



# Q1 2023 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 Platinum EPO 5/25 0%	Empire Platinum EPO 20/40 0%	Empire Platinum Blue Access EPO 5/25 0%	Empire Platinum Blue Access EPO 20/40 0%
Contract Code	6SSC	6SN6	6SLQ	6SN8

Premium	Empire Platinum EPO 5/25 0%	Empire Platinum EPO 20/40 0%	Empire Platinum Blue Access EPO 5/25 0%	Empire Platinum Blue Access EPO 20/40 0%
Individual	\$1,082.96	\$1,076.26	\$996.35	\$990.22
Individual + Spouse	\$2,165.92	\$2,152.52	\$1,992.70	\$1,980.44
Individual + Child(ren)	\$1,841.03	\$1,829.64	\$1,693.80	\$1,683.37
Family	\$3,086.44	\$3,067.34	\$2,839.60	\$2,822.13

Plan Name	Empire Platinum EPO 5/25 0% WH	Empire Platinum EPO 20/40 0% WH	Empire Platinum Blue Access EPO 5/25 0% WH	Empire Platinum Blue Access EPO 20/40 0% WH
Contract Code	6SLN	6SMB	6SR3	6SMG

Enhanced Embedded Dental and Vision Premium	Empire Platinum EPO 5/25 0% WH	Empire Platinum EPO 20/40 0% WH	Empire Platinum Blue Access EPO 5/25 0% WH	Empire Platinum Blue Access EPO 20/40 0% WH
Individual	\$1,102.37	\$1,095.68	\$1,014.44	\$1,008.31
Individual + Spouse	\$2,204.74	\$2,191.36	\$2,028.88	\$2,016.62
Individual + Child(ren)	\$1,874.03	\$1,862.66	\$1,724.55	\$1,714.13
Family	\$3,141.75	\$3,122.69	\$2,891.15	\$2,873.68

Plan Details	Empire Platinum EPO 5/25 0% WH	Empire Platinum EPO 20/40 0% WH	Empire Platinum Blue Access EPO 5/25 0% WH	Empire Platinum Blue Access EPO 20/40 0% WH
Network	EPO	EPO	Blue Access	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx	Base Rx
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded

Plan Benefits	Empire Platinum EPO 5/25 0% WH	Empire Platinum EPO 20/40 0% WH	Empire Platinum Blue Access EPO 5/25 0% WH	Empire Platinum Blue Access EPO 20/40 0% WH
INN Deductible (Ind / Fam)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	0%	0%	0%	0%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3,500/\$7,000	\$2,750/\$5,500	\$3,500/\$7,000	\$2,750/\$5,500
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	\$0	\$0
Primary Care Visit	\$5	\$20	\$5	\$20
Specialist Visit	\$25	\$40	\$25	\$40
Emergency Room	\$300	\$300	\$300	\$300
Urgent Care	\$75	\$50	\$75	\$50
Inpatient Facility	\$400	\$500	\$400	\$500
Outpatient Facility	\$50/\$300	\$50/\$500	\$50/\$300	\$50/\$500
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
INN X-Ray (Office; Outpatient Hospital)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	\$150/\$250	\$150/\$250	\$150/\$250	\$150/\$250
Rx Deductible	Tiers 2 & 3, \$100/\$100	Tiers 2 & 3, \$100/\$100	Tiers 2 & 3, \$100/\$100	Tiers 2 & 3, \$100/\$100
Rx Copay (Tier 1 / 2 / 3)	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70

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 \*\*\* 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.  
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The Whole Health Company

Plan Name	Empire Platinum Blue Access EPO 15/35 300 10%	Empire Gold EPO 25/50 0%	Empire Gold EPO 30/55 1000 10%	Empire Gold EPO 15/35 1750 10%
Contract Code	6SP9	6SRM	6SMZ	6SNT

