



## Q2 2022 New York Small Group Plans | Albany

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

Plan Name	Empire Platinum EPO 5/0%/3500	Empire Platinum Blue Access EPO 5/0%/3500	Empire Platinum EPO 20/0%/3150	Empire Platinum Blue Access EPO 20/0%/3150	Empire Platinum Blue Access EPO 200/10%/3200	Empire Gold EPO 25/0%/8500	Empire Gold Blue Access EPO 25/0%/8500	Empire Gold Healthy New York Blue Access GEPO 600/0%/4000
<b>Contract Code</b>	68UZ	68VX	689X	689P	68G9	68WM	68X3	68TB

Premium								
Individual	\$988.13	\$909.14	\$978.83	\$900.54	\$889.85	\$880.29	\$809.90	\$675.81
Individual + Spouse	\$1,976.26	\$1,818.28	\$1,957.66	\$1,801.08	\$1,779.70	\$1,760.58	\$1,619.80	\$1,351.62
Individual + Child(ren)	\$1,679.82	\$1,545.54	\$1,664.01	\$1,530.92	\$1,512.75	\$1,496.49	\$1,376.83	\$1,148.88
Family	\$2,816.17	\$2,591.05	\$2,789.67	\$2,566.54	\$2,536.07	\$2,508.83	\$2,308.22	\$1,926.06

Plan Name	Empire Platinum EPO 5/0%/3500 WH	Not Offered	Empire Platinum EPO 20/0%/3150 WH	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
<b>Contract Code</b>	68VF		68AM					

Enhanced Embedded Dental and Vision Premium								
Individual	\$1,008.38		\$999.08					
Individual + Spouse	\$2,016.76		\$1,998.16					
Individual + Child(ren)	\$1,714.25		\$1,698.44					
Family	\$2,873.88		\$2,847.38					

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

Plan Benefits								
INN Deductible (Ind / Fam)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$200/\$400	\$0/\$0	\$0/\$0	\$600/\$1200
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	-
INN Coinsurance	0%	0%	0%	0%	10%	0%	0%	0%
OON Coinsurance	-	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3500/\$7000	\$3500/\$7000	\$3150/\$6300	\$3150/\$6300	\$3200/\$6400	\$8500/\$17000	\$8500/\$17000	\$4000/\$8000
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	\$5	\$5	\$20	\$20	\$15	\$25	\$25	Ded, then \$25
Specialist Visit	\$25	\$25	\$40	\$40	\$35	\$50	\$50	Ded, then \$40
Emergency Room	\$250	\$250	\$250	\$250	Ded, then 10%	\$750	\$750	Ded, then \$150
Urgent Care	\$75	\$75	\$50	\$50	\$50	\$50	\$50	Ded, then \$60
Inpatient Facility	\$400	\$400	\$500	\$500	Ded, then 10%	\$500	\$500	Ded, then \$1,000
Outpatient Facility	\$150	\$150	\$350	\$350	Ded, then 10%	\$500	\$500	Ded, then \$100
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Ded then \$25
INN Lab (Office; Outpatient Hospital)	\$0 / \$10	\$0 / \$10	\$0 / \$10	\$0 / \$10	\$20 / \$25	\$0 / \$10	\$0 / \$10	Ded, \$40 / Ded, \$40
INN X-Ray (Office; Outpatient Hospital)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	Ded, 10% / Ded, 10%	\$50 / \$150	\$50 / \$150	Ded, \$40 / Ded, \$40
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	\$150 / \$250	\$150 / \$250	\$150 / \$250	\$150 / \$250	Ded, 10% / Ded, 10%	\$150 / \$250	\$150 / \$250	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, \$150/\$300	Tiers 2 & 3, \$150/\$300	NA
Rx Copay (Tier 1 / 2 / 3)	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$35/\$70

