



Q2 2022 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 EPO 5/0%/3500	Empire Platinum Blue Access EPO 5/0%/3500	Empire Platinum PPO 5/0%/4150	Empire Platinum PPO 20/0%/3150	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
Contract Code	68V7	68W5	682P	68AD	68A5	689F	68G1	68WD

Premium	Empire Platinum EPO 5/0%/3500	Empire Platinum Blue Access EPO 5/0%/3500	Empire Platinum PPO 5/0%/4150	Empire Platinum PPO 20/0%/3150	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
Individual	\$1,346.50	\$1,238.86	\$1,675.22	\$1,678.30	\$1,333.83	\$1,227.13	\$1,212.57	\$1,199.54
Individual + Spouse	\$2,693.00	\$2,477.72	\$3,350.44	\$3,356.60	\$2,667.66	\$2,454.26	\$2,425.14	\$2,399.08
Individual + Child(ren)	\$2,289.05	\$2,106.06	\$2,847.87	\$2,853.11	\$2,267.51	\$2,086.12	\$2,061.37	\$2,039.22
Family	\$3,837.53	\$3,530.75	\$4,774.38	\$4,783.16	\$3,801.42	\$3,497.32	\$3,455.82	\$3,418.69

Plan Name	Empire Platinum EPO 5/0%/3500 WH	Not Offered	Empire Platinum PPO 5/0%/4150 WH	Empire Platinum PPO 20/0%/3150 WH	Empire Platinum EPO 20/0%/3150 WH	Not Offered	Not Offered	Not Offered
Contract Code	68VP		682X	6883	68AV			

Enhanced Embedded Dental and Vision Premium	Empire Platinum EPO 5/0%/3500 WH	Not Offered	Empire Platinum PPO 5/0%/4150 WH	Empire Platinum PPO 20/0%/3150 WH	Empire Platinum EPO 20/0%/3150 WH	Not Offered	Not Offered	Not Offered
Individual	\$1,374.09		\$1,702.81	\$1,705.89	\$1,361.42			
Individual + Spouse	\$2,748.18		\$3,405.62	\$3,411.78	\$2,722.84			
Individual + Child(ren)	\$2,335.95		\$2,894.78	\$2,900.01	\$2,314.41			
Family	\$3,916.16		\$4,853.01	\$4,861.79	\$3,880.05			

Plan Details	Empire Platinum EPO 5/0%/3500 WH	Not Offered	Empire Platinum PPO 5/0%/4150 WH	Empire Platinum PPO 20/0%/3150 WH	Empire Platinum EPO 20/0%/3150 WH	Not Offered	Not Offered	Not Offered
Network	PPO/EPO	Blue Access	PPO/EPO	PPO/EPO	PPO/EPO	Blue Access	Blue Access	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	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	Empire Platinum EPO 5/0%/3500 WH	Not Offered	Empire Platinum PPO 5/0%/4150 WH	Empire Platinum PPO 20/0%/3150 WH	Empire Platinum EPO 20/0%/3150 WH	Not Offered	Not Offered	Not Offered
INN Deductible (Ind / Fam)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$200/\$400	\$0/\$0
OON Deductible (Ind / Fam)	-	-	\$4,000/\$8000	\$4,000/\$8000	-	-	-	-
INN Coinsurance	0%	0%	0%	0%	0%	0%	10%	0%
OON Coinsurance	-	-	30%	30%	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3500/\$7000	\$3500/\$7000	\$4150/\$8300	\$3150/\$6300	\$3150/\$6300	\$3150/\$6300	\$3200/\$6400	\$8500/\$17000
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	\$20	\$20	\$20	\$15	\$25
Specialist Visit	\$25	\$25	\$25	\$40	\$40	\$40	\$35	\$50
Emergency Room	\$250	\$250	\$250	\$250	\$250	\$250	Ded, then 10%	\$750
Urgent Care	\$75	\$75	\$75	\$50	\$50	\$50	\$50	\$50
Inpatient Facility	\$400	\$400	\$400	\$500	\$500	\$500	Ded, then 10%	\$500
Outpatient Facility	\$150	\$150	\$300	\$350	\$350	\$350	Ded, then 10%	\$500
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	\$20 / \$25	\$0 / \$10
INN X-Ray (Office; Outpatient Hospital)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	Ded, 10% / Ded, 10%	\$50 / \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	\$150 / \$250	\$150 / \$250	\$150 / \$250	\$150 / \$250	\$150 / \$250	\$150 / \$250	Ded, 10% / Ded, 10%	\$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, \$150/\$300
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/\$40/\$80

