



Q3 2021 New York Small Group Plans | Albany

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

Plan Name	Empire Platinum EPO 5/0%/3000	Empire Platinum Blue Access EPO 5/0%/3000	Empire Platinum EPO 20/0%/2750	Empire Platinum Blue Access EPO 20/0%/2750	Empire Platinum Blue Access GEPO 250/10%/3000	Empire Gold EPO 25/0%/7000	Empire Gold Blue Access EPO 25/0%/7000	Empire Gold Blue Access EPO 25/10%/7000	Empire Gold Healthy New York Blue Access GEPO 600/0%/4000
Contract Code	5RAV	5RSW	5QZT	5QQD	5QZK	5RC9	5RCR	5RDP	5R6M

Premium									
Individual	\$957.73	\$861.98	\$949.05	\$854.21	\$810.47	\$856.36	\$770.86	\$769.79	\$639.31
Individual + Spouse	\$1,915.46	\$1,723.96	\$1,898.10	\$1,708.42	\$1,620.94	\$1,712.72	\$1,541.72	\$1,539.58	\$1,278.62
Individual + Child(ren)	\$1,628.14	\$1,465.37	\$1,613.39	\$1,452.16	\$1,377.80	\$1,455.81	\$1,310.46	\$1,308.64	\$1,086.83
Family	\$2,729.53	\$2,456.64	\$2,704.79	\$2,434.50	\$2,309.84	\$2,440.63	\$2,196.95	\$2,193.90	\$1,822.03

Plan Name	Empire Platinum EPO 5/0%/3000 WH	Not Offered	Empire Platinum EPO 20/0%/2750 WH	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code	5RBK		5ROH						

Enhanced Embedded Dental and Vision Premium									
Individual	\$978.81		\$970.13						
Individual + Spouse	\$1,957.62		\$1,940.26						
Individual + Child(ren)	\$1,663.98		\$1,649.22						
Family	\$2,789.61		\$2,764.87						

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

Plan Benefits									
INN Deductible (Ind / Fam)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$250/\$750	\$0/\$0	\$0/\$0	\$0/\$0	\$600/\$1200
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	-	-
INN Coinsurance	0%	0%	0%	0%	10%	0%	0%	10%	0%
OON Coinsurance	-	-	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3000/\$6000	\$3000/\$6000	\$2750/\$5500	\$2750/\$5500	\$3000/\$6000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$4000/\$8000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-	-	-
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Ded, then \$25
Primary Care Visit	\$5	\$5	\$20	\$20	\$15	\$25	\$25	\$25	Ded, then \$25
Specialist Visit	\$25	\$25	\$40	\$40	\$35	\$50	\$50	\$50	Ded, then \$40
Emergency Room	\$200	\$200	\$200	\$200	Ded, then \$250	\$750	\$750	\$750	Ded, then \$150
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$100	\$100	\$100	Ded, then \$60
Inpatient Facility	\$350	\$350	\$400	\$400	Ded, then 10%	\$400/day up to 4d	\$400/day up to 4d	\$400/day up to 4d	Ded, then 1000
Outpatient Facility	\$100	\$100	\$200	\$200	Ded, then \$100	\$250	\$250	\$250	Ded, then \$100
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Ded then \$25
INN Lab (Office; Outpatient)	\$0 / \$125	\$0 / \$125	\$0 / \$125	\$0 / \$125	Ded, 10% / Ded, 10%	\$0 / \$125	\$0 / \$125	\$0 / \$125	Ded, \$25 / Ded, \$40
INN X-Ray (Office; Outpatient)	\$5 / 25%	\$5 / 25%	\$20 / 25%	\$20 / 25%	Ded, \$15 / Ded, \$100	\$25 / 25%	\$25 / 25%	\$25 / 25%	Ded, \$25 / Ded, \$40
INN Adv Diagnostic Imaging (Office; Outpatient)	\$25 / 25%	\$25 / 25%	\$40 / 25%	\$40 / 25%	Ded, \$35 / Ded, \$100	\$50 / 25%	\$50 / 25%	\$50 / 25%	Ded, \$40 / Ded, \$40
Rx Deductible	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	NA
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	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.

Rx Copay (Tier 1/2/3)*** Connection copayments cost shares for non preferred (NP) provider pharmacies are \$10 higher than copayments at preferred (P) pharmacies.