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

The Whole Health Company

Plan Name	Empire Gold EPO 1000/10%/6750	Empire Gold Blue Access EPO 1000/0%/6750	Empire Gold EPO 1500/10%/5500 w/HSA	Empire Gold Blue Access EPO 1500/10%/5500 w/HSA	Empire Gold EPO 1750/10%/8500	Empire Gold Blue Access EPO 1750/10%/8500	Empire Gold EPO 1750/20%/6000	Empire Gold Blue Access EPO 1750/20%/6000
Contract Code	6884	68L1	68E5	68FT	68LH	68M7	68ND	68MX

Premium	6884	68L1	68E5	68FT	68LH	68M7	68ND	68MX
Individual	\$849.00	\$787.22	\$805.90	\$741.51	\$828.67	\$762.45	\$831.19	\$764.80
Individual + Spouse	\$1,698.00	\$1,574.44	\$1,611.80	\$1,483.02	\$1,657.34	\$1,524.90	\$1,662.38	\$1,529.60
Individual + Child(ren)	\$1,443.30	\$1,338.27	\$1,370.03	\$1,260.57	\$1,408.74	\$1,296.17	\$1,413.02	\$1,300.16
Family	\$2,419.65	\$2,243.58	\$2,296.82	\$2,113.30	\$2,361.71	\$2,172.98	\$2,368.89	\$2,179.68

Plan Name	Empire Gold EPO 1000/10%/6750 WH	Empire Gold Blue Access EPO 1000/0%/6750 WH	Empire Gold EPO 1500/10%/5500 w/HSA WH	Empire Gold Blue Access EPO 1500/10%/5500 w/HSA WH	Empire Gold EPO 1750/10%/8500 WH	Not Offered	Empire Gold EPO 1750/20%/6000 WH	Not Offered
Contract Code	688P	6897	68EM	68FK	68LZ		68NV	

Enhanced Embedded Dental and Vision Premium	688P	6897	68EM	68FK	68LZ	68NV
Individual	\$869.43	\$806.25	\$826.41	\$760.54	\$849.09	\$851.70
Individual + Spouse	\$1,738.86	\$1,612.50	\$1,652.82	\$1,521.08	\$1,698.18	\$1,703.40
Individual + Child(ren)	\$1,478.03	\$1,370.63	\$1,404.90	\$1,292.92	\$1,443.45	\$1,447.89
Family	\$2,477.88	\$2,297.81	\$2,355.27	\$2,167.54	\$2,419.91	\$2,427.35

Plan Details	688P	6897	68EM	68FK	68LZ	68NV
Network	PPO/EPO	Blue Access	PPO/EPO	Blue Access	PPO/EPO	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx	Base Rx	Base Rx	Base Rx
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Not Embedded	Not Embedded	Embedded	Embedded

Plan Benefits	688P	6897	68EM	68FK	68LZ	68NV
INN Deductible (Ind / Fam)	\$1000/\$2000	\$1000/\$2000	\$1500/\$3000	\$1500/\$3000	\$1750/\$3500	\$1750/\$3500
OON Deductible (Ind / Fam)	-	-	-	-	-	-
INN Coinsurance	10%	0%	10%	10%	10%	20%
OON Coinsurance	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$6750/\$13500	\$6750/\$13500	\$5500/\$11000	\$5500/\$11000	\$8500/\$17000	\$8500/\$17000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0/\$5	\$0/\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	\$0/\$5	\$0/\$5
Primary Care Visit	\$30	\$30	Ded, then \$10	Ded, then \$10	\$15	\$15
Specialist Visit	\$55	\$55	Ded, then \$50	Ded, then \$50	\$35	\$35
Emergency Room	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	\$60	\$60
Inpatient Facility	Ded, then 10%	Ded, then 10%	Ded, then \$1,000	Ded, then \$1,000	Ded, then 10%	Ded, then 10%
Outpatient Facility	Ded, then \$300	Ded, then \$250	Ded, then \$500	Ded, then \$500	Ded, then \$300	Ded, then \$300
Preferred Lab / Preferred Office Lab	\$0	\$0	Ded, then \$0	Ded, then \$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$0 / \$0	\$0 / \$0	Ded, \$25 / Ded, \$25	Ded, \$25 / 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	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	Ded, \$150 / Ded, \$250
Rx Deductible	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Med Ded	Med Ded	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/\$40/\$80