* 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

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The Whole Health Company

Plan Name	Empire Gold Blue Access EPO 25/0%/8500	Empire Gold Healthy New York Blue Access GEPO 600/0%/4000	Empire Gold EPO 1000/10%/6750	Empire Gold Blue Access 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 Gold PPO 1500/20%/7000
Contract Code	68WV	68SV	687S	68KT	68DP	68DX	68F3	68D7

Premium	68WV	68SV	687S	68KT	68DP	68DX	68F3	68D7
Individual	\$1,103.63	\$920.91	\$1,156.91	\$1,072.72	\$1,362.96	\$1,098.18	\$1,010.44	\$1,406.30
Individual + Spouse	\$2,207.26	\$1,841.82	\$2,313.82	\$2,145.44	\$2,725.92	\$2,196.36	\$2,020.88	\$2,812.60
Individual + Child(ren)	\$1,876.17	\$1,565.55	\$1,966.75	\$1,823.62	\$2,317.03	\$1,866.91	\$1,717.75	\$2,390.71
Family	\$3,145.35	\$2,624.59	\$3,297.19	\$3,057.25	\$3,884.44	\$3,129.81	\$2,879.75	\$4,007.96

Plan Name	Not Offered	Not Offered	Empire Gold EPO 1000/10%/6750 WH	Empire Gold Blue Access 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	Empire Gold PPO 1500/20%/7000 WH
Contract Code			688F	688X	68EV	68ED	68FB	68DF

Enhanced Embedded Dental and Vision Premium	688F	688X	68EV	68ED	68FB	68DF
Individual	\$1,184.74	\$1,098.65	\$1,390.90	\$1,126.13	\$1,036.37	\$1,434.24
Individual + Spouse	\$2,369.48	\$2,197.30	\$2,781.80	\$2,252.26	\$2,072.74	\$2,868.48
Individual + Child(ren)	\$2,014.06	\$1,867.71	\$2,364.53	\$1,914.42	\$1,761.83	\$2,438.21
Family	\$3,376.51	\$3,131.15	\$3,964.07	\$3,209.47	\$2,953.65	\$4,087.58

Plan Details	Blue Access	Blue Access	PPO/EPO	Blue Access	PPO/EPO	PPO/EPO	Blue Access	PPO/EPO
Network	Blue Access	Blue Access	PPO/EPO	Blue Access	PPO/EPO	PPO/EPO	Blue Access	PPO/EPO
National Access via Bluecard Program	Yes	Yes*	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	Yes	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	Select	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	Not Embedded	Not Embedded	Not Embedded	Embedded

Plan Benefits	68WV	68SV	687S	68KT	68DP	68DX	68F3	68D7
INN Deductible (Ind / Fam)	\$0/\$0	\$600/\$1200	\$1000/\$2000	\$1000/\$2000	\$1500/\$3000	\$1500/\$3000	\$1500/\$3000	\$1500/\$3000
OON Deductible (Ind / Fam)	-	-	-	-	\$4,000/\$8000	-	-	\$4,000/\$8000
INN Coinsurance	0%	0%	10%	0%	10%	10%	10%	20%
OON Coinsurance	-	-	-	-	30%	-	-	50%
INN Out of Pocket Max (Ind / Fam)	\$8500/\$17000	\$4000/\$8000	\$6750/\$13500	\$6750/\$13500	\$5500/\$11000	\$5500/\$11000	\$5500/\$11000	\$7000/\$14000
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	\$0/\$5	\$0/\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	\$0/\$5
Primary Care Visit	\$25	Ded, then \$25	\$30	\$30	Ded, then \$10	Ded, then \$10	Ded, then \$10	\$25
Specialist Visit	\$50	Ded, then \$40	\$55	\$55	Ded, then \$50	Ded, then \$50	Ded, then \$50	\$40
Emergency Room	\$750	Ded, then \$150	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500
Urgent Care	\$50	Ded, then \$60	\$60	\$60	Ded, then \$100	Ded, then \$100	Ded, then \$100	\$60
Inpatient Facility	\$500	Ded, then \$1,000	Ded, then 10%	Ded, then 10%	Ded, then \$1,000	Ded, then \$1,000	Ded, then \$1,000	Ded, then 20%
Outpatient Facility	\$500	Ded, then \$100	Ded, then \$300	Ded, then \$250	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$250
Preferred Lab / Preferred Office Lab	\$0	Ded then \$25	\$0	\$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	\$0
INN Lab (Office; Outpatient Hospital)	\$0 / \$10	Ded, \$40 / Ded, \$40	\$0 / \$0	\$0 / \$0	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	\$0 / \$0
INN X-Ray (Office; Outpatient Hospital)	\$50 / \$150	Ded, \$40 / Ded, \$40	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)	\$150 / \$250	Ded, \$40 / Ded, \$40	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	NA	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Med Ded	Med Ded	Med Ded	Tiers 2 & 3, \$150/\$300
Rx Copay (Tier 1 / 2 / 3)	\$10/\$40/\$80	\$10/\$35/\$70	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80