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Plan Name	Empire Gold EPO 750/10%/6250	Empire Gold Blue Access EPO 750/10%/6250	Empire Gold Blue Access GEPO 1000/0%/6000	Empire Gold EPO 1250/10%/8000	Empire Gold Blue Access EPO 1250/10%/8000	Empire Gold EPO 1250/20%/5000	Empire Gold Blue Access EPO 1250/20%/5000	Empire Gold Blue Access EPO 1400/0%/3300 w/HSA	Empire Gold EPO 1750/10%/4500 w/HSA
Contract Code	5QXP	5RRQ	5REM	5RFK	5RNW	5RGH	5QT7	5RKT	5QUM

Premium	Empire Gold EPO 750/10%/6250	Empire Gold Blue Access EPO 750/10%/6250	Empire Gold Blue Access GEPO 1000/0%/6000	Empire Gold EPO 1250/10%/8000	Empire Gold Blue Access EPO 1250/10%/8000	Empire Gold EPO 1250/20%/5000	Empire Gold Blue Access EPO 1250/20%/5000	Empire Gold Blue Access EPO 1400/0%/3300 w/HSA	Empire Gold EPO 1750/10%/4500 w/HSA
Individual	\$816.83	\$735.23	\$714.97	\$805.59	\$725.06	\$808.73	\$727.95	\$710.75	\$767.64
Individual + Spouse	\$1,633.66	\$1,470.46	\$1,429.94	\$1,611.18	\$1,450.12	\$1,617.46	\$1,455.90	\$1,421.50	\$1,535.28
Individual + Child(ren)	\$1,388.61	\$1,249.89	\$1,215.45	\$1,369.50	\$1,232.60	\$1,374.84	\$1,237.52	\$1,208.28	\$1,304.99
Family	\$2,327.97	\$2,095.41	\$2,037.66	\$2,295.93	\$2,066.42	\$2,304.88	\$2,074.66	\$2,025.64	\$2,187.77

Plan Name	Empire Gold EPO 750/10%/6250 WH	Empire Gold Blue Access EPO 750/10%/6250 WH	Not Offered	Empire Gold EPO 1250/10%/8000 WH	Not Offered	Empire Gold EPO 1250/20%/5000 WH	Not Offered	Not Offered	Empire Gold EPO 1750/10%/4500 w/HSA WH
Contract Code	5QY5	5RRG		5RG1		5RGZ			5QV3

Enhanced Embedded Dental and Vision Premium	Empire Gold EPO 750/10%/6250 WH	Empire Gold Blue Access EPO 750/10%/6250 WH	Not Offered	Empire Gold EPO 1250/10%/8000 WH	Not Offered	Empire Gold EPO 1250/20%/5000 WH	Not Offered	Not Offered	Empire Gold EPO 1750/10%/4500 w/HSA WH
Individual	\$838.17	\$754.74		\$826.92		\$830.06			\$788.97
Individual + Spouse	\$1,676.34	\$1,509.48		\$1,653.84		\$1,660.12			\$1,577.94
Individual + Child(ren)	\$1,424.89	\$1,283.06		\$1,405.76		\$1,411.10			\$1,341.25
Family	\$2,388.78	\$2,151.01		\$2,356.72		\$2,365.67			\$2,248.56

Plan Details	Empire Gold EPO 750/10%/6250 WH	Empire Gold Blue Access EPO 750/10%/6250 WH	Not Offered	Empire Gold EPO 1250/10%/8000 WH	Not Offered	Empire Gold EPO 1250/20%/5000 WH	Not Offered	Not Offered	Empire Gold EPO 1750/10%/4500 w/HSA WH
Network	PPO / EPO	Blue Access	Blue Access	PPO / EPO	Blue Access	PPO / EPO	Blue Access	Blue Access	PPO / EPO
National Access via Bluecard Program	Yes	Yes	Yes*	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	Yes	No	No	No	No	No	No
Formulary	Traditional Open	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	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Not Embedded	Not Embedded

