	Empire Gold Blue Access GEPO 1500/20%/6000	Empire Gold Healthy New York Blue Access GEPO 600/0%/4000	Empire Silver PPO 3000/0%/5250 w/HSA	Empire Silver EPO 1600/30%/8150	Empire Silver EPO 2000/20%/6000 w/HSA	Empire Silver EPO 2500/30%/8150
Contract Code	4GQG	4GEC	4GS4	4J24	4GTA	4GWL	4H0U	4GLG

Premium	4GQG	4GEC	4GS4	4J24	4GTA	4GWL	4H0U	4GLG
Individual	\$700.59	\$672.24	\$657.29	\$595.99	\$782.82	\$678.07	\$669.91	\$665.17
Individual + Spouse	\$1,401.18	\$1,344.48	\$1,314.58	\$1,191.98	\$1,565.64	\$1,356.14	\$1,339.82	\$1,330.34
Individual + Child(ren)	\$1,191.00	\$1,142.81	\$1,117.39	\$1,013.18	\$1,330.79	\$1,152.72	\$1,138.85	\$1,130.79
Family	\$1,996.68	\$1,915.88	\$1,873.28	\$1,698.57	\$2,231.04	\$1,932.50	\$1,909.24	\$1,895.73

Plan Name	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Empire Silver EPO 2500/30%/8150 WH
Contract Code	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	4HFE

Enhanced Embedded Dental and Vision Premium

Individual	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	\$681.57
Individual + Spouse	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	\$1,363.14
Individual + Child(ren)	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	\$1,158.67
Family	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	\$1,942.47

Plan Details

Network	Blue Access	Blue Access	Blue Access	Blue Access	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO
National Access via BlueCard Program	Yes*	Yes*	Yes*	Yes*	Yes	Yes	Yes	Yes
Gatekeeper	Yes	Yes	Yes	Yes	No	No	No	No
Formulary	Traditional Open	Traditional Open	Traditional Open	Select	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Non-Embedded Ded and Embedded OOP	Embedded

Plan Benefits

INN Deductible (Ind / Fam)	\$1,000 / \$3,000	\$0 / \$0	\$1,500 / \$3,000	\$600 / \$1,200	\$3,000 / \$6,000	\$1,600 / \$3,200	\$2,000 / \$4,000	\$2,500 / \$5,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	\$6,000 / \$12,000	N/A	N/A	N/A
INN Coinsurance	0%	30%	20%	0%	0%	30%	20%	30%
OON Coinsurance	N/A	N/A	N/A	N/A	30%	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$4,500 / \$9,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$5,250 / \$10,500	\$8,150 / \$16,300	\$6,000 / \$12,000	\$8,150 / \$16,300
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	\$10,500 / \$21,000	N/A	N/A	N/A
TeleHealth via LiveHealth Online	\$0	\$0	\$0	Ded / \$25	Ded / 0%	\$0	Ded / 0%	\$0
Primary Care Visit	\$30	\$40	\$25	Ded / \$25	Ded / \$25	3 at \$35, then ded / 30%	Ded / \$25	\$40
Specialist Visit	\$60	\$70	\$45	Ded / \$40	Ded / \$50	3 at \$35, then ded / 30%	Ded / \$50	\$70
Emergency Room	\$500	30%	Ded / 20%	Ded / \$150	Ded / \$300	Ded / \$500	Ded / \$500	Ded / 30%
Urgent Care	\$75	\$75	\$50	Ded / \$60	Ded / \$50	Ded / \$75	Ded / \$75	\$75
Inpatient Facility	Ded / \$500, up to 4 days	30%	Ded / 20%	Ded / \$1,000	Ded / \$500, up to 4 days	Ded / 30%	Ded / \$500, up to 4 days	Ded / 30%
Outpatient Facility	Ded / \$250	30%	Ded / 20%	Ded / \$100	Ded / \$200	Ded / 30%	Ded / \$250	Ded / 30%
Preferred Lab	\$30	\$0	\$25	Ded / \$25	Ded / \$25	Ded / 30%	Ded / \$25	\$40
INN Lab (Office; Outpatient)	Ded / 0%	O: \$0; OP: 30%	Ded / 20%	O: Ded / \$25; OP: Ded / \$40	O: Ded / \$25; OP: Ded / \$200	Ded / 30%	O: Ded / \$25; OP: Ded / \$250	Ded / 30%
INN X-Ray (Office; Outpatient)	Ded / 0%	O: \$0; OP: 30%	Ded / 20%	O: Ded / \$25; OP: Ded / \$40	O: Ded / \$25; OP: Ded / \$200	Ded / 30%	O: Ded / \$25; OP: Ded / \$250	Ded / 30%
INN Adv Diagnostic Imaging (Office; Outpatient)	O: Ded / 0%; OP: Ded / \$100	O: \$100; OP: 30%	Ded / 20%	O: Ded / \$40; OP: Ded / \$40	O: Ded / \$50; OP: Ded / \$200	Ded / 30%	O: Ded / \$50; OP: Ded / \$250	Ded / 30%
Rx Deductible (Tier 2 / 3)	\$100 / \$200	\$100 / \$200	\$150 / \$300	\$0 / \$0	T1-3: Med ded	\$250 / \$500	T1-3: Med ded	\$250 / \$500
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$50 / \$90	\$15 / \$50 / \$70 min or 30% to \$400	\$10 / \$50 / \$80	\$10 / \$35 / \$70	\$10 / \$40 / \$80	\$15 / \$50 / \$80	\$10 / \$40 / \$80	\$15 / \$50 / \$80

