



Q4 2020 New York Small Group Plans | Mid-Hudson

Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

The Whole Health Company

Plan Name	Empire Platinum PPO 20/0%/3500 80th Percentile FAIR Health	Empire Platinum PPO 5/0%/2500	Empire Platinum PPO 20/0%/2500	Empire Platinum PPO 500/10%/6500	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
Contract Code	4GGG	4GMN	4GZE	4GJ4	4GN4	4GH6	4GZN	4GGY

Premium	4GGG	4GMN	4GZE	4GJ4	4GN4	4GH6	4GZN	4GGY
Individual	\$1,634.11	\$1,529.27	\$1,504.50	\$1,401.46	\$1,287.14	\$1,265.07	\$1,204.16	\$1,126.68
Individual + Spouse	\$3,268.22	\$3,058.54	\$3,009.00	\$2,802.92	\$2,574.28	\$2,530.14	\$2,408.32	\$2,253.36
Individual + Child(ren)	\$2,777.99	\$2,599.76	\$2,557.65	\$2,382.48	\$2,188.14	\$2,150.62	\$2,047.07	\$1,915.36
Family	\$4,657.21	\$4,358.42	\$4,287.83	\$3,994.16	\$3,668.35	\$3,605.45	\$3,431.86	\$3,211.04

Plan Name	Empire Platinum PPO 20/0%/3500 80th Percentile FAIR Health WH	Empire Platinum PPO 5/0%/2500 WH	Empire Platinum PPO 20/0%/2500 WH	Not Offered	Empire Platinum EPO 5/0%/2500 WH	Empire Platinum EPO 20/0%/2500 WH	Not Offered	Not Offered
Contract Code	4HJ0	4H6Y	4HEY	Not Offered	4HEQ	4HE8	Not Offered	Not Offered

Enhanced Embedded Dental and Vision Premium	4HJ0	4H6Y	4HEY	Not Offered	4HEQ	4HE8	Not Offered	Not Offered
Individual	\$1,661.17	\$1,556.33	\$1,531.56	Not Offered	\$1,314.59	\$1,292.43	Not Offered	Not Offered
Individual + Spouse	\$3,322.34	\$3,112.66	\$3,063.12	Not Offered	\$2,629.18	\$2,584.86	Not Offered	Not Offered
Individual + Child(ren)	\$2,823.99	\$2,645.76	\$2,603.65	Not Offered	\$2,234.80	\$2,197.13	Not Offered	Not Offered
Family	\$4,734.33	\$4,435.54	\$4,364.95	Not Offered	\$3,746.58	\$3,683.43	Not Offered	Not Offered

Plan Details	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	Blue Access
Network	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	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	Select	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	4GGG	4GMN	4GZE	4GJ4	4GN4	4GH6	4GZN	4GGY
INN Deductible (Ind / Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$500 / \$1,500	\$0 / \$0	\$0 / \$0	\$500 / \$1,500	\$0 / \$0
OON Deductible (Ind / Fam)	\$3,000 / \$6,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$2,000 / \$4,000	N/A	N/A	N/A	N/A
INN Coinsurance	0%	0%	0%	10%	0%	0%	10%	0%
OON Coinsurance	30%	30%	30%	30%	N/A	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$3,500 / \$7,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$6,500 / \$13,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$4,000 / \$8,000	\$4,600 / \$9,200
OON Out of Pocket Max (Ind / Fam)	\$10,500 / \$21,000	\$5,000 / \$10,000	\$7,500 / \$15,000	\$13,000 / \$26,000	N/A	N/A	N/A	N/A
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	\$20	\$5	\$20	\$10	\$5	\$20	\$10	\$20
Specialist Visit	\$40	\$15	\$40	\$20	\$15	\$40	\$30	\$40
Emergency Room	\$200	\$200	\$200	\$250	\$200	\$200	\$200	\$200
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Inpatient Facility	\$400	\$200	\$400	Ded / 10%	\$200	\$400	Ded / 10%	\$400
Outpatient Facility	\$300	\$100	\$300	Ded / 10%	\$100	\$300	Ded / \$300	\$300
Preferred Lab	\$0	\$0	\$0	\$10	\$0	\$0	\$10	\$0
INN Lab (Office; Outpatient)	\$0	\$0	\$0	Ded / 10%	\$0	\$0	Ded / 10%	\$0
INN X-Ray (Office; Outpatient)	O: \$0; OP: \$20	O: \$0; OP: \$20	O: \$0; OP: \$20	Ded / 10%	O: \$0; OP: \$20	O: \$0; OP: \$20	Ded / 10%	O: \$0; OP: \$20
INN Adv Diagnostic Imaging (Office; Outpatient)	O: \$40; OP: \$100	O: \$15; OP: \$100	O: \$40; OP: \$100	Ded / 10%	O: \$15; OP: \$100	O: \$40; OP: \$100	Ded / 10%	O: \$40; OP: \$100
Rx Deductible (Tier 2 / 3)	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70

