



Q1 2022 New York Small Group Plans | New York City

Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

The Whole Health Company

| Plan Name | Empire Platinum EPO 5/0%/3500 | Empire Platinum Blue Access EPO 5/0%/3500 | Empire Platinum PPO 5/0%/4150 | Empire Platinum Connection EPO 15/0%/3200 | Empire Platinum PPO 20/0%/3150 | Empire Platinum EPO 20/0%/3150 | Empire Platinum Blue Access EPO 20/0%/3150 | Empire Platinum Connection EPO 20/0%/3150 |
|---------------|-------------------------------|---|-------------------------------|---|--------------------------------|--------------------------------|--|---|
| Contract Code | 68V7 | 68W5 | 682P | 688B | 68AD | 68A5 | 689F | 683W |

| Premium | Empire Platinum EPO 5/0%/3500 | Empire Platinum Blue Access EPO 5/0%/3500 | Empire Platinum PPO 5/0%/4150 | Empire Platinum Connection EPO 15/0%/3200 | Empire Platinum PPO 20/0%/3150 | Empire Platinum EPO 20/0%/3150 | Empire Platinum Blue Access EPO 20/0%/3150 | Empire Platinum Connection EPO 20/0%/3150 |
|-------------------------|-------------------------------|---|-------------------------------|---|--------------------------------|--------------------------------|--|---|
| Individual | \$1,332.33 | \$1,225.82 | \$1,657.59 | \$1,099.75 | \$1,660.64 | \$1,319.79 | \$1,214.23 | \$1,104.79 |
| Individual + Spouse | \$2,664.66 | \$2,451.64 | \$3,315.18 | \$2,199.50 | \$3,321.28 | \$2,639.58 | \$2,428.46 | \$2,209.58 |
| Individual + Child(ren) | \$2,264.96 | \$2,083.89 | \$2,817.90 | \$1,869.58 | \$2,823.09 | \$2,243.64 | \$2,064.19 | \$1,878.14 |
| Family | \$3,797.14 | \$3,493.59 | \$4,724.13 | \$3,134.29 | \$4,732.82 | \$3,761.40 | \$3,460.56 | \$3,148.65 |

| Plan Name | Empire Platinum EPO 5/0%/3500 WH | Not Offered | Empire Platinum PPO 5/0%/4150 WH | Empire Platinum Connection EPO 15/0%/3200 WH | Empire Platinum PPO 20/0%/3150 WH | Empire Platinum EPO 20/0%/3150 WH | Not Offered | Empire Platinum Connection EPO 20/0%/3150 WH |
|---------------|----------------------------------|-------------|----------------------------------|--|-----------------------------------|-----------------------------------|-------------|--|
| Contract Code | 68VP | | 682X | 688K | 6883 | 68AV | | 6845 |

| Enhanced Embedded Dental and Vision Premium | Empire Platinum EPO 5/0%/3500 WH | Not Offered | Empire Platinum PPO 5/0%/4150 WH | Empire Platinum Connection EPO 15/0%/3200 WH | Empire Platinum PPO 20/0%/3150 WH | Empire Platinum EPO 20/0%/3150 WH | Not Offered | Empire Platinum Connection EPO 20/0%/3150 WH |
|---|----------------------------------|-------------|----------------------------------|--|-----------------------------------|-----------------------------------|-------------|--|
| Individual | \$1,359.63 | | \$1,684.89 | \$1,123.54 | \$1,687.94 | \$1,347.09 | | \$1,128.57 |
| Individual + Spouse | \$2,719.26 | | \$3,369.78 | \$2,247.08 | \$3,375.88 | \$2,694.18 | | \$2,257.14 |
| Individual + Child(ren) | \$2,311.37 | | \$2,864.31 | \$1,910.02 | \$2,869.50 | \$2,290.05 | | \$1,918.57 |
| Family | \$3,874.95 | | \$4,801.94 | \$3,202.09 | \$4,810.63 | \$3,839.21 | | \$3,216.42 |

| Plan Details | Empire Platinum EPO 5/0%/3500 WH | Not Offered | Empire Platinum PPO 5/0%/4150 WH | Empire Platinum Connection EPO 15/0%/3200 WH | Empire Platinum PPO 20/0%/3150 WH | Empire Platinum EPO 20/0%/3150 WH | Not Offered | Empire Platinum Connection EPO 20/0%/3150 WH |
|--|----------------------------------|------------------|----------------------------------|--|-----------------------------------|-----------------------------------|------------------|--|
| Network | PPO/EPO | Blue Access | PPO/EPO | Connection | PPO/EPO | PPO/EPO | Blue Access | Connection |
| National Access via Bluecard Program | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Gatekeeper | No | No | No | No | No | No | No | No |
| Rx Network | Base Rx | Base Rx | Base Rx | Advantage Rx | Base Rx | Base Rx | Base Rx | Advantage Rx |
| Formulary | Traditional Open | Traditional Open | Traditional Open | Select | Traditional Open | Traditional Open | Traditional Open | Select |
| 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%/3500 WH | Not Offered | Empire Platinum PPO 5/0%/4150 WH | Empire Platinum Connection EPO 15/0%/3200 WH | Empire Platinum PPO 20/0%/3150 WH | Empire Platinum EPO 20/0%/3150 WH | Not Offered | Empire Platinum Connection EPO 20/0%/3150 WH |
|--|----------------------------------|--------------------------|----------------------------------|--|-----------------------------------|-----------------------------------|--------------------------|--|
| INN Deductible (Ind / Fam) | \$0/\$0 | \$0/\$0 | \$0/\$0 | \$0/\$0 | \$0/\$0 | \$0/\$0 | \$0/\$0 | \$0/\$0 |
| OON Deductible (Ind / Fam) | - | - | \$4,000/\$8000 | - | \$4,000/\$8000 | - | - | - |
| INN Coinsurance | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| OON Coinsurance | - | - | 30% | - | 30% | - | - | - |
| INN Out of Pocket Max (Ind / Fam) | \$3500/\$7000 | \$3500/\$7000 | \$4150/\$8300 | \$3200/\$6400 | \$3150/\$6300 | \$3150/\$6300 | \$3150/\$6300 | \$3150/\$6300 |
| OON Out of Pocket Max (Ind / Fam) | - | - | \$8,300/\$16600 | - | \$6,300/\$12600 | - | - | - |
| Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO | \$0/\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 |
| Primary Care Visit | \$5 | \$5 | \$5 | \$15 | \$20 | \$20 | \$20 | \$20 |
| Specialist Visit | \$25 | \$25 | \$25 | \$30 | \$40 | \$40 | \$40 | \$40 |
| Emergency Room | \$250 | \$250 | \$250 | \$300 | \$250 | \$250 | \$250 | \$250 |
| Urgent Care | \$75 | \$75 | \$75 | \$50 | \$50 | \$50 | \$50 | \$50 |
| Inpatient Facility | \$400 | \$400 | \$400 | \$1,000 | \$500 | \$500 | \$500 | \$500 |
| Outpatient Facility | \$150 | \$150 | \$300 | \$500 | \$350 | \$350 | \$350 | \$350 |
| Preferred Lab / Preferred Office Lab | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| INN Lab (Office; Outpatient Hospital) | \$0 / \$10 | \$0 / \$10 | \$0 / \$10 | \$0 / \$10 | \$0 / \$10 | \$0 / \$10 | \$0 / \$10 | \$0 / \$10 |
| INN X-Ray (Office; Outpatient Hospital) | \$50 / \$150 | \$50 / \$150 | \$50 / \$150 | \$50 / \$150 | \$50 / \$150 | \$50 / \$150 | \$50 / \$150 | \$50 / \$150 |
| INN Adv Diagnostic Imaging (Office; Outpatient Hospital) | \$150 / \$250 | \$150 / \$250 | \$150 / \$250 | \$150 / \$250 | \$150 / \$250 | \$150 / \$250 | \$150 / \$250 | \$150 / \$250 |
| 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 |
| 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 |