Plan Benefits	Empire Gold EPO 750/10%/6250 WH	Empire Gold Blue Access EPO 750/10%/6250 WH	Not Offered	Empire Gold EPO 1250/10%/8000 WH	Not Offered	Empire Gold EPO 1250/20%/5000 WH	Not Offered	Not Offered	Empire Gold EPO 1750/10%/4500 w/HSA WH
INN Deductible (Ind / Fam)	\$750/\$2250	\$750/\$2250	\$1000/\$3000	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1400/\$2800	\$1750/\$3500
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	-	-
INN Coinsurance	10%	10%	0%	10%	10%	20%	20%	0%	10%
OON Coinsurance	-	-	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$6250/\$12500	\$6250/\$12500	\$6000/\$12000	\$8000/\$16000	\$8000/\$16000	\$5000/\$10000	\$5000/\$10000	\$3300/\$6600	\$4500/\$9000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-	-	-
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Ded/0%	Ded/0%
Primary Care Visit	\$50	\$50	\$30	\$15	\$15	\$25	\$25	Ded, then \$15	Ded, then 10%
Specialist Visit	\$50	\$50	\$60	\$35	\$35	\$40	\$40	Ded, then \$30	Ded, then 10%
Emergency Room	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$400	Ded, then \$400	Ded, then \$300	Ded, then 10%
Urgent Care	\$100	\$100	\$75	\$75	\$75	\$75	\$75	Ded, then \$30	Ded, then 10%
Inpatient Facility	Ded, then 10%	Ded, then 10%	Ded, then 0%	Ded, then 10%	Ded, then 10%	Ded, then 20%	Ded, then 20%	Ded, then \$800	Ded, then 10%
Outpatient Facility	Ded, then \$300	Ded, then \$300	Ded, then \$250	Ded, then \$300	Ded, then \$300	Ded, then \$250	Ded, then \$250	Ded, then \$300	Ded, then 10%
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient)	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 0% / Ded, 0%	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 20% / Ded, 20%	Ded, 20% / Ded, 20%	Ded, \$15 / Ded, \$300	Ded, 10% / Ded, 10%
INN X-Ray (Office; Outpatient)	Ded, \$50 / Ded, \$300	Ded, \$50 / Ded, \$300	Ded, \$30 / Ded, \$250	Ded, \$15 / Ded, \$300	Ded, \$15 / Ded, \$300	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, \$15 / Ded, \$300	Ded, 10% / Ded, 10%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, \$50 / Ded, \$300	Ded, \$50 / Ded, \$300	Ded, \$60 / Ded, \$250	Ded, \$35 / Ded, \$300	Ded, \$35 / Ded, \$300	Ded, \$40 / Ded, \$250	Ded, \$40 / Ded, \$250	Ded, \$30 / Ded, \$300	Ded, 10% / Ded, 10%
Rx Deductible	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Med Ded	Med Ded
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	10/35/70

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Rx Copay (Tier 1/2/3)*** Connection copayments cost shares for non preferred (NP) provider pharmacies are \$10 higher than copayments at preferred (P) pharmacies.

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Plan Name	Empire Gold Blue Access EPO 1750/10%/4500 w/HSA	Empire Gold EPO 2000/30%/7500	Empire Gold Blue Access EPO 2000/30%/7500	Empire Silver EPO 2000/20%/6600 w/HSA	Empire Silver Blue Access EPO 2000/20%/6600 w/HSA	Empire Silver EPO 2000/30%/8400	Empire Silver Blue Access EPO 2000/30%/8400	Empire Silver EPO 2500/50%/8500	Empire Silver Blue Access EPO 2500/50%/8500
Contract Code	5RSN	5R2V	5R1X	5QRK	5QS9	5R73	5R7K	5R3T	5R3B

Premium	Empire Gold Blue Access EPO 1750/10%/4500 w/HSA	Empire Gold EPO 2000/30%/7500	Empire Gold Blue Access EPO 2000/30%/7500	Empire Silver EPO 2000/20%/6600 w/HSA	Empire Silver Blue Access EPO 2000/20%/6600 w/HSA	Empire Silver EPO 2000/30%/8400	Empire Silver Blue Access EPO 2000/30%/8400	Empire Silver EPO 2500/50%/8500	Empire Silver Blue Access EPO 2500/50%/8500
Individual	\$690.91	\$764.91	\$688.51	\$693.64	\$624.35	\$698.76	\$628.98	\$695.54	\$626.00
Individual + Spouse	\$1,381.82	\$1,529.82	\$1,377.02	\$1,387.28	\$1,248.70	\$1,397.52	\$1,257.96	\$1,391.08	\$1,252.00
Individual + Child(ren)	\$1,174.55	\$1,300.35	\$1,170.47	\$1,179.19	\$1,061.40	\$1,187.89	\$1,069.27	\$1,182.42	\$1,064.20
Family	\$1,969.09	\$2,179.99	\$1,962.25	\$1,976.87	\$1,779.40	\$1,991.47	\$1,792.59	\$1,982.29	\$1,784.10