* 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. Services provided by Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.



Q4 2020 New York Small Group Plans | Mid-Hudson

Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

The Whole Health Company

Plan Name	Empire Platinum Blue Access GEPO 250/10%/3000	Empire Gold PPO 1000/20%/5500	Empire Gold PPO 1500/10%/4000 w/HSA	Empire Gold PPO 2000/30%/7900	Empire Gold EPO 25/0%/7000	Empire Gold EPO 35/10%/7000	Empire Gold EPO 750/10%/5500	Empire Gold EPO 1000/10%/7000
Contract Code	4GEL	4GQY	4GU8	4HOC	4GNC	4GPA	4H44	4GQQ

Premium	Individual	Individual + Spouse	Individual + Child(ren)	Family
	\$1,062.68	\$2,125.36	\$1,806.56	\$3,028.64
	\$1,261.48	\$2,522.96	\$2,144.52	\$3,595.22
	\$1,211.45	\$2,422.90	\$2,059.47	\$3,452.63
	\$1,188.69	\$2,377.38	\$2,020.77	\$3,387.77
	\$1,137.56	\$2,275.12	\$1,933.85	\$3,242.05
	\$1,124.58	\$2,249.16	\$1,911.79	\$3,205.05
	\$1,093.53	\$2,187.06	\$1,859.00	\$3,116.56
	\$1,077.56	\$2,155.12	\$1,831.85	\$3,071.05

Plan Name	Not Offered	Empire Gold PPO 1000/20%/5500 WH	Empire Gold PPO 1500/10%/4000 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Gold EPO 750/10%/5500 WH	Empire Gold EPO 1000/10%/7000 WH
Contract Code	Not Offered	4HDJ	4HDS	Not Offered	Not Offered	Not Offered	4HC4	4HD2

Enhanced Embedded Dental and Vision Premium	Individual	Individual + Spouse	Individual + Child(ren)	Family
	Not Offered	Not Offered	Not Offered	Not Offered
	\$1,286.34	\$2,572.68	\$2,186.78	\$3,666.07
	\$1,235.32	\$2,470.64	\$2,100.04	\$3,520.66
	Not Offered	Not Offered	Not Offered	Not Offered
	Not Offered	Not Offered	Not Offered	Not Offered
	Not Offered	Not Offered	Not Offered	Not Offered
	\$1,119.19	\$2,238.38	\$1,902.62	\$3,189.69
	\$1,102.72	\$2,205.44	\$1,874.62	\$3,142.75