* Healthy New York plans using Blue Access network are not intended for those residing outside of the New York service area, as PCP selection needs to be in the Empire service area. The BlueCard Program is administered by the Blue Cross Blue Shield

** 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., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

**** Empire Link Products require a PCP Selection. PCP must be selected within the Empire Service Area.

***** Medical Chat is only available through KHealth



Q1 2022 New York Small Group Plans | New York City

Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

The Whole Health Company

| Plan Name | Empire Platinum Blue Access EPO 200/10%/3200 | Empire Platinum Connection EPO 200/10%/3200 | Empire Link Platinum Connection EPO 400/20%/2250 | Empire Gold EPO 25/0%/8500 | Empire Gold Blue Access EPO 25/0%/8500 | Empire Gold Connection EPO 25/0%/8500 | Empire Gold Healthy New York Blue Access GEPO 600/0%/4000 | Empire Gold EPO 1000/10%/6750 |
|---------------|--|---|--|----------------------------|--|---------------------------------------|---|-------------------------------|
| Contract Code | 68G1 | 68SE | 67ZG | 68WD | 68WV | 683E | 68SV | 687S |

| Premium | 68G1 | 68SE | 67ZG | 68WD | 68WV | 683E | 68SV | 687S |
|-------------------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Individual | \$1,199.81 | \$1,091.67 | \$1,080.53 | \$1,186.92 | \$1,092.02 | \$993.36 | \$911.23 | \$1,144.74 |
| Individual + Spouse | \$2,399.62 | \$2,183.34 | \$2,161.06 | \$2,373.84 | \$2,184.04 | \$1,986.72 | \$1,822.46 | \$2,289.48 |
| Individual + Child(ren) | \$2,039.68 | \$1,855.84 | \$1,836.90 | \$2,017.76 | \$1,856.43 | \$1,688.71 | \$1,549.09 | \$1,946.06 |
| Family | \$3,419.46 | \$3,111.26 | \$3,079.51 | \$3,382.72 | \$3,112.26 | \$2,831.08 | \$2,597.01 | \$3,262.51 |

| Plan Name | Not Offered | Empire Platinum Connection EPO 200/10%/3200 WH | Not Offered | Not Offered | Not Offered | Empire Gold Connection EPO 25/0%/8500 WH | Not Offered | Empire Gold EPO 1000/10%/6750 WH |
|---------------|-------------|--|-------------|-------------|-------------|--|-------------|----------------------------------|
| Contract Code | | 685N | | | | 683N | | 688F |

| Enhanced Embedded Dental and Vision Premium | 685N | 683N | 688F |
|---|------------|------------|------------|
| Individual | \$1,115.69 | \$1,017.15 | \$1,172.28 |
| Individual + Spouse | \$2,231.38 | \$2,034.30 | \$2,344.56 |
| Individual + Child(ren) | \$1,896.67 | \$1,729.16 | \$1,992.88 |
| Family | \$3,179.72 | \$2,898.88 | \$3,341.00 |

| Plan Details | Blue Access | Connection | Connection | PPO/EPO | Blue Access | Connection | Blue Access | PPO/EPO |
|--|------------------|--------------|--------------|------------------|------------------|--------------|-------------|------------------|
| Network | Blue Access | Connection | Connection | PPO/EPO | Blue Access | Connection | Blue Access | PPO/EPO |
| National Access via Bluecard Program | Yes | Yes | Yes | Yes | Yes | Yes | Yes* | Yes |
| Gatekeeper | No | No | No | No | No | No | Yes | No |
| Rx Network | Base Rx | Advantage Rx | Advantage Rx | Base Rx | Base Rx | Advantage Rx | Base Rx | Base Rx |
| Formulary | Traditional Open | Select | Select | Traditional Open | Traditional Open | Select | Select | 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 | 68G1 | 68SE | 67ZG | 68WD | 68WV | 683E | 68SV | 687S |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|
| INN Deductible (Ind / Fam) | \$200/\$400 | \$200/\$400 | \$400/\$800 | \$0/\$0 | \$0/\$0 | \$0/\$0 | \$600/\$1200 | \$1000/\$2000 |
| OON Deductible (Ind / Fam) | - | - | - | - | - | - | - | - |
| INN Coinsurance | 10% | 10% | 20% | 0% | 0% | 0% | 0% | 10% |
| OON Coinsurance | - | - | - | - | - | - | - | - |
| INN Out of Pocket Max (Ind / Fam) | \$3200/\$6400 | \$3200/\$6400 | \$2250/\$4500 | \$8500/\$17000 | \$8500/\$17000 | \$8500/\$17000 | \$4000/\$8000 | \$6750/\$13500 |
| OON Out of Pocket Max (Ind / Fam) | - | - | - | - | - | - | - | - |
| Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO | \$0/\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 |
| Primary Care Visit | \$15 | \$15 | \$10 | \$25 | \$25 | \$25 | Ded, then \$25 | \$30 |
| Specialist Visit | \$35 | \$35 | \$40 | \$50 | \$50 | \$50 | Ded, then \$40 | \$55 |
| Emergency Room | Ded, then 10% | Ded, then 10% | Ded, then \$500 | \$750 | \$750 | \$750 | Ded, then \$150 | Ded, then \$500 |
| Urgent Care | \$50 | \$50 | \$75 | \$50 | \$50 | \$50 | Ded, then \$60 | \$60 |
| Inpatient Facility | Ded, then 10% | Ded, then 10% | Ded, then \$500 | \$500 | \$500 | \$500 | Ded, then \$1,000 | Ded, then 10% |
| Outpatient Facility | Ded, then 10% | Ded, then 10% | Ded, then \$400 | \$500 | \$500 | \$500 | Ded, then \$100 | Ded, then \$300 |
| Preferred Lab / Preferred Office Lab | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | Ded then \$25 | \$0 |
| INN Lab (Office; Outpatient Hospital) | \$20 / \$25 | \$20 / \$25 | \$40 / Ded, \$25 | \$0 / \$10 | \$0 / \$10 | \$0 / \$10 | Ded, \$40 / Ded, \$40 | \$0 / \$0 |
| INN X-Ray (Office; Outpatient Hospital) | Ded, 10% / Ded, 10% | Ded, 10% / Ded, 10% | \$50 / Ded, \$150 | \$50 / \$150 | \$50 / \$150 | \$50 / \$150 | Ded, \$40 / Ded, \$40 | Ded, \$50 / Ded, \$150 |
| INN Adv Diagnostic Imaging (Office; Outpatient Hospital) | Ded, 10% / Ded, 10% | Ded, 10% / Ded, 10% | \$150 / Ded, \$250 | \$150 / \$250 | \$150 / \$250 | \$150 / \$250 | Ded, \$40 / Ded, \$40 | Ded, \$150 / Ded, \$250 |
| Rx Deductible | Tiers 2 & 3, \$100/\$200 | Tiers 2 & 3, \$100/\$200 | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 | NA | Tiers 2 & 3, \$150/\$300 |
| Rx Copay (Tier 1 / 2 / 3) | \$10/\$35/\$70 | \$10/\$35/\$70 | \$10/\$50/\$90 | \$10/\$40/\$80 | \$10/\$40/\$80 | \$10/\$40/\$80 | \$10/\$35/\$70 | \$10/\$40/\$80 |