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The Whole Health Company

Plan Name	Empire Silver EPO 3000/30%/8150	Empire Silver EPO 3000/0%/5250 w/HSA	Empire Silver EPO 2100/30%/6850 w/HSA	Empire Silver EPO 3000/0%/6850 w/HSA	Empire Silver Blue Access EPO 1600/30%/8150	Empire Silver Blue Access EPO 2000/20%/6000 w/HSA	Empire Silver Blue Access EPO 2500/30%/8150	Empire Silver Blue Access EPO 3000/0%/5250 w/HSA
Contract Code	4GG8	4GT2	4GY8	4H2Q	4GX2	4H1J	4GK2	4GU0

Premium	Empire Silver EPO 3000/30%/8150	Empire Silver EPO 3000/0%/5250 w/HSA	Empire Silver EPO 2100/30%/6850 w/HSA	Empire Silver EPO 3000/0%/6850 w/HSA	Empire Silver Blue Access EPO 1600/30%/8150	Empire Silver Blue Access EPO 2000/20%/6000 w/HSA	Empire Silver Blue Access EPO 2500/30%/8150	Empire Silver Blue Access EPO 3000/0%/5250 w/HSA
Individual	\$664.95	\$664.88	\$639.95	\$634.70	\$610.35	\$602.99	\$598.76	\$598.54
Individual + Spouse	\$1,329.90	\$1,329.76	\$1,279.90	\$1,269.40	\$1,220.70	\$1,205.98	\$1,197.52	\$1,197.08
Individual + Child(ren)	\$1,130.42	\$1,130.30	\$1,087.92	\$1,078.99	\$1,037.60	\$1,025.08	\$1,017.89	\$1,017.52
Family	\$1,895.11	\$1,894.91	\$1,823.86	\$1,808.90	\$1,739.50	\$1,718.52	\$1,706.47	\$1,705.84

Plan Name	Not Offered	Empire Silver EPO 3000/0%/5250 w/HSA WH	Empire Silver EPO 2100/30%/6850 w/HSA WH	Empire Silver EPO 3000/0%/6850 w/HSA WH	Not Offered	Empire Silver Blue Access EPO 2000/20%/6000 w/HSA WH	Not Offered	Not Offered
Contract Code	Not Offered	4HFW	4HG4	4HGU	Not Offered	4HHA	Not Offered	Not Offered

Enhanced Embedded Dental and Vision Premium

Individual	Not Offered	\$680.91	\$656.86	\$650.73	Not Offered	\$618.66	Not Offered	Not Offered
Individual + Spouse	Not Offered	\$1,361.82	\$1,313.72	\$1,301.46	Not Offered	\$1,237.32	Not Offered	Not Offered
Individual + Child(ren)	Not Offered	\$1,157.55	\$1,116.66	\$1,106.24	Not Offered	\$1,051.72	Not Offered	Not Offered
Family	Not Offered	\$1,940.59	\$1,872.05	\$1,854.58	Not Offered	\$1,763.18	Not Offered	Not Offered

Plan Details

Network	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	Blue Access	Blue Access	Blue Access	Blue Access
National Access via BlueCard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No	No	No	No	No
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Non-Embedded Ded and Embedded OOP	Non-Embedded Ded and Embedded OOP	Embedded	Non-Embedded Ded and Embedded OOP	Embedded	Embedded