Plan Name	Empire Gold Blue Access EPO 1750/10%/4500 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Silver Blue Access EPO 2000/20%/6600 w/HSA WH	Not Offered	Not Offered	Empire Silver EPO 2500/50%/8500 WH	Not Offered
Contract Code	5RSE				5QSR			5R4H	

Enhanced Embedded Dental and Vision Premium	Empire Gold Blue Access EPO 1750/10%/4500 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Silver Blue Access EPO 2000/20%/6600 w/HSA WH	Not Offered	Not Offered	Empire Silver EPO 2500/50%/8500 WH	Not Offered
Individual	\$710.50				\$643.94			\$716.87	
Individual + Spouse	\$1,421.00				\$1,287.88			\$1,433.74	
Individual + Child(ren)	\$1,207.85				\$1,094.70			\$1,218.68	
Family	\$2,024.93				\$1,835.23			\$2,043.08	

Plan Details	Empire Gold Blue Access EPO 1750/10%/4500 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Silver Blue Access EPO 2000/20%/6600 w/HSA WH	Not Offered	Not Offered	Empire Silver EPO 2500/50%/8500 WH	Not Offered
Network	Blue Access	PPO / EPO	Blue Access	PPO / EPO	Blue Access	PPO / EPO	Blue Access	PPO / EPO	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	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	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Not Embedded	Embedded	Embedded	Not Embedded	Not Embedded	Embedded	Embedded	Embedded	Embedded

Plan Benefits	Empire Gold Blue Access EPO 1750/10%/4500 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Silver Blue Access EPO 2000/20%/6600 w/HSA WH	Not Offered	Not Offered	Empire Silver EPO 2500/50%/8500 WH	Not Offered
INN Deductible (Ind / Fam)	\$1750/\$3500	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2500/\$5000	\$2500/\$5000
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	-	-
INN Coinsurance	10%	30%	30%	20%	20%	30%	30%	50%	50%
OON Coinsurance	-	-	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$4500/\$9000	\$7500/\$15000	\$7500/\$15000	\$6600/\$13200	\$6600/\$13200	\$8400/\$16800	\$8400/\$16800	\$8500/\$17000	\$8500/\$17000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-	-	-
TeleHealth via LiveHealth Online	Ded/0%	\$0	\$0	Ded/0%	Ded/0%	\$0	\$0	\$0	\$0
Primary Care Visit	Ded, then 10%	\$25	\$25	Ded, then \$25	Ded, then \$25	\$35/3vis; Ded; 30%	\$35/3vis; Ded; 30%	\$40	\$40
Specialist Visit	Ded, then 10%	\$55	\$55	Ded, then \$50	Ded, then \$50	\$35/3vis; Ded; 30%	\$35/3vis; Ded; 30%	\$70	\$70
Emergency Room	Ded, then 10%	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$1000	Ded, then \$1000	Ded, then \$500	Ded, then \$500
Urgent Care	Ded, then 10%	\$75	\$75	Ded, then \$75	Ded, then \$75	Ded, then \$75	Ded, then \$75	\$75	\$75
Inpatient Facility	Ded, then 10%	Ded, then 30%	Ded, then 30%	Ded, \$500/day till 4d	Ded, \$500/day till 4d	Ded, then 30%	Ded, then 30%	Ded, then 50%	Ded, then 50%
Outpatient Facility	Ded, then 10%	Ded, then \$145	Ded, then \$145	Ded, then \$250	Ded, then \$250	Ded, then 30%	Ded, then 30%	Ded, then \$350	Ded, then \$350
Preferred Lab / Preferred Office Lab	Ded, then \$0	\$0	\$0	Ded, then \$0	Ded, then \$0	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient)	Ded, 10% / Ded, 10%	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%
INN X-Ray (Office; Outpatient)	Ded, 10% / Ded, 10%	Ded, \$25 / Ded, \$145	Ded, \$25 / Ded, \$145	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, \$40 / Ded, \$350	Ded, \$40 / Ded, \$350
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, 10% / Ded, 10%	Ded, \$55 / Ded, \$145	Ded, \$55 / Ded, \$145	Ded, \$50 / Ded, \$250	Ded, \$50 / Ded, \$250	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, \$70 / Ded, \$350	Ded, \$70 / Ded, \$350
Rx Deductible	Med Ded	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Med Ded	Med Ded	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200
Rx Copay (Tier 1 / 2 / 3)***	10/35/70	10/35/70	10/35/70	10/35/90	10/35/90	10/50/90	10/50/90	10/35/90	10/35/90