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The Whole Health Company

| Plan Name | Empire Gold Blue Access EPO 1000/0%/6750 | Empire Gold Connection EPO 1000/0%/6750 | Empire Gold PPO 1500/10%/5500 w/HSA | Empire Gold EPO 1500/10%/5500 w/HSA | Empire Gold Blue Access EPO 1500/10%/5500 w/HSA | Empire Link Gold Connection EPO 1500/25%/6500 | Empire Gold PPO 1500/20%/7000 | Empire Gold EPO 1750/10%/8500 |
|---------------|--|---|-------------------------------------|-------------------------------------|---|---|-------------------------------|-------------------------------|
| Contract Code | 68KT | 684E | 68DP | 68DX | 68F3 | 67ZQ | 68D7 | 68L9 |

| Plan Name | Empire Gold Blue Access EPO 1000/0%/6750 WH | Empire Gold Connection EPO 1000/0%/6750 WH | Empire Gold PPO 1500/10%/5500 w/HSA WH | Empire Gold EPO 1500/10%/5500 w/HSA WH | Empire Gold Blue Access EPO 1500/10%/5500 w/HSA WH | Not Offered | Empire Gold PPO 1500/20%/7000 WH | Empire Gold EPO 1750/10%/8500 WH |
|---------------|---|--|--|--|--|-------------|----------------------------------|----------------------------------|
| Contract Code | 688X | 684N | 68EV | 68ED | 68FB | | 68DF | 68LR |

| Plan Name | Empire Gold Blue Access EPO 1000/0%/6750 WH | Empire Gold Connection EPO 1000/0%/6750 WH | Empire Gold PPO 1500/10%/5500 w/HSA WH | Empire Gold EPO 1500/10%/5500 w/HSA WH | Empire Gold Blue Access EPO 1500/10%/5500 w/HSA WH | Not Offered | Empire Gold PPO 1500/20%/7000 WH | Empire Gold EPO 1750/10%/8500 WH |
|---------------|---|--|--|--|--|-------------|----------------------------------|----------------------------------|
| Contract Code | 688X | 684N | 68EV | 68ED | 68FB | | 68DF | 68LR |

Enhanced Embedded Dental and Vision Premium

| | | | | | | | | |
|-------------------------|------------|------------|------------|------------|------------|--|------------|------------|
| Individual | \$1,087.10 | \$989.49 | \$1,376.27 | \$1,114.28 | \$1,025.47 | | \$1,419.15 | \$1,144.86 |
| Individual + Spouse | \$2,174.20 | \$1,978.98 | \$2,752.54 | \$2,228.56 | \$2,050.94 | | \$2,838.30 | \$2,289.72 |
| Individual + Child(ren) | \$1,848.07 | \$1,682.13 | \$2,339.66 | \$1,894.28 | \$1,743.30 | | \$2,412.56 | \$1,946.26 |
| Family | \$3,098.24 | \$2,820.05 | \$3,922.37 | \$3,175.70 | \$2,922.59 | | \$4,044.58 | \$3,262.85 |

Plan Details

| Network | Blue Access | Connection | PPO/EPO | PPO/EPO | Blue Access | Connection | PPO/EPO | PPO/EPO |
|--|------------------|--------------|------------------|------------------|------------------|--------------|------------------|------------------|
| National Access via Bluecard Program | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Gatekeeper | No | No | No | No | No | No | No | No |
| Rx Network | Base Rx | Advantage Rx | Base Rx | Base Rx | Base Rx | Advantage Rx | Base Rx | Base Rx |
| Formulary | Traditional Open | Select | Traditional Open | Traditional Open | Traditional Open | Select | Traditional Open | Traditional Open |
| Creditability Coverage Status | Pass | Pass | Pass | Pass | Pass | Pass | Pass | Pass |
| Embedded / Non-Embedded Medical Deductible | Embedded | Embedded | Not Embedded | Not Embedded | Not Embedded | Embedded | Embedded | Embedded |