Plan Benefits

INN Deductible (Ind / Fam)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$2,100 / \$4,200	\$3,000 / \$6,000	\$1,600 / \$3,200	\$2,000 / \$4,000	\$2,500 / \$5,000	\$3,000 / \$6,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	30%	0%	30%	0%	30%	20%	30%	0%
OON Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$8,150 / \$16,300	\$5,250 / \$10,500	\$6,850 / \$13,700	\$6,850 / \$13,700	\$8,150 / \$16,300	\$6,000 / \$12,000	\$8,150 / \$16,300	\$5,250 / \$10,500
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TeleHealth via LiveHealth Online	\$0	Ded / 0%	Ded / 0%	Ded / 0%	\$0	Ded / 0%	\$0	Ded / 0%
Primary Care Visit	\$30	Ded / \$25	Ded / 30%	Ded / \$25	3 at \$35, then ded / 30%	Ded / \$25	\$40	Ded / \$25
Specialist Visit	\$60	Ded / \$50	Ded / 30%	Ded / \$50	3 at \$35, then ded / 30%	Ded / \$50	\$70	Ded / \$50
Emergency Room	Ded / \$700	Ded / \$300	Ded / 30%	Ded / \$300	Ded / \$500	Ded / \$500	Ded / 30%	Ded / \$300
Urgent Care	\$75	Ded / \$50	Ded / 30%	Ded / \$75	Ded / \$75	Ded / \$75	\$75	Ded / \$50
Inpatient Facility	Ded / 30%	Ded / \$500, up to 4 days	Ded / 30%	Ded / \$500	Ded / 30%	Ded / \$500, up to 4 days	Ded / 30%	Ded / \$500, up to 4 days
Outpatient Facility	Ded / 30%	Ded / \$200	Ded / 30%	Ded / \$200	Ded / 30%	Ded / \$250	Ded / 30%	Ded / \$200
Preferred Lab	\$30	Ded / \$25	Ded / 30%	Ded / \$25	Ded / 30%	Ded / \$25	\$40	Ded / \$25
INN Lab (Office; Outpatient)	Ded / 30%	O: Ded / \$25; OP: Ded / \$200	Ded / 30%	O: Ded / \$25; OP: Ded / \$200	Ded / 30%	O: Ded / \$25; OP: Ded / \$250	Ded / 30%	O: Ded / \$25; OP: Ded / \$200
INN X-Ray (Office; Outpatient)	Ded / 30%	O: Ded / \$25; OP: Ded / \$200	Ded / 30%	O: Ded / \$25; OP: Ded / \$200	Ded / 30%	O: Ded / \$25; OP: Ded / \$250	Ded / 30%	O: Ded / \$25; OP: Ded / \$200
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded / 30%	O: Ded / \$50; OP: Ded / \$200	Ded / 30%	O: Ded / \$50; OP: Ded / \$200	Ded / 30%	O: Ded / \$50; OP: Ded / \$250	Ded / 30%	O: Ded / \$50; OP: Ded / \$200
Rx Deductible (Tier 2 / 3)	\$250 / \$500	T1-3: Med ded	T1-3: Med ded	T1-3: Med ded	\$250 / \$500	T1-3: Med ded	\$250 / \$500	T1-3: Med ded
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$50 / \$80	\$10 / \$40 / \$80	\$15 / \$50 / \$90	\$15 / \$50 / \$90	\$15 / \$50 / \$80	\$10 / \$40 / \$80	\$15 / \$50 / \$80	\$10 / \$40 / \$80

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Q4 2020 New York Small Group Plans | Albany

Region 1: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties

The Whole Health Company

Plan Name	Empire Silver Blue Access EPO 3000/40%/8000	Empire Silver Blue Access GEPO 4000/40%/7350	Empire Bronze EPO 5100/30%/6850 w/HSA	Empire Bronze EPO 5500/30%/6800 w/HSA	Empire Bronze Blue Access EPO 5500/30%/6800 w/HSA	Empire Bronze Blue Access EPO 6850/0%/6850 w/HSA	Empire Bronze Blue Access EPO 8150/0%/8150	Empire Bronze Blue Access GEPO 6500/40%/8150
Contract Code	4GL8	4GHW	4GXS	4GUY	4GVE	4GY0	4GKJ	4GFS