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

Plan Benefits	INN Deductible (Ind / Fam)	OON Deductible (Ind / Fam)	INN Coinsurance	OON Coinsurance	INN Out of Pocket Max (Ind / Fam)	OON Out of Pocket Max (Ind / Fam)	TeleHealth via LiveHealth Online	Primary Care Visit	Specialist Visit	Emergency Room	Urgent Care	Inpatient Facility	Outpatient Facility	Preferred Lab	INN Lab (Office; Outpatient)	INN X-Ray (Office; Outpatient)	INN Adv Diagnostic Imaging (Office; Outpatient)	Rx Deductible (Tier 2 / 3)	Rx Copay (Tier 1 / 2 / 3)
	\$250 / \$750	N/A	10%	N/A	\$3,000 / \$6,000	N/A	\$0	\$15	\$35	Ded / 10%	\$50	Ded / 10%	Ded / 10%	\$15	Ded / 10%	Ded / 10%	Ded / 10%	\$100 / \$200	\$10 / \$35 / \$70
	\$1,000 / \$3,000	\$3,000 / \$6,000	20%	40%	\$5,500 / \$11,000	\$11,000 / \$22,000	\$0	\$25	\$40	\$500	\$75	Ded / 20%	Ded / \$250	\$25	Ded / 20%	Ded / 20%	Ded / 20%	\$100 / \$200	\$10 / \$50 / \$80
	\$1,500 / \$3,000	\$3,000 / \$6,000	10%	40%	\$4,000 / \$8,000	\$7,500 / \$15,000	Ded / 0%	Ded / 10%	Ded / 10%	Ded / 10%	Ded / 10%	Ded / 10%	Ded / 10%	Ded / 10%	Ded / 10%	Ded / 10%	Ded / 10%	T1-3: Med ded	\$10 / \$40 / \$80
	\$2,000 / \$4,000	\$4,000 / \$8,000	30%	50%	\$7,900 / \$15,800	\$10,000 / \$20,000	\$0	\$30	\$60	\$500	\$75	Ded / 30%	Ded / 30%	\$30	Ded / 30%	Ded / 30%	Ded / 30%	\$100 / \$200	\$10 / \$35 / \$70
	\$0 / \$0	N/A	0%	N/A	\$7,000 / \$14,000	\$7,000 / \$14,000	\$0	\$25	\$50	\$500	\$100	\$400, up to 4 days	\$400	\$0	O: \$25; OP: \$0	O: \$25; OP: \$50	O: \$50; OP: \$150	\$100 / \$200	\$10 / \$50 / \$80
	\$0 / \$0	N/A	10%	N/A	\$7,000 / \$14,000	\$7,000 / \$14,000	\$0	\$35	\$50	\$500	\$100	\$500, up to 4 days	\$500	\$0	O: \$35; OP: \$0	O: \$35; OP: \$100	O: \$50; OP: \$200	\$100 / \$200	\$10 / \$50 / \$80
	\$750 / \$2,250	N/A	10%	N/A	\$5,500 / \$11,000	N/A	\$0	\$50	\$50	\$500	\$75	Ded / \$250, up to 10 days	Ded / \$250	\$50	Ded / 10%	Ded / 10%	Ded / 10%	\$100 / \$200	\$10 / \$50 / \$80
	\$1,000 / \$3,000	N/A	10%	N/A	\$7,000 / \$14,000	N/A	\$0	\$15	\$35	\$500	\$75	Ded / 10%	Ded / \$300	\$15	Ded / 10%	Ded / 10%	Ded / 10%	\$100 / \$200	\$15 / \$50 / \$90

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The Whole Health Company

Plan Name	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 2500/30%/8150	Empire Silver PPO 3000/0%/5250 w/HSA	Empire Silver PPO 3000/20%/6850 w/HSA	Empire Silver EPO 1600/30%/8150	Empire Silver EPO 2000/20%/6000 w/HSA
Contract Code	4GE4	4GRW	4J1N	4H6G	4GSC	4GYQ	4GWC	4H12