Plan Benefits

| | | | | | | | | |
|--|--------------------------|--------------------------|-------------------------|-------------------------|-------------------------|--------------------------|--------------------------|--------------------------|
| INN Deductible (Ind / Fam) | \$1000/\$2000 | \$1000/\$2000 | \$1500/\$3000 | \$1500/\$3000 | \$1500/\$3000 | \$1500/\$3000 | \$1500/\$3000 | \$1750/\$3500 |
| OON Deductible (Ind / Fam) | - | - | \$4,000/\$8000 | - | - | - | \$4,000/\$8000 | - |
| INN Coinsurance | 0% | 0% | 10% | 10% | 10% | 25% | 20% | 10% |
| OON Coinsurance | - | - | 30% | - | - | - | 50% | - |
| INN Out of Pocket Max (Ind / Fam) | \$6750/\$13500 | \$6750/\$13500 | \$5500/\$11000 | \$5500/\$11000 | \$5500/\$11000 | \$6500/\$13000 | \$7000/\$14000 | \$8500/\$17000 |
| OON Out of Pocket Max (Ind / Fam) | - | - | \$11,000/\$22000 | - | - | - | \$14,000/\$28000 | - |
| Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO | \$0/\$5 | \$0/\$5 | Ded, \$0/Ded,\$5 | Ded, \$0/Ded,\$5 | Ded, \$0/Ded,\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 |
| Primary Care Visit | \$30 | \$30 | Ded, then \$10 | Ded, then \$10 | Ded, then \$10 | \$10 | \$25 | \$15 |
| Specialist Visit | \$55 | \$55 | Ded, then \$50 | Ded, then \$50 | Ded, then \$50 | \$50 | \$40 | \$35 |
| Emergency Room | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 |
| Urgent Care | \$60 | \$60 | Ded, then \$100 | Ded, then \$100 | Ded, then \$100 | \$75 | \$60 | \$60 |
| Inpatient Facility | Ded, then 10% | Ded, then 10% | Ded, then \$1,000 | Ded, then \$1,000 | Ded, then \$1,000 | Ded, then \$1,500 | Ded, then 20% | Ded, then 10% |
| Outpatient Facility | Ded, then \$250 | Ded, then \$250 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$250 | Ded, then \$300 |
| Preferred Lab / Preferred Office Lab | \$0 | \$0 | Ded, then \$0 | Ded, then \$0 | Ded, then \$0 | \$0 | \$0 | \$0 |
| INN Lab (Office; Outpatient Hospital) | \$0 / \$0 | \$0 / \$0 | Ded, \$25 / Ded, \$25 | Ded, \$25 / Ded, \$25 | Ded, \$25 / Ded, \$25 | \$50 / Ded, \$25 | \$0 / \$0 | \$0 / \$0 |
| INN X-Ray (Office; Outpatient Hospital) | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 |
| INN Adv Diagnostic Imaging (Office; Outpatient Hospital) | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 |
| Rx Deductible | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 | Med Ded | Med Ded | Med Ded | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 |
| Rx Copay (Tier 1 / 2 / 3) | \$10/\$40/\$80 | \$10/\$40/\$80 | \$10/\$40/\$80 | \$10/\$40/\$80 | \$10/\$40/\$80 | \$10/\$50/\$90 | \$10/\$40/\$80 | \$10/\$40/\$80 |

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The Whole Health Company

| Plan Name | Empire Gold Blue Access EPO 1750/10%/8500 | Empire Gold EPO 1750/20%/6000 | Empire Gold Blue Access EPO 1750/20%/6000 | Empire Gold Connection EPO 1750/20%/6000 | Empire Link Gold Connection EPO 2000/20%/4000 w/HSA | Empire Link Gold Connection EPO 2250/20%/6250 | Empire Gold EPO 2250/30%/8500 | Empire Gold Blue Access EPO 2250/30%/8500 |
|---------------|---|-------------------------------|---|--|---|---|-------------------------------|---|
| Contract Code | 68MF | 68N5 | 68MP | 684W | 6819 | 67ZY | 68GZ | 68GH |

| Premium | 68MF | 68N5 | 68MP | 684W | 6819 | 67ZY | 68GZ | 68GH |
|-------------------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Individual | \$1,028.04 | \$1,120.72 | \$1,031.21 | \$937.94 | \$889.20 | \$936.30 | \$1,079.01 | \$992.78 |
| Individual + Spouse | \$2,056.08 | \$2,241.44 | \$2,062.42 | \$1,875.88 | \$1,778.40 | \$1,872.60 | \$2,158.02 | \$1,985.56 |
| Individual + Child(ren) | \$1,747.67 | \$1,905.22 | \$1,753.06 | \$1,594.50 | \$1,511.64 | \$1,591.71 | \$1,834.32 | \$1,687.73 |
| Family | \$2,929.91 | \$3,194.05 | \$2,938.95 | \$2,673.13 | \$2,534.22 | \$2,668.46 | \$3,075.18 | \$2,829.42 |

| Plan Name | Not Offered | Empire Gold EPO 1750/20%/6000 WH | Not Offered | Empire Gold Connection EPO 1750/20%/6000 WH | Not Offered | Not Offered | Not Offered | Not Offered |
|---------------|-------------|----------------------------------|-------------|---|-------------|-------------|-------------|-------------|
| Contract Code | | 68NM | | 6855 | | | | |

| Enhanced Embedded Dental and Vision Premium | 68NM | 6855 |
|---|------------|------------|
| Individual | \$1,148.38 | \$961.96 |
| Individual + Spouse | \$2,296.76 | \$1,923.92 |
| Individual + Child(ren) | \$1,952.25 | \$1,635.33 |
| Family | \$3,272.88 | \$2,741.59 |

| Plan Details | Blue Access | PPO/EPO | Blue Access | Connection | Connection | Connection | PPO/EPO | Blue Access |
|--|------------------|------------------|------------------|--------------|--------------|--------------|------------------|------------------|
| Network | Blue Access | PPO/EPO | Blue Access | Connection | Connection | Connection | 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 |
| Rx Network | Base Rx | Base Rx | Base Rx | Advantage Rx | Advantage Rx | Advantage Rx | Base Rx | Base Rx |
| Formulary | Traditional Open | Traditional Open | Traditional Open | Select | Select | Select | Traditional Open | Traditional Open |
| Creditability Coverage Status | Pass | Pass | Pass | Pass | Pass | Pass | Pass | Pass |
| Embedded / Non-Embedded Medical Deductible | Embedded | Embedded | Embedded | Embedded | Not Embedded | Embedded | Embedded | Embedded |

| Plan Benefits | 68MF | 68N5 | 68MP | 684W | 6819 | 67ZY | 68GZ | 68GH |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|
| INN Deductible (Ind / Fam) | \$1750/\$3500 | \$1750/\$3500 | \$1750/\$3500 | \$1750/\$3500 | \$2000/\$4000 | \$2250/\$4500 | \$2250/\$4500 | \$2250/\$4500 |
| OON Deductible (Ind / Fam) | - | - | - | - | - | - | - | - |
| INN Coinsurance | 10% | 20% | 20% | 20% | 20% | 20% | 30% | 30% |
| OON Coinsurance | - | - | - | - | - | - | - | - |
| INN Out of Pocket Max (Ind / Fam) | \$8500/\$17000 | \$6000/\$12000 | \$6000/\$12000 | \$6000/\$12000 | \$4000/\$8000 | \$6250/\$12500 | \$8500/\$17000 | \$8500/\$17000 |
| OON Out of Pocket Max (Ind / Fam) | - | - | - | - | - | - | - | - |
| Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO | \$0/\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 | Ded, \$0/Ded,\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 |
| Primary Care Visit | \$15 | \$25 | \$25 | \$25 | Ded, then \$25 | \$10 | \$25 | \$25 |
| Specialist Visit | \$35 | \$45 | \$45 | \$45 | Ded, then \$75 | \$50 | \$55 | \$55 |
| Emergency Room | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 |
| Urgent Care | \$60 | \$60 | \$60 | \$60 | Ded, then \$75 | \$75 | \$55 | \$55 |
| Inpatient Facility | Ded, then 10% | Ded, then 20% | Ded, then 20% | Ded, then 20% | Ded, then \$750 | Ded, then \$1,250 | Ded, then 30% | Ded, then 30% |
| Outpatient Facility | Ded, then \$300 | Ded, then \$250 | Ded, then \$250 | Ded, then \$250 | Ded, then \$500 | Ded, then \$500 | Ded, then \$200 | Ded, then \$200 |
| Preferred Lab / Preferred Office Lab | \$0 | \$0 | \$0 | \$0 | Ded, then \$0 | \$0 | \$0 | \$0 |
| INN Lab (Office; Outpatient Hospital) | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 | Ded, \$25 / Ded, \$25 | \$50 / Ded, \$25 | \$0 / \$0 | \$0 / \$0 |
| INN X-Ray (Office; Outpatient Hospital) | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 |
| INN Adv Diagnostic Imaging (Office; Outpatient Hospital) | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 |
| Rx Deductible | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 | Med Ded | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 |
| Rx Copay (Tier 1 / 2 / 3) | \$10/\$40/\$80 | \$10/\$40/\$80 | \$10/\$40/\$80 | \$10/\$40/\$80 | \$10/\$50/\$90 | \$10/\$50/\$90 | \$10/\$40/\$80 | \$10/\$40/\$80 |