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Plan Name	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	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
Contract Code	68L9	68MF	68N5	68MP	68GZ	68GH	68ZG	68P3

Premium	68L9	68MF	68N5	68MP	68GZ	68GH	68ZG	68P3
Individual	\$1,129.21	\$1,038.97	\$1,132.64	\$1,042.17	\$1,090.48	\$1,003.33	\$976.57	\$1,242.06
Individual + Spouse	\$2,258.42	\$2,077.94	\$2,265.28	\$2,084.34	\$2,180.96	\$2,006.66	\$1,953.14	\$2,484.12
Individual + Child(ren)	\$1,919.66	\$1,766.25	\$1,925.49	\$1,771.69	\$1,853.82	\$1,705.66	\$1,660.17	\$2,111.50
Family	\$3,218.25	\$2,961.06	\$3,228.02	\$2,970.18	\$3,107.87	\$2,859.49	\$2,783.22	\$3,539.87

Plan Name	Empire Gold EPO 1750/10%/8500 WH	Not Offered	Empire Gold EPO 1750/20%/6000 WH	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code	68LR		68NM					

Enhanced Embedded Dental and Vision Premium	68LR	68NM
Individual	\$1,157.03	\$1,160.59
Individual + Spouse	\$2,314.06	\$2,321.18
Individual + Child(ren)	\$1,966.95	\$1,973.00
Family	\$3,297.54	\$3,307.68

Plan Details	68LR	68NM
Network	PPO/EPO	Blue Access
National Access via Bluecard Program	Yes	Yes
Gatekeeper	No	No
Rx Network	Base Rx	Base Rx
Formulary	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded

Plan Benefits	68LR	68NM
INN Deductible (Ind / Fam)	\$1750/\$3500	\$1750/\$3500
OON Deductible (Ind / Fam)	-	-
INN Coinsurance	10%	20%
OON Coinsurance	-	-
INN Out of Pocket Max (Ind / Fam)	\$8500/\$17000	\$6000/\$12000
OON Out of Pocket Max (Ind / Fam)	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0/\$5	\$0/\$5
Primary Care Visit	\$15	\$25
Specialist Visit	\$35	\$45
Emergency Room	Ded, then \$500	Ded, then \$500
Urgent Care	\$60	\$60
Inpatient Facility	Ded, then 10%	Ded, then 20%
Outpatient Facility	Ded, then \$300	Ded, then \$250
Preferred Lab / Preferred Office Lab	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$0 / \$0	\$0 / \$0
INN X-Ray (Office; Outpatient Hospital)	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250
Rx Deductible	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300
Rx Copay (Tier 1 / 2 / 3)	\$10/\$40/\$80	\$10/\$40/\$80

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Plan Name	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	Empire Silver EPO 2800/25%/7050 w/HSA	Empire Silver Blue Access 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
Contract Code	68PT	68RF	68SD	68C1	68C9	68JD	68HX	68HF

Premium	68PT	68RF	68SD	68C1	68C9	68JD	68HX	68HF
Individual	\$1,487.41	\$995.52	\$915.94	\$995.63	\$916.06	\$1,238.38	\$991.37	\$912.15
Individual + Spouse	\$2,974.82	\$1,991.04	\$1,831.88	\$1,991.26	\$1,832.12	\$2,476.76	\$1,982.74	\$1,824.30
Individual + Child(ren)	\$2,528.60	\$1,692.38	\$1,557.10	\$1,692.57	\$1,557.30	\$2,105.25	\$1,685.33	\$1,550.66
Family	\$4,239.12	\$2,837.23	\$2,610.43	\$2,837.55	\$2,610.77	\$3,529.38	\$2,825.40	\$2,599.63

Plan Name	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	Empire Silver PPO 3000/50%/8700 WH	Empire Silver EPO 3000/50%/8700 WH	Not Offered
Contract Code		68RX			68CR	68K3	68JM	

Enhanced Embedded Dental and Vision Premium	68RX	68CR	68K3	68JM
Individual	\$1,023.46	\$942.11	\$1,266.33	\$1,019.32
Individual + Spouse	\$2,046.92	\$1,884.22	\$2,532.66	\$2,038.64
Individual + Child(ren)	\$1,739.88	\$1,601.59	\$2,152.76	\$1,732.84
Family	\$2,916.86	\$2,685.01	\$3,609.04	\$2,905.06