Premium	Empire Platinum Blue Access EPO 15/35 300 10%	Empire Gold EPO 25/50 0%	Empire Gold EPO 30/55 1000 10%	Empire Gold EPO 15/35 1750 10%
Individual	\$969.96	\$975.89	\$937.91	\$915.01
Individual + Spouse	\$1,939.92	\$1,951.78	\$1,875.82	\$1,830.02
Individual + Child(ren)	\$1,648.93	\$1,659.01	\$1,594.45	\$1,555.52
Family	\$2,764.39	\$2,781.29	\$2,673.04	\$2,607.78

Plan Name	Empire Platinum Blue Access EPO 15/35 300 10% WH	Empire Gold EPO 25/50 0% WH	Empire Gold EPO 30/55 1000 10% WH	Empire Gold EPO 15/35 1750 10% WH
Contract Code	6SRK	6SP2	6SMA	6SN2

Enhanced Embedded Dental and Vision Premium	Empire Platinum Blue Access EPO 15/35 300 10% WH	Empire Gold EPO 25/50 0% WH	Empire Gold EPO 30/55 1000 10% WH	Empire Gold EPO 15/35 1750 10% WH
Individual	\$988.24	\$995.31	\$957.61	\$934.71
Individual + Spouse	\$1,976.48	\$1,990.62	\$1,915.22	\$1,869.42
Individual + Child(ren)	\$1,680.01	\$1,692.03	\$1,627.94	\$1,589.01
Family	\$2,816.48	\$2,836.63	\$2,729.19	\$2,663.92

Plan Details	Empire Platinum Blue Access EPO 15/35 300 10% WH	Empire Gold EPO 25/50 0% WH	Empire Gold EPO 30/55 1000 10% WH	Empire Gold EPO 15/35 1750 10% WH
Network	Blue Access	EPO	EPO	EPO
National Access via Bluecard Program	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx	Base Rx
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded

Plan Benefits	Empire Platinum Blue Access EPO 15/35 300 10% WH	Empire Gold EPO 25/50 0% WH	Empire Gold EPO 30/55 1000 10% WH	Empire Gold EPO 15/35 1750 10% WH
INN Deductible (Ind / Fam)	\$300/\$600	\$0/\$0	\$1,000/\$2,000	\$1,750/\$3,500
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	10%	0%	10%	10%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3,200/\$6,400	\$8,500/\$17,000	\$6,750/\$13,500	\$8,500/\$17,000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	\$0	\$0
Primary Care Visit	\$15	\$25	\$30	\$15
Specialist Visit	\$35	\$50	\$55	\$35
Emergency Room	Ded, then 10%	\$750	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	\$50	\$50	\$60	\$60
Inpatient Facility	Ded, then 10%	\$500	Ded, then 10%	Ded, then 10%
Outpatient Facility	Ded, then \$50 Copay/Ded, then 10%	\$150/\$500	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$150 Copay/Ded, then \$300 Copay
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$20/\$25	\$0/\$0	\$0/\$0	\$0/\$0
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$75 Copay/Ded, then 10%	\$50/\$150	Ded, then \$50/Ded, then \$150	Ded, then \$50/Ded, then \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, then \$150 Copay/Ded, then 10%	\$150/\$250	Ded, then \$150/Ded, then \$250	Ded, then \$150/Ded, then \$250
Rx Deductible	Tiers 2 & 3, \$100/\$100	Tiers 2 & 3, \$150/\$150	Tiers 2 & 3, \$150/\$150	Tiers 2 & 3, \$150/\$150
Rx Copay (Tier 1 / 2 / 3)	\$10/\$35/\$70	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80

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Plan Name	Empire Gold EPO 25/45 1750 20%	Empire Gold Blue Access EPO 25/50 0%	Empire Gold EPO 35/60 2250 30%	Empire Gold EPO 20/50 1500 10% w/HSA
Contract Code	6SRV	6SN1	6SMC	6SM4