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 ** 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., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.
 **** Empire Link Products require a PCP Selection. PCP must be selected within the Empire Service Area.
 ***** Medical Chat is only available through KHealth.



Q1 2022 New York Small Group Plans | New York City

Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

The Whole Health Company

| Plan Name | Empire Gold Connection EPO 2250/30%/8500 | Empire Link Gold Connection EPO 3000/25%/6000 | Empire Silver Blue Access EPO 60/0%/8700 | Empire Link Silver Connection EPO 60/0%/8700 | Empire Silver PPO 2800/30%/7050 w/HSA | Empire Silver PPO 2800/30%/7050 w/HSA 80th Percentile Fair Health | Empire Silver EPO 2800/30%/7050 w/HSA | Empire Silver Blue Access EPO 2800/30%/7050 w/HSA |
|---------------|---|---|---|--|--|---|--|--|
| Contract Code | 685W | 6809 | 68ZG | 6836 | 68P3 | 68PT | 68RF | 68SD |

| Premium | 685W | 6809 | 68ZG | 6836 | 68P3 | 68PT | 68RF | 68SD |
|-------------------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Individual | \$903.02 | \$928.92 | \$966.29 | \$869.98 | \$1,228.99 | \$1,471.76 | \$985.04 | \$906.30 |
| Individual + Spouse | \$1,806.04 | \$1,857.84 | \$1,932.58 | \$1,739.96 | \$2,457.98 | \$2,943.52 | \$1,970.08 | \$1,812.60 |
| Individual + Child(ren) | \$1,535.13 | \$1,579.16 | \$1,642.69 | \$1,478.97 | \$2,089.28 | \$2,501.99 | \$1,674.57 | \$1,540.71 |
| Family | \$2,573.61 | \$2,647.42 | \$2,753.93 | \$2,479.44 | \$3,502.62 | \$4,194.52 | \$2,807.36 | \$2,582.96 |

| Plan Name | Empire Gold Connection EPO 2250/30%/8500 WH | Not Offered | Not Offered | Not Offered | Not Offered | Not Offered | Empire Silver EPO 2800/30%/7050 w/HSA WH | Not Offered |
|---------------|--|-------------|-------------|-------------|-------------|-------------|---|-------------|
| Contract Code | 6865 | | | | | | 68RX | |

| Enhanced Embedded Dental and Vision Premium | 6865 | Not Offered | Not Offered | Not Offered | Not Offered | Not Offered | 68RX | Not Offered |
|---|------------|-------------|-------------|-------------|-------------|-------------|------------|-------------|
| Individual | \$927.04 | | | | | | \$1,012.69 | |
| Individual + Spouse | \$1,854.08 | | | | | | \$2,025.38 | |
| Individual + Child(ren) | \$1,575.97 | | | | | | \$1,721.57 | |
| Family | \$2,642.06 | | | | | | \$2,886.17 | |

| Plan Details | 685W | 6809 | 68ZG | 6836 | 68P3 | 68PT | 68RF | 68SD |
|--|--------------|--------------|------------------|--------------|------------------|------------------|------------------|------------------|
| Network | Connection | Connection | Blue Access | Connection | 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 |
| Rx Network | Advantage Rx | Advantage Rx | Base Rx | Advantage Rx | Base Rx | Base Rx | Base Rx | Base Rx |
| Formulary | Select | Select | 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 | Embedded | Embedded |

| Plan Benefits | 685W | 6809 | 68ZG | 6836 | 68P3 | 68PT | 68RF | 68SD |
|--|--------------------------|--------------------------|----------------|----------------|-------------------------|-------------------------|-------------------------|-------------------------|
| INN Deductible (Ind / Fam) | \$2250/\$4500 | \$3000/\$6000 | \$0/\$0 | \$0/\$0 | \$2800/\$5600 | \$2800/\$5600 | \$2800/\$5600 | \$2800/\$5600 |
| OON Deductible (Ind / Fam) | - | - | - | - | \$5,600/\$11200 | \$5,600/\$11200 | - | - |
| INN Coinsurance | 30% | 25% | 0% | 0% | 30% | 30% | 30% | 30% |
| OON Coinsurance | - | - | - | - | 30% | 30% | - | - |
| INN Out of Pocket Max (Ind / Fam) | \$8500/\$17000 | \$6000/\$12000 | \$8700/\$17400 | \$8700/\$17400 | \$7050/\$14100 | \$7050/\$14100 | \$7050/\$14100 | \$7050/\$14100 |
| OON Out of Pocket Max (Ind / Fam) | - | - | - | - | \$14,100/\$28200 | \$14,100/\$28200 | - | - |
| Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO | \$0/\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 | Ded, \$0/Ded,\$5 | Ded, \$0/Ded,\$5 | Ded, \$0/Ded,\$5 | Ded, \$0/Ded,\$5 |
| Primary Care Visit | \$25 | \$10 | \$60 | \$60 | Ded, then \$10 | Ded, then \$10 | Ded, then \$10 | Ded, then \$10 |
| Specialist Visit | \$55 | \$50 | \$125 | \$125 | Ded, then \$50 | Ded, then \$50 | Ded, then \$50 | Ded, then \$50 |
| Emergency Room | Ded, then \$500 | Ded, then \$500 | \$2,500 | \$2,500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 |
| Urgent Care | \$55 | \$75 | \$125 | \$125 | Ded, then \$100 | Ded, then \$100 | Ded, then \$100 | Ded, then \$100 |
| Inpatient Facility | Ded, then 30% | Ded, then \$1,000 | \$2,500 | \$2,500 | Ded, then \$1,500 | Ded, then \$1,500 | Ded, then \$1,500 | Ded, then \$1,500 |
| Outpatient Facility | Ded, then \$200 | Ded, then \$500 | \$1,000 | \$1,000 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 |
| Preferred Lab / Preferred Office Lab | \$0 | \$0 | \$0 | \$0 | Ded, then \$0 | Ded, then \$0 | Ded, then \$0 | Ded, then \$0 |
| INN Lab (Office; Outpatient Hospital) | \$0 / \$0 | \$50 / Ded, \$25 | \$125 / \$20 | \$125 / \$20 | Ded, \$25 / Ded, \$25 | Ded, \$25 / Ded, \$25 | Ded, \$25 / Ded, \$25 | Ded, \$25 / Ded, \$25 |
| INN X-Ray (Office; Outpatient Hospital) | Ded, \$50 / Ded, \$150 | \$50 / Ded, \$150 | \$150 / \$150 | \$150 / \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 |
| INN Adv Diagnostic Imaging (Office; Outpatient Hospital) | Ded, \$150 / Ded, \$250 | \$150 / Ded, \$250 | \$250 / \$250 | \$250 / \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 |
| Rx Deductible | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 | NA | NA | Med Ded | Med Ded | Med Ded | Med Ded |
| Rx Copay (Tier 1 / 2 / 3) | \$10/\$40/\$80 | \$10/\$50/\$90 | \$10/\$50/\$90 | \$10/\$50/\$90 | \$10/\$50/\$90 | \$10/\$50/\$90 | \$10/\$50/\$90 | \$10/\$50/\$90 |