Premium	4GE4	4GRW	4J1N	4H6G	4GSC	4GYQ	4GWC	4H12
Individual	\$920.80	\$900.33	\$816.35	\$1,092.63	\$1,072.26	\$1,005.47	\$928.78	\$917.60
Individual + Spouse	\$1,841.60	\$1,800.66	\$1,632.70	\$2,185.26	\$2,144.52	\$2,010.94	\$1,857.56	\$1,835.20
Individual + Child(ren)	\$1,565.36	\$1,530.56	\$1,387.80	\$1,857.47	\$1,822.84	\$1,709.30	\$1,578.93	\$1,559.92
Family	\$2,624.28	\$2,565.94	\$2,326.60	\$3,114.00	\$3,055.94	\$2,865.59	\$2,647.02	\$2,615.16

Plan Name	Not Offered	Not Offered	Not Offered	Empire Silver PPO 2500/30%/8150 WH	Not Offered	Empire Silver PPO 3000/20%/6850 w/HSA WH	Not Offered	Not Offered
Contract Code	Not Offered	Not Offered	Not Offered	4HHJ	Not Offered	4HHS	Not Offered	Not Offered

Enhanced Embedded Dental and Vision Premium	Not Offered	Not Offered	Not Offered	4HHJ	Not Offered	4HHS	Not Offered	Not Offered
Individual	Not Offered	Not Offered	Not Offered	\$1,114.90	Not Offered	\$1,027.23	Not Offered	Not Offered
Individual + Spouse	Not Offered	Not Offered	Not Offered	\$2,229.80	Not Offered	\$2,054.46	Not Offered	Not Offered
Individual + Child(ren)	Not Offered	Not Offered	Not Offered	\$1,895.33	Not Offered	\$1,746.29	Not Offered	Not Offered
Family	Not Offered	Not Offered	Not Offered	\$3,177.47	Not Offered	\$2,927.61	Not Offered	Not Offered

Plan Details	Blue Access	Blue Access	Blue Access	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO
Network	Blue Access	Blue Access	Blue Access	PPO / EPO	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	No	No	No	No	No
Formulary	Traditional Open	Traditional Open	Select	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	Non-Embedded Ded and Embedded OOP	Embedded	Non-Embedded Ded and Embedded OOP

Plan Benefits	4GE4	4GRW	4J1N	4H6G	4GSC	4GYQ	4GWC	4H12
INN Deductible (Ind / Fam)	\$0 / \$0	\$1,500 / \$3,000	\$600 / \$1,200	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,600 / \$3,200	\$2,000 / \$4,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	\$4,000 / \$8,000	\$6,000 / \$12,000	\$6,000 / \$12,000	N/A	N/A
INN Coinsurance	30%	20%	0%	30%	0%	20%	30%	20%
OON Coinsurance	N/A	N/A	N/A	50%	30%	50%	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,150 / \$16,300	\$5,250 / \$10,500	\$6,850 / \$13,700	\$8,150 / \$16,300	\$6,000 / \$12,000
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	\$10,000 / \$20,000	\$10,500 / \$21,000	\$13,700 / \$27,400	N/A	N/A
TeleHealth via LiveHealth Online	\$0	\$0	Ded / \$25	\$0	Ded / 0%	Ded / 0%	\$0	Ded / 0%
Primary Care Visit	\$40	\$25	Ded / \$25	\$40	Ded / \$25	Ded / \$30	3 at \$35, then ded / 30%	Ded / \$25
Specialist Visit	\$70	\$45	Ded / \$40	\$70	Ded / \$50	Ded / \$60	3 at \$35, then ded / 30%	Ded / \$50
Emergency Room	30%	Ded / 20%	Ded / \$150	Ded / 30%	Ded / \$300	Ded / \$500	Ded / \$500	Ded / \$500
Urgent Care	\$75	\$50	Ded / \$60	\$75	Ded / \$50	Ded / \$75	Ded / \$75	Ded / \$75
Inpatient Facility	30%	Ded / 20%	Ded / \$1,000	Ded / 30%	Ded / \$500, up to 4 days	Ded / \$500, up to 4 days	Ded / 30%	Ded / \$500, up to 4 days
Outpatient Facility	30%	Ded / 20%	Ded / \$100	Ded / 30%	Ded / \$200	Ded / \$250	Ded / 30%	Ded / \$250
Preferred Lab	\$0	\$25	Ded / \$25	\$40	Ded / \$25	Ded / \$30	Ded / 30%	Ded / \$25
INN Lab (Office; Outpatient)	O: \$0; OP: 30%	Ded / 20%	O: Ded / \$25; OP: Ded / \$40	Ded / 30%	O: Ded / \$25; OP: Ded / \$200	O: Ded / \$30; OP: Ded / \$250	Ded / 30%	O: Ded / \$25; OP: Ded / \$250
INN X-Ray (Office; Outpatient)	O: \$0; OP: 30%	Ded / 20%	O: Ded / \$25; OP: Ded / \$40	Ded / 30%	O: Ded / \$25; OP: Ded / \$200	O: Ded / \$30; OP: Ded / \$250	Ded / 30%	O: Ded / \$25; OP: Ded / \$250
INN Adv Diagnostic Imaging (Office; Outpatient)	O: \$100; OP: 30%	Ded / 20%	O: Ded / \$40; OP: Ded / \$40	Ded / 30%	O: Ded / \$50; OP: Ded / \$200	O: Ded / \$60; OP: Ded / \$250	Ded / 30%	O: Ded / \$50; OP: Ded / \$250
Rx Deductible (Tier 2 / 3)	\$100 / \$200	\$150 / \$300	\$0 / \$0	\$250 / \$500	T1-3: Med ded	T1-3: Med ded	\$250 / \$500	T1-3: Med ded
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$50 / \$70 min or 30% to \$400	\$10 / \$50 / \$80	\$10 / \$35 / \$70	\$15 / \$50 / \$80	\$10 / \$40 / \$80	\$15 / \$50 / \$90	\$15 / \$50 / \$80	\$10 / \$40 / \$80