Premium	Empire Gold EPO 25/45 1750 20%	Empire Gold Blue Access EPO 25/50 0%	Empire Gold EPO 35/60 2250 30%	Empire Gold EPO 20/50 1500 10% w/HSA
Individual	\$913.79	\$897.86	\$885.99	\$885.04
Individual + Spouse	\$1,827.58	\$1,795.72	\$1,771.98	\$1,770.08
Individual + Child(ren)	\$1,553.44	\$1,526.36	\$1,506.18	\$1,504.57
Family	\$2,604.30	\$2,558.90	\$2,525.07	\$2,522.36

Plan Name	Empire Gold EPO 25/45 1750 20% WH	Empire Gold Blue Access EPO 25/50 0% WH	Empire Gold EPO 35/60 2250 30% WH	Empire Gold EPO 20/50 1500 10% w/HSA WH
Contract Code	6SPU	6SPW	6SRS	6SRX

Enhanced Embedded Dental and Vision Premium	Empire Gold EPO 25/45 1750 20% WH	Empire Gold Blue Access EPO 25/50 0% WH	Empire Gold EPO 35/60 2250 30% WH	Empire Gold EPO 20/50 1500 10% w/HSA WH
Individual	\$933.48	\$915.86	\$905.68	\$904.74
Individual + Spouse	\$1,866.96	\$1,831.72	\$1,811.36	\$1,809.48
Individual + Child(ren)	\$1,586.92	\$1,556.96	\$1,539.66	\$1,538.06
Family	\$2,660.42	\$2,610.20	\$2,581.19	\$2,578.51

Plan Details	Empire Gold EPO 25/45 1750 20% WH	Empire Gold Blue Access EPO 25/50 0% WH	Empire Gold EPO 35/60 2250 30% WH	Empire Gold EPO 20/50 1500 10% w/HSA WH
Network	EPO	Blue Access	EPO	EPO
National Access via Bluecard Program	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx	Base Rx
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Not Embedded

Plan Benefits	Empire Gold EPO 25/45 1750 20% WH	Empire Gold Blue Access EPO 25/50 0% WH	Empire Gold EPO 35/60 2250 30% WH	Empire Gold EPO 20/50 1500 10% w/HSA WH
INN Deductible (Ind / Fam)	\$1,750/\$3,500	\$0/\$0	\$2,250/\$4,500	\$1,500/\$3,000
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	20%	0%	30%	10%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$6,000/\$12,000	\$8,500/\$17,000	\$7,000/\$14,000	\$5,000/\$10,000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	\$0	Ded, then \$0
Primary Care Visit	\$25	\$25	\$35	Ded, then \$20 Copay
Specialist Visit	\$45	\$50	\$60	Ded, then \$50 Copay
Emergency Room	Ded, then \$500 Copay	\$750	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	\$60	\$50	\$75	Ded, then \$100 Copay
Inpatient Facility	Ded, then 20%	\$500	Ded, then 30%	Ded, then \$1,000 Copay
Outpatient Facility	Ded, then \$150 Copay/Ded, then \$250 Copay	\$150/\$500	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	\$0/\$0	\$0/\$0	\$0/\$0	Ded, then \$25/Ded, then \$25
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$50/Ded, then \$150	\$50/\$150	Ded, then \$50/Ded, then \$150	Ded, then \$50/Ded, then \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, then \$150/Ded, then \$250	\$150/\$250	Ded, then \$150/Ded, then \$250	Ded, then \$150/Ded, then \$250
Rx Deductible	Tiers 2 & 3, \$150/\$150	Tiers 2 & 3, \$150/\$150	Tiers 2 & 3, \$150/\$150	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80

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The Whole Health Company

Plan Name	Empire Gold Blue Access EPO 30/55 1000 0%	Empire Gold Blue Access EPO 15/35 1750 10%	Empire Gold Blue Access EPO 25/45 1750 20%	Empire Gold Blue Access EPO 35/60 2250 30%
Contract Code	6SLU	6SNW	6SRT	6SNZ