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 ** 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., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.
 **** Empire Link Products require a PCP Selection. PCP must be selected within the Empire Service Area.
 ***** Medical Chat is only available through KHealth



Q1 2022 New York Small Group Plans | New York City

Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

The Whole Health Company

| Plan Name | Empire Silver EPO 2800/25%/7050 w/HSA | Empire Silver Blue Access EPO 2800/25%/7050 w/HSA | Empire Silver Connection EPO 2800/25%/7050 w/HSA | Empire Silver PPO 3000/50%/8700 | Empire Silver EPO 3000/50%/8700 | Empire Silver Blue Access EPO 3000/50%/8700 | Empire Silver Connection EPO 3000/50%/8700 | Empire Link Silver Connection EPO 3000/20%/6500 w/HSA |
|-------------------------|--|---|--|------------------------------------|------------------------------------|--|---|--|
| Contract Code | 68C1 | 68C9 | 686V | 68JD | 68HX | 68HF | 686M | 681H |
| Premium | | | | | | | | |
| Individual | \$985.16 | \$906.42 | \$824.29 | \$1,225.36 | \$980.94 | \$902.55 | \$820.77 | \$809.76 |
| Individual + Spouse | \$1,970.32 | \$1,812.84 | \$1,648.58 | \$2,450.72 | \$1,961.88 | \$1,805.10 | \$1,641.54 | \$1,619.52 |
| Individual + Child(ren) | \$1,674.77 | \$1,540.91 | \$1,401.29 | \$2,083.11 | \$1,667.60 | \$1,534.34 | \$1,395.31 | \$1,376.59 |
| Family | \$2,807.71 | \$2,583.30 | \$2,349.23 | \$3,492.28 | \$2,795.68 | \$2,572.27 | \$2,339.19 | \$2,307.82 |

| Plan Name | Not Offered | Empire Silver Blue Access EPO 2800/25%/7050 w/HSA WH | Not Offered | Empire Silver PPO 3000/50%/8700 WH | Empire Silver EPO 3000/50%/8700 WH | Not Offered | Empire Silver Connection EPO 3000/50%/8700 WH | Empire Link Silver Connection EPO 3000/20%/6500 w/HSA WH |
|--|-------------|--|-------------|---------------------------------------|---------------------------------------|-------------|--|---|
| Contract Code | | 68CR | | 68K3 | 68JM | | 686D | 681R |
| Enhanced Embedded Dental and Vision Premium | | | | | | | | |
| Individual | | \$932.20 | | \$1,253.01 | \$1,008.59 | | \$844.91 | \$833.89 |
| Individual + Spouse | | \$1,864.40 | | \$2,506.02 | \$2,017.18 | | \$1,689.82 | \$1,667.78 |
| Individual + Child(ren) | | \$1,584.74 | | \$2,130.12 | \$1,714.60 | | \$1,436.35 | \$1,417.61 |
| Family | | \$2,656.77 | | \$3,571.08 | \$2,874.48 | | \$2,407.99 | \$2,376.59 |

Plan Details

| | | | | | | | | |
|--|------------------|------------------|--------------|------------------|------------------|------------------|--------------|--------------|
| Network | PPO/EPO | Blue Access | Connection | PPO/EPO | PPO/EPO | Blue Access | Connection | Connection |
| National Access via Bluecard Program | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Gatekeeper | No | No | No | No | No | No | No | No |
| Rx Network | Base Rx | Base Rx | Advantage Rx | Base Rx | Base Rx | Base Rx | Advantage Rx | Advantage Rx |
| Formulary | Traditional Open | Traditional Open | Select | Traditional Open | Traditional Open | Traditional Open | Select | Select |
| 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