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Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

The Whole Health Company

Plan Name	Empire Silver EPO 2500/30%/8150	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
Contract Code	4GKS	4GG0	4GSL	4GYG	4H2G	4GWU	4H1A	4GJU

Premium	Empire Silver EPO 2500/30%/8150	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
Individual	\$911.11	\$910.81	\$910.71	\$876.56	\$869.37	\$836.02	\$825.94	\$820.15
Individual + Spouse	\$1,822.22	\$1,821.62	\$1,821.42	\$1,753.12	\$1,738.74	\$1,672.04	\$1,651.88	\$1,640.30
Individual + Child(ren)	\$1,548.89	\$1,548.38	\$1,548.21	\$1,490.15	\$1,477.93	\$1,421.23	\$1,404.10	\$1,394.26
Family	\$2,596.66	\$2,595.81	\$2,595.52	\$2,498.20	\$2,477.70	\$2,382.66	\$2,353.93	\$2,337.43

Plan Name	Empire Silver EPO 2500/30%/8150 WH	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
Contract Code	4HF6	Not Offered	4HFN	4HGC	4HGL	Not Offered	4HH2	Not Offered

Enhanced Embedded Dental and Vision Premium	Empire Silver EPO 2500/30%/8150 WH	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
Individual	\$933.58	Not Offered	\$932.68	\$899.73	\$891.34	Not Offered	\$847.41	Not Offered
Individual + Spouse	\$1,867.16	Not Offered	\$1,865.36	\$1,799.46	\$1,782.68	Not Offered	\$1,694.82	Not Offered
Individual + Child(ren)	\$1,587.09	Not Offered	\$1,585.56	\$1,529.54	\$1,515.28	Not Offered	\$1,440.60	Not Offered
Family	\$2,660.70	Not Offered	\$2,658.14	\$2,564.23	\$2,540.32	Not Offered	\$2,415.12	Not Offered

Plan Details	Empire Silver EPO 2500/30%/8150 WH	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
Network	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	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	Embedded	Non-Embedded Ded and Embedded OOP	Non-Embedded Ded and Embedded OOP	Embedded	Non-Embedded Ded and Embedded OOP	Embedded