Plan Details	68PT	68RF	68SD	68C1	68C9	68JD	68HX	68HF
Network	PPO/EPO	PPO/EPO	Blue Access	PPO/EPO	Blue Access	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	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	68PT	68RF	68SD	68C1	68C9	68JD	68HX	68HF
INN Deductible (Ind / Fam)	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
OON Deductible (Ind / Fam)	\$5,600/\$11200	-	-	-	-	\$6,000/\$12000	-	-
INN Coinsurance	30%	30%	30%	25%	25%	50%	50%	50%
OON Coinsurance	30%	-	-	-	-	50%	-	-
INN Out of Pocket Max (Ind / Fam)	\$7050/\$14100	\$7050/\$14100	\$7050/\$14100	\$7050/\$14100	\$7050/\$14100	\$8700/\$17400	\$8700/\$17400	\$8700/\$17400
OON Out of Pocket Max (Ind / Fam)	\$14,100/\$28200	-	-	-	-	\$17,400/\$34800	-	-
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	Ded, \$0/Ded,\$5	\$0/\$5	\$0/\$5	\$0/\$5
Primary Care Visit	Ded, then \$10	Ded, then \$10	Ded, then \$10	Ded, then \$10	Ded, then \$10	\$40	\$40	\$40
Specialist Visit	Ded, then \$50	Ded, then \$50	Ded, then \$50	Ded, then \$50	Ded, then \$50	\$70	\$70	\$70
Emergency Room	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then 50%	Ded, then 50%	Ded, then 50%
Urgent Care	Ded, then \$100	Ded, then \$100	Ded, then \$100	Ded, then \$100	Ded, then \$100	\$75	\$75	\$75
Inpatient Facility	Ded, then \$1,500	Ded, then \$1,500	Ded, then \$1,500	Ded, then \$1,500	Ded, then \$1,500	Ded, then 50%	Ded, then 50%	Ded, then 50%
Outpatient Facility	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then 50%	Ded, then 50%	Ded, then 50%
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	\$20 / \$25	\$20 / \$25	\$20 / \$25
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, 50%	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%
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, 50% / Ded, 50%	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%
Rx Deductible	Med Ded	Med Ded	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/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$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. 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



Q2 2022 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 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
Contract Code	68Q9	68TT	68U9	68QR	68KB

Premium					
Individual	\$910.61	\$887.40	\$816.47	\$814.70	\$775.62
Individual + Spouse	\$1,821.22	\$1,774.80	\$1,632.94	\$1,629.40	\$1,551.24
Individual + Child(ren)	\$1,548.04	\$1,508.58	\$1,388.00	\$1,384.99	\$1,318.55
Family	\$2,595.24	\$2,529.09	\$2,326.94	\$2,321.90	\$2,210.52

Plan Name	Not Offered	Empire Bronze EPO 6100/50%/7050 w/HSA WH	Not Offered	Not Offered	Not Offered
Contract Code		68UR			

Enhanced Embedded Dental and Vision Premium					
Individual		\$915.58			
Individual + Spouse		\$1,831.16			
Individual + Child(ren)		\$1,556.49			
Family		\$2,609.40			

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

Plan Benefits					
INN Deductible (Ind / Fam)	\$4500/\$9000	\$6100/\$12200	\$6100/\$12200	\$6800/\$13600	\$8450/\$16900
OON Deductible (Ind / Fam)	-	-	-	-	-
INN Coinsurance	50%	50%	50%	50%	50%
OON Coinsurance	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$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	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5
Primary Care Visit	\$25	Ded, then \$10	Ded, then \$10	Ded, then \$10	Ded, then \$10
Specialist Visit	\$50	Ded, then \$50	Ded, then \$50	Ded, then \$50	Ded, then \$50
Emergency Room	Ded, then 50%	Ded, then \$500	Ded, then \$500	Ded, then \$250	Ded, then \$250
Urgent Care	\$50	Ded, then \$100	Ded, then \$100	Ded, then \$100	Ded, then \$100
Inpatient Facility	Ded, then 50%	Ded, then \$950	Ded, then \$950	Ded, then \$250	Ded, then \$250
Outpatient Facility	Ded, then 50%	Ded, then \$500	Ded, then \$500	Ded, then \$250	Ded, then \$250
Preferred Lab / Preferred Office Lab	\$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	\$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, \$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, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250
Rx Deductible	Tiers 2 & 3, \$150/\$300	Med Ded	Med Ded	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$50/\$90	50%/50%/50%	50%/50%/50%	50%/50%/50%	50%/50%/50%