| | | | | | | | | |
|--|-------------------------|-------------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|
| INN Deductible (Ind / Fam) | \$2800/\$5600 | \$2800/\$5600 | \$2800/\$5600 | \$3000/\$6000 | \$3000/\$6000 | \$3000/\$6000 | \$3000/\$6000 | \$3000/\$6000 |
| OON Deductible (Ind / Fam) | - | - | - | \$6,000/\$12000 | - | - | - | - |
| INN Coinsurance | 25% | 25% | 25% | 50% | 50% | 50% | 50% | 20% |
| OON Coinsurance | - | - | - | 50% | - | - | - | - |
| INN Out of Pocket Max (Ind / Fam) | \$7050/\$14100 | \$7050/\$14100 | \$7050/\$14100 | \$8700/\$17400 | \$8700/\$17400 | \$8700/\$17400 | \$8700/\$17400 | \$6500/\$13000 |
| OON Out of Pocket Max (Ind / Fam) | - | - | - | \$17,500/\$35000 | - | - | - | - |
| Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO | Ded, \$0/Ded,\$5 | Ded, \$0/Ded,\$5 | Ded, \$0/Ded,\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 | \$0/\$5 | Ded, \$0/Ded,\$5 |
| Primary Care Visit | Ded, then \$10 | Ded, then \$10 | Ded, then \$10 | \$40 | \$40 | \$40 | \$40 | Ded, then \$50 |
| Specialist Visit | Ded, then \$50 | Ded, then \$50 | Ded, then \$50 | \$70 | \$70 | \$70 | \$70 | Ded, then \$100 |
| Emergency Room | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then 50% | Ded, then 50% | Ded, then 50% | Ded, then 50% | Ded, then \$500 |
| Urgent Care | Ded, then \$100 | Ded, then \$100 | Ded, then \$100 | \$75 | \$75 | \$75 | \$75 | Ded, then \$100 |
| Inpatient Facility | Ded, then \$1,500 | Ded, then \$1,500 | Ded, then \$1,500 | Ded, then 50% | Ded, then 50% | Ded, then 50% | Ded, then 50% | Ded, then \$750 |
| Outpatient Facility | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then 50% | Ded, then 50% | Ded, then 50% | Ded, then 50% | Ded, then \$500 |
| Preferred Lab / Preferred Office Lab | Ded, then \$0 | Ded, then \$0 | Ded, then \$0 | \$0 | \$0 | \$0 | \$0 | Ded, then \$0 |
| INN Lab (Office; Outpatient Hospital) | Ded, \$25 / Ded, \$25 | Ded, \$25 / Ded, \$25 | Ded, \$25 / Ded, \$25 | \$20 / \$25 | \$20 / \$25 | \$20 / \$25 | \$20 / \$25 | Ded, \$25 / Ded, \$25 |
| INN X-Ray (Office; Outpatient Hospital) | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, 50% / Ded, 50% | Ded, 50% / Ded, 50% | Ded, 50% / Ded, 50% | Ded, 50% / Ded, 50% | Ded, \$50 / Ded, \$150 |
| INN Adv Diagnostic Imaging (Office; Outpatient Hospital) | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, 50% / Ded, 50% | Ded, 50% / Ded, 50% | Ded, 50% / Ded, 50% | Ded, 50% / Ded, 50% | Ded, \$150 / Ded, \$250 |
| Rx Deductible | Med Ded | Med Ded | Med Ded | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 | Med Ded |
| Rx Copay (Tier 1 / 2 / 3) | \$10/\$50/\$90 | \$10/\$50/\$90 | \$10/\$50/\$90 | \$10/\$50/\$90 | \$10/\$50/\$90 | \$10/\$50/\$90 | \$10/\$50/\$90 | \$10/\$50/\$90 |

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Q1 2022 New York Small Group Plans | New York City

Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

The Whole Health Company

| Plan Name | Empire Link Silver Connection EPO 4000/30%/8700 | Empire Link Silver Connection EPO 4000/20%/7000 w/HSA | Empire Silver Blue Access EPO 4500/50%/8700 | Empire Link Silver Connection EPO 6000/50%/8700 | Empire Bronze EPO 6100/50%/7050 w/HSA | Empire Bronze Blue Access EPO 6100/50%/7050 w/HSA | Empire Bronze Connection EPO 6100/50%/7050 w/HSA | Empire Link Bronze Connection EPO 6250/30%/7050 w/HSA |
|---------------|---|---|---|---|---------------------------------------|---|--|---|
| Contract Code | 680R | 681Z | 68Q9 | 680Z | 68TT | 68U9 | 687A | 6827 |

| Premium | | | | | | | | |
|-------------------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Individual | \$853.81 | \$781.75 | \$901.03 | \$837.53 | \$878.07 | \$807.88 | \$734.42 | \$724.34 |
| Individual + Spouse | \$1,707.62 | \$1,563.50 | \$1,802.06 | \$1,675.06 | \$1,756.14 | \$1,615.76 | \$1,468.84 | \$1,448.68 |
| Individual + Child(ren) | \$1,451.48 | \$1,328.98 | \$1,531.75 | \$1,423.80 | \$1,492.72 | \$1,373.40 | \$1,248.51 | \$1,231.38 |
| Family | \$2,433.36 | \$2,227.99 | \$2,567.94 | \$2,386.96 | \$2,502.50 | \$2,302.46 | \$2,093.10 | \$2,064.37 |

| Plan Name | Empire Link Silver Connection EPO 4000/30%/8700 WH | Not Offered | Not Offered | Not Offered | Empire Bronze EPO 6100/50%/7050 w/HSA WH | Not Offered | Empire Bronze Connection EPO 6100/50%/7050 w/HSA WH | Empire Link Bronze Connection EPO 6250/30%/7050 w/HSA WH |
|---------------|--|-------------|-------------|-------------|--|-------------|---|--|
| Contract Code | 680H | | | | 68UR | | 687J | 682F |

| Enhanced Embedded Dental and Vision Premium | | | | | | | | |
|---|------------|--|--|--|------------|--|------------|------------|
| Individual | \$877.95 | | | | \$905.95 | | \$758.67 | \$748.59 |
| Individual + Spouse | \$1,755.90 | | | | \$1,811.90 | | \$1,517.34 | \$1,497.18 |
| Individual + Child(ren) | \$1,492.52 | | | | \$1,540.12 | | \$1,289.74 | \$1,272.60 |
| Family | \$2,502.16 | | | | \$2,581.96 | | \$2,162.21 | \$2,133.48 |

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

| Plan Benefits | | | | | | | | |
|--|--------------------------|-------------------------|--------------------------|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| INN Deductible (Ind / Fam) | \$4000/\$8000 | \$4000/\$8000 | \$4500/\$9000 | \$6000/\$12000 | \$6100/\$12200 | \$6100/\$12200 | \$6100/\$12200 | \$6250/\$12500 |
| OON Deductible (Ind / Fam) | - | - | - | - | - | - | - | - |
| INN Coinsurance | 30% | 20% | 50% | 50% | 50% | 50% | 50% | 30% |
| OON Coinsurance | - | - | - | - | - | - | - | - |
| INN Out of Pocket Max (Ind / Fam) | \$8700/\$17400 | \$7000/\$14000 | \$8700/\$17400 | \$8700/\$17400 | \$7050/\$14100 | \$7050/\$14100 | \$7050/\$14100 | \$7050/\$14100 |
| OON Out of Pocket Max (Ind / Fam) | - | - | - | - | - | - | - | - |
| Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO | \$0/\$5 | Ded, \$0/Ded,\$5 | \$0/\$5 | \$0/\$5 | Ded, \$0/Ded,\$5 | Ded, \$0/Ded,\$5 | Ded, \$0/Ded,\$5 | Ded, \$0/Ded,\$5 |
| Primary Care Visit | \$10 | Ded, then \$50 | \$25 | \$10 | Ded, then \$10 | Ded, then \$10 | Ded, then \$10 | Ded, then \$50 |
| Specialist Visit | \$50 | Ded, then \$100 | \$50 | \$50 | Ded, then \$50 | Ded, then \$50 | Ded, then \$50 | Ded, then \$100 |
| Emergency Room | Ded, then \$500 | Ded, then \$500 | Ded, then 50% | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$450 |
| Urgent Care | \$125 | Ded, then \$100 | \$50 | \$125 | Ded, then \$100 | Ded, then \$100 | Ded, then \$100 | Ded, then \$100 |
| Inpatient Facility | Ded, then \$1,500 | Ded, then \$750 | Ded, then 50% | Ded, then \$1,500 | Ded, then \$950 | Ded, then \$950 | Ded, then \$950 | Ded, then \$450 |
| Outpatient Facility | Ded, then \$500 | Ded, then \$500 | Ded, then 50% | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$500 | Ded, then \$450 |
| Preferred Lab / Preferred Office Lab | \$0 | Ded, then \$0 | \$0 | \$0 | Ded, then \$0 | Ded, then \$0 | Ded, then \$0 | Ded, then \$0 |
| INN Lab (Office; Outpatient Hospital) | \$50 / Ded, \$25 | Ded, \$25 / Ded, \$25 | \$20 / \$25 | \$50 / Ded, \$25 | Ded, \$25 / Ded, \$25 | Ded, \$25 / Ded, \$25 | Ded, \$25 / Ded, \$25 | Ded, \$25 / Ded, \$25 |
| INN X-Ray (Office; Outpatient Hospital) | \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, 50% / Ded, 50% | \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 |
| INN Adv Diagnostic Imaging (Office; Outpatient Hospital) | \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, 50% / Ded, 50% | \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 |
| Rx Deductible | Tiers 2 & 3, \$150/\$300 | Med Ded | Tiers 2 & 3, \$150/\$300 | Tiers 2 & 3, \$150/\$300 | Med Ded | Med Ded | Med Ded | Med Ded |
| Rx Copay (Tier 1 / 2 / 3) | \$10/\$50/\$90 | \$10/\$50/\$90 | \$10/\$50/\$90 | \$10/\$50/\$90 | 50%/50%/50% | 50%/50%/50% | 50%/50%/50% | \$10/\$50/\$90 |