Premium	Empire Gold Blue Access EPO 30/55 1000 0%	Empire Gold Blue Access EPO 15/35 1750 10%	Empire Gold Blue Access EPO 25/45 1750 20%	Empire Gold Blue Access EPO 35/60 2250 30%
Individual	\$876.09	\$841.88	\$840.75	\$815.21
Individual + Spouse	\$1,752.18	\$1,683.76	\$1,681.50	\$1,630.42
Individual + Child(ren)	\$1,489.35	\$1,431.20	\$1,429.28	\$1,385.86
Family	\$2,496.86	\$2,399.36	\$2,396.14	\$2,323.35

Plan Name	Empire Gold Blue Access EPO 30/55 1000 0% WH	Empire Gold Blue Access EPO 15/35 1750 10% WH	Empire Gold Blue Access EPO 25/45 1750 20% WH	Empire Gold Blue Access EPO 35/60 2250 30% WH
Contract Code	6SM3	6SSU	6SPT	6SPJ

Enhanced Embedded Dental and Vision Premium	Empire Gold Blue Access EPO 30/55 1000 0% WH	Empire Gold Blue Access EPO 15/35 1750 10% WH	Empire Gold Blue Access EPO 25/45 1750 20% WH	Empire Gold Blue Access EPO 35/60 2250 30% WH
Individual	\$894.37	\$860.16	\$859.03	\$833.49
Individual + Spouse	\$1,788.74	\$1,720.32	\$1,718.06	\$1,666.98
Individual + Child(ren)	\$1,520.43	\$1,462.27	\$1,460.35	\$1,416.93
Family	\$2,548.95	\$2,451.46	\$2,448.24	\$2,375.45

Plan Details	Empire Gold Blue Access EPO 30/55 1000 0% WH	Empire Gold Blue Access EPO 15/35 1750 10% WH	Empire Gold Blue Access EPO 25/45 1750 20% WH	Empire Gold Blue Access EPO 35/60 2250 30% WH
Network	Blue Access	Blue Access	Blue Access	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx	Base Rx
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded

Plan Benefits	Empire Gold Blue Access EPO 30/55 1000 0% WH	Empire Gold Blue Access EPO 15/35 1750 10% WH	Empire Gold Blue Access EPO 25/45 1750 20% WH	Empire Gold Blue Access EPO 35/60 2250 30% WH
INN Deductible (Ind / Fam)	\$1,000/\$2,000	\$1,750/\$3,500	\$1,750/\$3,500	\$2,250/\$4,500
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	0%	10%	20%	30%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$6,750/\$13,500	\$8,500/\$17,000	\$6,000/\$12,000	\$7,000/\$14,000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	\$0	\$0
Primary Care Visit	\$30	\$15	\$25	\$35
Specialist Visit	\$55	\$35	\$45	\$60
Emergency Room	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	\$60	\$60	\$60	\$75
Inpatient Facility	Ded, then \$500 Copay	Ded, then 10%	Ded, then 20%	Ded, then 30%
Outpatient Facility	Ded, then \$150 Copay/Ded, then \$250 Copay	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$150 Copay/Ded, then \$250 Copay	Ded, then \$150 Copay/Ded, then \$300 Copay
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$50/Ded, then \$150	Ded, then \$50/Ded, then \$150	Ded, then \$50/Ded, then \$150	Ded, then \$50/Ded, then \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, then \$150/Ded, then \$250	Ded, then \$150/Ded, then \$250	Ded, then \$150/Ded, then \$250	Ded, then \$150/Ded, then \$250
Rx Deductible	Tiers 2 & 3, \$150/\$150	Tiers 2 & 3, \$150/\$150	Tiers 2 & 3, \$150/\$150	Tiers 2 & 3, \$150/\$150
Rx Copay (Tier 1 / 2 / 3)	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80

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The Whole Health Company

Plan Name	Empire Gold Blue Access EPO 20/50 1500 10% w/HSA	Empire Gold Healthy New York Blue Access GEPO 25/40 600 0%	Empire Silver PPO 20/50 3000 30% w/HSA	Empire Silver Blue Access EPO 60/125 0%
Contract Code	6SMQ	6SMJ	6SMV	6SRR