Plan Benefits	Empire Silver EPO 2500/30%/8150 WH	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
INN Deductible (Ind / Fam)	\$2,500 / \$5,000	\$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
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	30%	30%	0%	30%	0%	30%	20%	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)	\$8,150 / \$16,300	\$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
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%	\$0	Ded / 0%	\$0
Primary Care Visit	\$40	\$30	Ded / \$25	Ded / 30%	Ded / \$25	3 at \$35, then ded / 30%	Ded / \$25	\$40
Specialist Visit	\$70	\$60	Ded / \$50	Ded / 30%	Ded / \$50	3 at \$35, then ded / 30%	Ded / \$50	\$70
Emergency Room	Ded / 30%	Ded / \$700	Ded / \$300	Ded / 30%	Ded / \$300	Ded / \$500	Ded / \$500	Ded / 30%
Urgent Care	\$75	\$75	Ded / \$50	Ded / 30%	Ded / \$75	Ded / \$75	Ded / \$75	\$75
Inpatient Facility	Ded / 30%	Ded / 30%	Ded / \$500, up to 4 days	Ded / 30%	Ded / \$500	Ded / 30%	Ded / \$500, up to 4 days	Ded / 30%
Outpatient Facility	Ded / 30%	Ded / 30%	Ded / \$200	Ded / 30%	Ded / \$200	Ded / 30%	Ded / \$250	Ded / 30%
Preferred Lab	\$40	\$30	Ded / \$25	Ded / 30%	Ded / \$25	Ded / 30%	Ded / \$25	\$40
INN Lab (Office; Outpatient)	Ded / 30%	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%
INN X-Ray (Office; Outpatient)	Ded / 30%	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%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded / 30%	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%
Rx Deductible (Tier 2 / 3)	\$250 / \$500	\$250 / \$500	T1-3: Med ded	T1-3: Med ded	T1-3: Med ded	\$250 / \$500	T1-3: Med ded	\$250 / \$500
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$50 / \$80	\$15 / \$50 / \$80	\$10 / \$40 / \$80	\$15 / \$50 / \$90	\$15 / \$50 / \$90	\$15 / \$50 / \$80	\$10 / \$40 / \$80	\$15 / \$50 / \$80

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Q4 2020 New York Small Group Plans | Mid-Hudson

Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

The Whole Health Company

Plan Name	Empire Silver Blue Access EPO 3000/0%/5250 w/HSA	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
Contract Code	4GSU	4GL0	4GHN	4GXA	4GV6	4GVN	4GXJ	4GKA

Premium	4GSU	4GL0	4GHN	4GXA	4GV6	4GVN	4GXJ	4GKA
Individual	\$819.85	\$812.96	\$783.50	\$762.94	\$760.04	\$684.16	\$676.37	\$665.58
Individual + Spouse	\$1,639.70	\$1,625.92	\$1,567.00	\$1,525.88	\$1,520.08	\$1,368.32	\$1,352.74	\$1,331.16
Individual + Child(ren)	\$1,393.75	\$1,382.03	\$1,331.95	\$1,297.00	\$1,292.07	\$1,163.07	\$1,149.83	\$1,131.49
Family	\$2,336.57	\$2,316.94	\$2,232.98	\$2,174.38	\$2,166.11	\$1,949.86	\$1,927.65	\$1,896.90

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

Enhanced Embedded Dental and Vision Premium	Not Offered	Not Offered	Not Offered	Not Offered	4HBE	Not Offered	Not Offered	Not Offered
Individual	Not Offered	Not Offered	Not Offered	Not Offered	\$779.91	Not Offered	Not Offered	Not Offered
Individual + Spouse	Not Offered	Not Offered	Not Offered	Not Offered	\$1,559.82	Not Offered	Not Offered	Not Offered
Individual + Child(ren)	Not Offered	Not Offered	Not Offered	Not Offered	\$1,325.85	Not Offered	Not Offered	Not Offered
Family	Not Offered	Not Offered	Not Offered	Not Offered	\$2,222.74	Not Offered	Not Offered	Not Offered