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Plan Name	Empire Silver EPO 2800/0%/7000 w/HSA	Empire Silver EPO 2800/30%/7000 w/HSA	Empire Silver Blue Access EPO 2800/0%/7000 w/HSA	Empire Silver Blue Access EPO 2800/30%/7000 w/HSA	Empire Silver PPO 2800/0%/7000 w/HSA	Empire Silver Blue Access EPO 3000/45%/8550	Empire Silver EPO 3250/0%/8550	Empire Silver Blue Access GEPO 4000/50%/8500	Empire Bronze EPO 6600/35%/7000 w/HSA
Contract Code	5RHX	5R89	5RJV	5RTC	5RJ5	5QW9	5QWR	5R1F	5R97

Premium	5RHX	5R89	5RJV	5RTC	5RJ5	5QW9	5QWR	5R1F	5R97
Individual	\$688.01	\$664.37	\$619.30	\$598.05	\$838.25	\$625.59	\$694.88	\$602.19	\$596.07
Individual + Spouse	\$1,376.02	\$1,328.74	\$1,238.60	\$1,196.10	\$1,676.50	\$1,251.18	\$1,389.76	\$1,204.38	\$1,192.14
Individual + Child(ren)	\$1,169.62	\$1,129.43	\$1,052.81	\$1,016.69	\$1,425.03	\$1,063.50	\$1,181.30	\$1,023.72	\$1,013.32
Family	\$1,960.83	\$1,893.45	\$1,765.01	\$1,704.44	\$2,389.01	\$1,782.93	\$1,980.41	\$1,716.24	\$1,698.80

Plan Name	Empire Silver EPO 2800/0%/7000 w/HSA WH	Empire Silver EPO 2800/30%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Empire Bronze EPO 6600/35%/7000 w/HSA WH
Contract Code	5RKB	5R8R							5RA5

Enhanced Embedded Dental and Vision Premium	5RKB	5R8R							5RA5
Individual	\$709.35	\$685.78							\$617.73
Individual + Spouse	\$1,418.70	\$1,371.56							\$1,235.46
Individual + Child(ren)	\$1,205.90	\$1,165.83							\$1,050.14
Family	\$2,021.65	\$1,954.47							\$1,760.53

Plan Details	5RKB	5R8R							5RA5
Network	PPO / EPO	PPO / EPO	Blue Access	Blue Access	PPO / EPO	Blue Access	PPO / EPO	Blue Access	PPO / EPO
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	Yes
Gatekeeper	No	No	No	No	No	No	No	Yes	No
Formulary	Traditional Open	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	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded

Plan Benefits	5RKB	5R8R							5RA5
INN Deductible (Ind / Fam)	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600	\$3000/\$6000	\$3250/\$6500	\$4000/\$8000	\$6600/\$13200
OON Deductible (Ind / Fam)	-	-	-	-	\$7000/\$14000	-	-	-	-
INN Coinsurance	0%	30%	0%	30%	0%	45%	40%	50%	35%
OON Coinsurance	-	-	-	-	30%	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$8550/\$17100	\$8550/\$17100	\$8500/\$17000	\$7000/\$14000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	\$17500/\$35000	-	-	-	-
TeleHealth via LiveHealth Online	Ded/0%	Ded/0%	Ded/0%	Ded/0%	Ded/0%	\$0	\$0	\$0	Ded/0%
Primary Care Visit	Ded, then \$30	Ded, then 30%	Ded, then \$30	Ded, then 30%	Ded, then \$30	\$25	\$25	\$25	Ded, then 35%
Specialist Visit	Ded, then \$60	Ded, then 30%	Ded, then \$60	Ded, then 30%	Ded, then \$60	\$75	\$75	\$50	Ded, then 35%
Emergency Room	Ded, then \$300	Ded, then 30%	Ded, then \$300	Ded, then 30%	Ded, then \$300	Ded, then \$550	Ded, then \$550	Ded, then \$500	Ded, then 50%
Urgent Care	Ded, then \$50	Ded, then 30%	Ded, then \$50	Ded, then 30%	Ded, then \$50	\$80	\$80	\$80	Ded, then 35%
Inpatient Facility	Ded, then 1000	Ded, then 30%	Ded, then 1000	Ded, then 30%	Ded, then 1000	Ded, then 45%	Ded, then 40%	Ded, then 50%	Ded, then 35%
Outpatient Facility	Ded, then \$200	Ded, then 30%	Ded, then \$200	Ded, then 30%	Ded, then \$200	Ded, then \$250	Ded, then \$250	Ded, then \$250	Ded, then 35%
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	\$0	\$0	\$0	Ded, then \$0
INN Lab (Office; Outpatient)	Ded, \$30 / Ded, \$200	Ded, 30% / Ded, 30%	Ded, \$30 / Ded, \$200	Ded, 30% / Ded, 30%	Ded, \$30 / Ded, \$200	Ded, 45% / Ded, 45%	Ded, 40% / Ded, 40%	Ded, 50% / Ded, 50%	Ded, 35% / Ded, 35%
INN X-Ray (Office; Outpatient)	Ded, \$30 / Ded, \$200	Ded, 30% / Ded, 30%	Ded, \$30 / Ded, \$200	Ded, 30% / Ded, 30%	Ded, \$30 / Ded, \$200	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, 35% / Ded, 35%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, \$60 / Ded, \$200	Ded, 30% / Ded, 30%	Ded, \$60 / Ded, \$200	Ded, 30% / Ded, 30%	Ded, \$60 / Ded, \$200	Ded, \$75 / Ded, \$250	Ded, \$75 / Ded, \$250	Ded, \$50 / Ded, \$250	Ded, 35% / Ded, 35%
Rx Deductible	Med Ded	Med Ded	Med Ded	Med Ded	Med Ded	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Med Ded
Rx Copay (Tier 1 / 2 / 3)***	10/35/90	10/35/90	10/35/90	10/35/90	10/35/90	10/35/90	10/35/90	10/35/90	35/50/90

* 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.

Rx Copay (Tier 1/2/3)*** Connection copayments cost shares for non preferred (NP) provider pharmacies are \$10 higher than copayments at preferred (P) pharmacies.

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.



Q3 2021 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 Bronze Blue Access EPO 6600/35%/7000 w/HSA	Empire Bronze Blue Access EPO 7000/0%/7000 w/HSA	Empire Bronze Blue Access EPO 8500/0%/8500	Empire Bronze Blue Access GEPO 8550/0%/8550 50
Contract Code	5R9P	5R81	5R5P	5S2D

Premium				
Individual	\$536.54	\$533.89	\$507.35	\$512.06
Individual + Spouse	\$1,073.08	\$1,067.78	\$1,014.70	\$1,024.12
Individual + Child(ren)	\$912.12	\$907.61	\$862.50	\$870.50
Family	\$1,529.14	\$1,521.59	\$1,445.95	\$1,459.37

Plan Name	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code				

Enhanced Embedded Dental and Vision Premium				
Individual				
Individual + Spouse				
Individual + Child(ren)				
Family				

Plan Details				
Network	Blue Access	Blue Access	Blue Access	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes	Yes*
Gatekeeper	No	No	No	Yes
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Fail	Fail	Fail	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded

Plan Benefits				
INN Deductible (Ind / Fam)	\$6600/\$13200	\$7000/\$14000	\$8500/\$17000	\$8550/\$17100
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	35%	0%	0%	0%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7000/\$14000	\$7000/\$14000	\$8500/\$17000	\$8550/\$17100
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
TeleHealth via LiveHealth Online	Ded/0%	Ded/0%	Ded/0%	\$0
Primary Care Visit	Ded, then 35%	Ded, then 0%	Ded, then 0%	\$50
Specialist Visit	Ded, then 35%	Ded, then 0%	Ded, then 0%	\$100
Emergency Room	Ded, then 50%	Ded, then 0%	Ded, then 0%	Ded, then 0%
Urgent Care	Ded, then 35%	Ded, then 0%	Ded, then 0%	Ded, then 0%
Inpatient Facility	Ded, then 35%	Ded, then 0%	Ded, then 0%	Ded, then 0%
Outpatient Facility	Ded, then 35%	Ded, then 0%	Ded, then 0%	Ded, then 0%
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	Ded, then \$0	\$0
INN Lab (Office; Outpatient)	Ded, 35% / Ded, 35%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%
INN X-Ray (Office; Outpatient)	Ded, 35% / Ded, 35%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, 35% / Ded, 35%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%
Rx Deductible	Med Ded	Med Ded	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)***	35/50/90	0/0/0	0/0/0	0/0/0