Premium	Empire Gold Blue Access EPO 20/50 1500 10% w/HSA	Empire Gold Healthy New York Blue Access GEPO 25/40 600 0%	Empire Silver PPO 20/50 3000 30% w/HSA	Empire Silver Blue Access EPO 60/125 0%
Individual	\$814.36	\$730.58	\$972.69	\$799.19
Individual + Spouse	\$1,628.72	\$1,461.16	\$1,945.38	\$1,598.38
Individual + Child(ren)	\$1,384.41	\$1,241.99	\$1,653.57	\$1,358.62
Family	\$2,320.93	\$2,082.15	\$2,772.17	\$2,277.69

Plan Name	Empire Gold Blue Access EPO 20/50 1500 10% w/HSA WH	Not Offered	Empire Silver PPO 20/50 3000 30% w/HSA WH	Empire Silver Blue Access EPO 60/125 0% WH
Contract Code	65QC		65RG	65M9

Enhanced Embedded Dental and Vision Premium	Empire Gold Blue Access EPO 20/50 1500 10% w/HSA WH	Not Offered	Empire Silver PPO 20/50 3000 30% w/HSA WH	Empire Silver Blue Access EPO 60/125 0% WH
Individual	\$832.64		\$992.48	\$817.19
Individual + Spouse	\$1,665.28		\$1,984.96	\$1,634.38
Individual + Child(ren)	\$1,415.49		\$1,687.22	\$1,389.22
Family	\$2,373.02		\$2,828.57	\$2,328.99

Plan Details	Empire Gold Blue Access EPO 20/50 1500 10% w/HSA WH	Not Offered	Empire Silver PPO 20/50 3000 30% w/HSA WH	Empire Silver Blue Access EPO 60/125 0% WH
Network	Blue Access	Blue Access	PPO	Blue Access
National Access via Bluecard Program	Yes	Yes*	Yes	Yes
Gatekeeper	No	Yes	No	No
Rx Network	Base Rx	Base Rx	Base Rx	Base Rx
Formulary	Traditional Open	Select	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Not Embedded	Embedded	Embedded	Embedded

Plan Benefits	Empire Gold Blue Access EPO 20/50 1500 10% w/HSA WH	Not Offered	Empire Silver PPO 20/50 3000 30% w/HSA WH	Empire Silver Blue Access EPO 60/125 0% WH
INN Deductible (Ind / Fam)	\$1,500/\$3,000	\$600/\$1,200	\$3,000/\$6,000	\$0/\$0
OON Deductible (Ind / Fam)	-	-	\$7,000/\$14,000	-
INN Coinsurance	10%	0%	30%	0%
OON Coinsurance	-	-	30%	-
INN Out of Pocket Max (Ind / Fam)	\$5,000/\$10,000	\$4,750/\$9,500	\$7,450/\$14,900	\$9,100/\$18,200
OON Out of Pocket Max (Ind / Fam)	-	-	\$18,625/\$37,250	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	Ded, then \$0	\$0	Ded, then \$0	\$0
Primary Care Visit	Ded, then \$20 Copay	Ded, then \$25 Copay	Ded, then \$20 Copay	\$60
Specialist Visit	Ded, then \$50 Copay	Ded, then \$40 Copay	Ded, then \$50 Copay	\$125
Emergency Room	Ded, then \$500 Copay	Ded, then \$150 Copay	Ded, then \$500 Copay	\$2,500
Urgent Care	Ded, then \$100 Copay	Ded, then \$60 Copay	Ded, then \$100 Copay	\$125
Inpatient Facility	Ded, then \$1,000 Copay	Ded, then \$1,000 Copay	Ded, then \$1,500 Copay	\$2,500
Outpatient Facility	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$100 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay	\$500/\$1,000
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$25 Copay	Ded, then \$0	\$0
INN Lab (Office; Outpatient Hospital)	Ded, then \$25/Ded, then \$25	Ded, then \$25 Copay/Ded, then \$40	Ded, then \$25/Ded, then \$25	\$60/\$20
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$50/Ded, then \$150	Ded, then \$25 Copay/Ded, then \$40	Ded, then \$50/Ded, then \$150	\$150/\$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, then \$150/Ded, then \$250	Ded, then \$40 Copay/Ded, then \$40	Ded, then \$150/Ded, then \$250	\$250/\$250
Rx Deductible	Med Ded	NA	Med Ded	NA
Rx Copay (Tier 1 / 2 / 3)	\$10/\$40/\$80	\$10/\$35/\$70	\$10/\$50/\$90	\$10/\$50/\$90