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The Whole Health Company

Plan Name	Empire Gold EPO 2250/30%/8500	Empire Gold Blue Access EPO 2250/30%/8500	Empire Silver Blue Access EPO 60/0%/8700	Empire Silver PPO 2800/30%/7050 w/HSA	Empire Silver EPO 2800/30%/7050 w/HSA	Empire Silver Blue Access EPO 2800/30%/7050 w/HSA	Empire Silver EPO 2800/25%/7050 w/HSA	Empire Silver Blue Access EPO 2800/25%/7050 w/HSA
Contract Code	68H7	68GR	68ZQ	68PB	68R7	68S5	68BT	68CH

Premium	68H7	68GR	68ZQ	68PB	68R7	68S5	68BT	68CH
Individual	\$800.25	\$736.30	\$716.66	\$911.49	\$730.56	\$672.17	\$730.65	\$672.25
Individual + Spouse	\$1,600.50	\$1,472.60	\$1,433.32	\$1,822.98	\$1,461.12	\$1,344.34	\$1,461.30	\$1,344.50
Individual + Child(ren)	\$1,360.43	\$1,251.71	\$1,218.32	\$1,549.53	\$1,241.95	\$1,142.69	\$1,242.11	\$1,142.83
Family	\$2,280.71	\$2,098.46	\$2,042.48	\$2,597.75	\$2,082.10	\$1,915.68	\$2,082.35	\$1,915.91

Plan Name	Not Offered	Not Offered	Not Offered	Not Offered	Empire Silver EPO 2800/30%/7050 w/HSA WH	Not Offered	Not Offered	Empire Silver Blue Access EPO 2800/25%/7050 w/HSA WH
Contract Code					68RP			68CZ

Enhanced Embedded Dental and Vision Premium	68RP	68CZ
Individual	\$751.07	\$691.37
Individual + Spouse	\$1,502.14	\$1,382.74
Individual + Child(ren)	\$1,276.82	\$1,175.33
Family	\$2,140.55	\$1,970.40

Plan Details	68H7	68GR	68ZQ	68PB	68R7	68S5	68BT	68CH
Network	PPO/EPO	Blue Access	Blue Access	PPO/EPO	PPO/EPO	Blue Access	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	Base Rx	Base Rx	Base Rx	Base Rx	Base Rx
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded

Plan Benefits	68H7	68GR	68ZQ	68PB	68R7	68S5	68BT	68CH
INN Deductible (Ind / Fam)	\$2250/\$4500	\$2250/\$4500	\$0/\$0	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600
OON Deductible (Ind / Fam)	-	-	-	\$5,600/\$11200	-	-	-	-
INN Coinsurance	30%	30%	0%	30%	30%	30%	25%	25%
OON Coinsurance	-	-	-	30%	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8500/\$17000	\$8500/\$17000	\$8700/\$17400	\$7050/\$14100	\$7050/\$14100	\$7050/\$14100	\$7050/\$14100	\$7050/\$14100
OON Out of Pocket Max (Ind / Fam)	-	-	-	\$14,100/\$28200	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0/\$5	\$0/\$5	\$0/\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5
Primary Care Visit	\$25	\$25	\$60	Ded, then \$10	Ded, then \$10	Ded, then \$10	Ded, then \$10	Ded, then \$10
Specialist Visit	\$55	\$55	\$125	Ded, then \$50	Ded, then \$50	Ded, then \$50	Ded, then \$50	Ded, then \$50
Emergency Room	Ded, then \$500	Ded, then \$500	\$2,500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500
Urgent Care	\$55	\$55	\$125	Ded, then \$100	Ded, then \$100	Ded, then \$100	Ded, then \$100	Ded, then \$100
Inpatient Facility	Ded, then 30%	Ded, then 30%	\$2,500	Ded, then \$1,500	Ded, then \$1,500	Ded, then \$1,500	Ded, then \$1,500	Ded, then \$1,500
Outpatient Facility	Ded, then \$200	Ded, then \$200	\$1,000	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	\$0 / \$0	\$0 / \$0	\$125 / \$20	Ded, \$25 / Ded, \$25	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	\$150 / \$150	Ded, \$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)	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	\$250 / \$250	Ded, \$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	Tiers 2 & 3, \$150/\$300	NA	Med Ded	Med Ded	Med Ded	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90