Plan Details	Blue Access	Blue Access	Blue Access	PPO / EPO	PPO / EPO	Blue Access	Blue Access	Blue Access
Network	Blue Access	Blue Access	Blue Access	PPO / EPO	PPO / EPO	Blue Access	Blue Access	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes*	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	Yes	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	Fail	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	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

Plan Benefits	4GSU	4GL0	4GHN	4GXA	4GV6	4GVN	4GXJ	4GKA
INN Deductible (Ind / Fam)	\$3,000 / \$6,000	\$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
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	0%	40%	40%	30%	30%	30%	0%	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)	\$5,250 / \$10,500	\$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
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	Ded / 0%	\$0	\$0	Ded / 0%	Ded / 0%	Ded / 0%	Ded / 0%	Ded / 0%
Primary Care Visit	Ded / \$25	\$30	\$30	Ded / \$25	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
Specialist Visit	Ded / \$50	\$75	\$70	Ded / \$75	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
Emergency Room	Ded / \$300	Ded / \$550	Ded / 40%	Ded / 30%	Ded / 50%	Ded / 50%	Ded / 0%	Ded / 0%
Urgent Care	Ded / \$50	\$80	\$70	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
Inpatient Facility	Ded / \$500, up to 4 days	Ded / 40%	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
Outpatient Facility	Ded / \$200	Ded / 40%	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
Preferred Lab	Ded / \$25	\$30	\$30	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
INN Lab (Office; Outpatient)	O: Ded / \$25; OP: Ded / \$200	Ded / 40%	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
INN X-Ray (Office; Outpatient)	O: Ded / \$25; OP: Ded / \$200	Ded / 40%	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
INN Adv Diagnostic Imaging (Office; Outpatient)	O: Ded / \$50; OP: Ded / \$200	Ded / 40%	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
Rx Deductible (Tier 2 / 3)	T1-3: Med ded	\$100 / \$200	\$250 / \$500	T1-3: Med ded	T1-3: Med ded	T1-3: Med ded	T1-3: Med ded	T1-3: Med ded
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$40 / \$80	\$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%

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Q4 2020 New York Small Group Plans | Mid-Hudson

Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

The Whole Health Company

Plan Name	Empire Bronze Blue Access GEPO 6500/40%/8150
Contract Code	4GFJ

Premium	
Individual	\$700.13
Individual + Spouse	\$1,400.26
Individual + Child(ren)	\$1,190.22
Family	\$1,995.37

Plan Name	Not Offered
Contract Code	Not Offered

Enhanced Embedded Dental and Vision Premium	
Individual	Not Offered
Individual + Spouse	Not Offered
Individual + Child(ren)	Not Offered
Family	Not Offered

Plan Details	
Network	Blue Access
National Access via Bluecard Program	Yes*
Gatekeeper	Yes
Formulary	Traditional Open
Creditability Coverage Status	Fail
Embedded / Non-Embedded Medical Deductible	Embedded

Plan Benefits	
INN Deductible (Ind / Fam)	\$6,500 / \$13,000
OON Deductible (Ind / Fam)	N/A
INN Coinsurance	40%
OON Coinsurance	N/A
INN Out of Pocket Max (Ind / Fam)	\$8,150 / \$16,300
OON Out of Pocket Max (Ind / Fam)	N/A
TeleHealth via LiveHealth Online	\$0
Primary Care Visit	\$50
Specialist Visit	\$80
Emergency Room	Ded / 40%
Urgent Care	\$100
Inpatient Facility	Ded / 40%
Outpatient Facility	Ded / 40%
Preferred Lab	\$50
INN Lab (Office; Outpatient)	Ded / 40%
INN X-Ray (Office; Outpatient)	Ded / 40%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded / 40%
Rx Deductible (Tier 2 / 3)	T2-3: Med ded
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$60 / 50% to \$500

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