Premium	Empire Silver Blue Access EPO 3000/40%/8000	Empire Silver Blue Access GEPO 4000/40%/7350	Empire Bronze EPO 5100/30%/6850 w/HSA	Empire Bronze EPO 5500/30%/6800 w/HSA	Empire Bronze Blue Access EPO 5500/30%/6800 w/HSA	Empire Bronze Blue Access EPO 6850/0%/6850 w/HSA	Empire Bronze Blue Access EPO 8150/0%/8150	Empire Bronze Blue Access GEPO 6500/40%/8150
Individual	\$593.51	\$572.01	\$556.99	\$554.88	\$499.48	\$493.79	\$485.92	\$511.14
Individual + Spouse	\$1,187.02	\$1,144.02	\$1,113.98	\$1,109.76	\$998.96	\$987.58	\$971.84	\$1,022.28
Individual + Child(ren)	\$1,008.97	\$972.42	\$946.88	\$943.30	\$849.12	\$839.44	\$826.06	\$868.94
Family	\$1,691.50	\$1,630.23	\$1,587.42	\$1,581.41	\$1,423.52	\$1,407.30	\$1,384.87	\$1,456.75

Plan Name	Not Offered	Not Offered	Not Offered	Empire Bronze EPO 5500/30%/6800 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code	Not Offered	Not Offered	Not Offered	4HB6	Not Offered	Not Offered	Not Offered	Not Offered

Enhanced Embedded Dental and Vision Premium

Individual	Not Offered	Not Offered	Not Offered	\$569.38	Not Offered	Not Offered	Not Offered	Not Offered
Individual + Spouse	Not Offered	Not Offered	Not Offered	\$1,138.76	Not Offered	Not Offered	Not Offered	Not Offered
Individual + Child(ren)	Not Offered	Not Offered	Not Offered	\$967.95	Not Offered	Not Offered	Not Offered	Not Offered
Family	Not Offered	Not Offered	Not Offered	\$1,622.73	Not Offered	Not Offered	Not Offered	Not Offered

Plan Details

Network	Blue Access	Blue Access	PPO / EPO	PPO / EPO	Blue Access	Blue Access	Blue Access	Blue Access
National Access via BlueCard Program	Yes	Yes*	Yes	Yes	Yes	Yes	Yes	Yes*
Gatekeeper	No	Yes	No	No	No	No	No	Yes
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Fail	Fail	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Non-Embedded Ded and Embedded OOP	Non-Embedded Ded and Embedded OOP	Non-Embedded Ded and Embedded OOP	Non-Embedded Ded and Embedded OOP	Embedded	Embedded

Plan Benefits

INN Deductible (Ind / Fam)	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,100 / \$10,200	\$5,500 / \$11,000	\$5,500 / \$11,000	\$6,850 / \$13,700	\$8,150 / \$16,300	\$6,500 / \$13,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	40%	40%	30%	30%	30%	0%	0%	40%
OON Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$8,000 / \$16,000	\$7,350 / \$14,700	\$6,850 / \$13,700	\$6,800 / \$13,600	\$6,800 / \$13,600	\$6,850 / \$13,700	\$8,150 / \$16,300	\$8,150 / \$16,300
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TeleHealth via LiveHealth Online	\$0	\$0	Ded / 0%	Ded / 0%	Ded / 0%	Ded / 0%	Ded / 0%	\$0
Primary Care Visit	\$30	\$30	Ded / \$25	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	\$50
Specialist Visit	\$75	\$70	Ded / \$75	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	\$80
Emergency Room	Ded / \$550	Ded / 40%	Ded / 30%	Ded / 50%	Ded / 50%	Ded / 0%	Ded / 0%	Ded / 40%
Urgent Care	\$80	\$70	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	\$100
Inpatient Facility	Ded / 40%	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	Ded / 40%
Outpatient Facility	Ded / 40%	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	Ded / 40%
Preferred Lab	\$30	\$30	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	\$50
INN Lab (Office; Outpatient)	Ded / 40%	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	Ded / 40%
INN X-Ray (Office; Outpatient)	Ded / 40%	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	Ded / 40%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded / 40%	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	Ded / 40%
Rx Deductible (Tier 2 / 3)	\$100 / \$200	\$250 / \$500	T1-3: Med ded	T1-3: Med ded	T1-3: Med ded	T1-3: Med ded	T1-3: Med ded	T2-3: Med ded
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$50 / \$70 min or 30% to \$400	\$15 / \$50 / \$80	\$15 / \$50 / \$90	\$10 / \$40 / \$80	\$10 / \$40 / \$80	0% / 0% / 0%	0% / 0% / 0%	\$15 / \$60 / 50% to \$500

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