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The Whole Health Company

Plan Name	Empire Silver EPO 3000/50%/8700	Empire Silver Blue Access EPO 3000/50%/8700	Empire Silver Blue Access EPO 4500/50%/8700	Empire Bronze EPO 6100/50%/7050 w/HSA	Empire Bronze Blue Access EPO 6100/50%/7050 w/HSA	Empire Bronze Blue Access EPO 6800/50%/7050 w/HSA	Empire Bronze Blue Access EPO 8450/50%/8700
<b>Contract Code</b>	68J5	68HP	68QH	68TK	68U1	68QZ	68KK
<b>Premium</b>							
Individual	\$727.52	\$669.38	\$668.25	\$651.22	\$599.17	\$597.87	\$569.19
Individual + Spouse	\$1,455.04	\$1,338.76	\$1,336.50	\$1,302.44	\$1,198.34	\$1,195.74	\$1,138.38
Individual + Child(ren)	\$1,236.78	\$1,137.95	\$1,136.03	\$1,107.07	\$1,018.59	\$1,016.38	\$967.62
Family	\$2,073.43	\$1,907.73	\$1,904.51	\$1,855.98	\$1,707.63	\$1,703.93	\$1,622.19

Plan Name	Empire Silver EPO 3000/50%/8700 WH	Not Offered	Not Offered	Empire Bronze EPO 6100/50%/7050 w/HSA WH	Not Offered	Not Offered	Not Offered
<b>Contract Code</b>	68JV			68UH			
<b>Enhanced Embedded Dental and Vision Premium</b>							
Individual	\$748.03			\$671.90			
Individual + Spouse	\$1,496.06			\$1,343.80			
Individual + Child(ren)	\$1,271.65			\$1,142.23			
Family	\$2,131.89			\$1,914.92			

Plan Details	Empire Silver EPO 3000/50%/8700 WH	Not Offered	Not Offered	Empire Bronze EPO 6100/50%/7050 w/HSA WH	Not Offered	Not Offered	Not Offered
Network	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
Gatekeeper	No	No	No	No	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx	Base Rx	Base Rx	Base Rx	Base Rx
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Fail	Fail	Fail	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded

Plan Benefits	Empire Silver EPO 3000/50%/8700 WH	Not Offered	Not Offered	Empire Bronze EPO 6100/50%/7050 w/HSA WH	Not Offered	Not Offered	Not Offered
INN Deductible (Ind / Fam)	\$3000/\$6000	\$3000/\$6000	\$4500/\$9000	\$6100/\$12200	\$6100/\$12200	\$6800/\$13600	\$8450/\$16900
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-
INN Coinsurance	50%	50%	50%	50%	50%	50%	50%
OON Coinsurance	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8700/\$17400	\$8700/\$17400	\$8700/\$17400	\$7050/\$14100	\$7050/\$14100	\$7050/\$14100	\$8700/\$17400
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$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	\$40	\$40	\$25	Ded, then \$10	Ded, then \$10	Ded, then \$10	Ded, then \$10
Specialist Visit	\$70	\$70	\$50	Ded, then \$50	Ded, then \$50	Ded, then \$50	Ded, then \$50
Emergency Room	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then \$500	Ded, then \$500	Ded, then \$250	Ded, then \$250
Urgent Care	\$75	\$75	\$50	Ded, then \$100	Ded, then \$100	Ded, then \$100	Ded, then \$100
Inpatient Facility	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then \$950	Ded, then \$950	Ded, then \$250	Ded, then \$250
Outpatient Facility	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then \$500	Ded, then \$500	Ded, then \$250	Ded, then \$250
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	\$20 / \$25	\$20 / \$25	\$20 / \$25	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, 50%	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%	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	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	50%/50%/50%	50%/50%/50%	50%/50%/50%	50%/50%/50%