* Healthy New York plans using Blue Access network are not intended for those residing outside of the New York service area, as PCP selection needs to be in the Empire service area, as PCP selection needs to be in the Empire service area. The BlueCard Program is administered by the Blue Cross Blue Shield of New York.
 ** 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., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.
 **** Empire Link Products require a PCP Selection. PCP must be selected within the Empire Service Area.
 ***** Medical Chat is only available through KHealth



Q1 2022 New York Small Group Plans | New York City

Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

The Whole Health Company

| Plan Name | Empire Bronze Blue Access EPO 6800/50%/7050 w/HSA | Empire Bronze Connection EPO 6800/50%/7050 w/HSA | Empire Bronze Blue Access EPO 8450/50%/8700 | Empire Bronze Connection EPO 8450/50%/8700 |
|-------------------------|---|--|--|---|
| Contract Code | 68QR | 67Z0 | 68KB | 67YJ |
| Premium | | | | |
| Individual | \$806.12 | \$732.89 | \$767.46 | \$697.63 |
| Individual + Spouse | \$1,612.24 | \$1,465.78 | \$1,534.92 | \$1,395.26 |
| Individual + Child(ren) | \$1,370.40 | \$1,245.91 | \$1,304.68 | \$1,185.97 |
| Family | \$2,297.44 | \$2,088.74 | \$2,187.26 | \$1,988.25 |

| Plan Name | Not Offered | Empire Bronze Connection EPO 6800/50%/7050 w/HSA WH | Not Offered | Empire Bronze Connection EPO 8450/50%/8700 WH |
|--|-------------|---|-------------|--|
| Contract Code | | 67Z8 | | 67Y5 |
| Enhanced Embedded Dental and Vision Premium | | | | |
| Individual | | \$757.03 | | \$721.88 |
| Individual + Spouse | | \$1,514.06 | | \$1,443.76 |
| Individual + Child(ren) | | \$1,286.95 | | \$1,227.20 |
| Family | | \$2,157.54 | | \$2,057.36 |

| Plan Details | Blue Access | Connection | Blue Access | Connection |
|--|------------------|--------------|------------------|--------------|
| Network | Blue Access | Connection | Blue Access | Connection |
| National Access via Bluecard Program | Yes | Yes | Yes | Yes |
| Gatekeeper | No | No | No | No |
| Rx Network | Base Rx | Advantage Rx | Base Rx | Advantage Rx |
| Formulary | Traditional Open | Select | Traditional Open | Select |
| Creditability Coverage Status | Fail | Fail | Fail | Fail |
| Embedded / Non-Embedded Medical Deductible | Embedded | Embedded | Embedded | Embedded |

| Plan Benefits | 6800/50%/7050 | 6800/50%/7050 | 8450/50%/8700 | 8450/50%/8700 |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| INN Deductible (Ind / Fam) | \$6800/\$13600 | \$6800/\$13600 | \$8450/\$16900 | \$8450/\$16900 |
| OON Deductible (Ind / Fam) | - | - | - | - |
| INN Coinsurance | 50% | 50% | 50% | 50% |
| OON Coinsurance | - | - | - | - |
| INN Out of Pocket Max (Ind / Fam) | \$7050/\$14100 | \$7050/\$14100 | \$8700/\$17400 | \$8700/\$17400 |
| OON Out of Pocket Max (Ind / Fam) | - | - | - | - |
| Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO | Ded, \$0/Ded,\$5 | Ded, \$0/Ded,\$5 | Ded, \$0/Ded,\$5 | Ded, \$0/Ded,\$5 |
| Primary Care Visit | Ded, then \$10 | Ded, then \$10 | Ded, then \$10 | Ded, then \$10 |
| Specialist Visit | Ded, then \$50 | Ded, then \$50 | Ded, then \$50 | Ded, then \$50 |
| Emergency Room | Ded, then \$250 | Ded, then \$250 | Ded, then \$250 | Ded, then \$250 |
| Urgent Care | Ded, then \$100 | Ded, then \$100 | Ded, then \$100 | Ded, then \$100 |
| Inpatient Facility | Ded, then \$250 | Ded, then \$250 | Ded, then \$250 | Ded, then \$250 |
| Outpatient Facility | Ded, then \$250 | Ded, then \$250 | Ded, then \$250 | Ded, then \$250 |
| Preferred Lab / Preferred Office Lab | Ded, then \$0 | Ded, then \$0 | Ded, then \$0 | Ded, then \$0 |
| INN Lab (Office; Outpatient Hospital) | Ded, \$25 / Ded, \$25 | Ded, \$25 / Ded, \$25 | Ded, \$25 / Ded, \$25 | Ded, \$25 / Ded, \$25 |
| INN X-Ray (Office; Outpatient Hospital) | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 | Ded, \$50 / Ded, \$150 |
| INN Adv Diagnostic Imaging (Office; Outpatient Hospital) | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 | Ded, \$150 / Ded, \$250 |
| Rx Deductible | Med Ded | Med Ded | Med Ded | Med Ded |
| Rx Copay (Tier 1 / 2 / 3) | 50%/50%/50% | 50%/50%/50% | 50%/50%/50% | 50%/50%/50% |