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# Q1 2023 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 Silver EPO 20/50 3000 25% w/HSA	Empire Silver EPO 40/70 3000 50%	Empire Silver EPO 20/50 3500 30% w/HSA	Empire Silver Blue Access EPO 20/50 3000 25% w/HSA
Contract Code	6SMT	6SPF	6SMR	6SPR

Premium				
Individual	\$785.90	\$784.30	\$770.91	\$723.04
Individual + Spouse	\$1,571.80	\$1,568.60	\$1,541.82	\$1,446.08
Individual + Child(ren)	\$1,336.03	\$1,333.31	\$1,310.55	\$1,229.17
Family	\$2,239.82	\$2,235.26	\$2,197.09	\$2,060.66

Plan Name	Empire Silver EPO 20/50 3000 25% w/HSA WH	Empire Silver EPO 40/70 3000 50% WH	Empire Silver EPO 20/50 3500 30% w/HSA WH	Empire Silver Blue Access EPO 20/50 3000 25% w/HSA WH
Contract Code	6SR9	6SNY	6SSB	6SS5

Enhanced Embedded Dental and Vision Premium				
Individual	\$805.69	\$804.09	\$790.71	\$741.51
Individual + Spouse	\$1,611.38	\$1,608.18	\$1,581.42	\$1,483.02
Individual + Child(ren)	\$1,369.67	\$1,366.95	\$1,344.21	\$1,260.57
Family	\$2,296.22	\$2,291.66	\$2,253.52	\$2,113.30

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

Plan Benefits				
INN Deductible (Ind / Fam)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,500/\$7,000	\$3,000/\$6,000
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	25%	50%	30%	25%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7,450/\$14,900	\$9,100/\$18,200	\$7,450/\$14,900	\$7,450/\$14,900
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	Ded, then \$0	\$0	Ded, then \$0	Ded, then \$0
Primary Care Visit	Ded, then \$20 Copay	\$40	Ded, then \$20 Copay	Ded, then \$20 Copay
Specialist Visit	Ded, then \$50 Copay	\$70	Ded, then \$50 Copay	Ded, then \$50 Copay
Emergency Room	Ded, then \$500 Copay	Ded, then 50%	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	Ded, then \$100 Copay	\$75	Ded, then \$100 Copay	Ded, then \$100 Copay
Inpatient Facility	Ded, then \$1,500 Copay	Ded, then 50%	Ded, then \$1,500 Copay	Ded, then \$1,500 Copay
Outpatient Facility	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$300 Copay/Ded, then 50%	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay
Preferred Lab / Preferred Office Lab	Ded, then \$0	\$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	Ded, then \$25/Ded, then \$25	\$20/\$25	Ded, then \$25/Ded, then \$25	Ded, then \$25/Ded, then \$25
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$50/Ded, then \$150	Ded, then \$75 Copay/Ded, then 50%	Ded, then \$50/Ded, then \$150	Ded, then \$50/Ded, then \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, then \$150/Ded, then \$250	Ded, then \$150 Copay/Ded, then 50%	Ded, then \$150/Ded, then \$250	Ded, then \$150/Ded, then \$250
Rx Deductible	Med Ded	Tiers 2 & 3, \$200/\$200	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$50/\$90	\$25/\$75/\$90	\$10/\$50/\$90	\$10/\$50/\$90

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# Q1 2023 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 Silver Blue Access EPO 40/70 3000 50%	Empire Silver Blue Access EPO 25/50 4550 50%	Empire Silver Blue Access EPO 20/50 3500 30% w/HSA	Empire Bronze EPO 20/50 6100 50% w/HSA
Contract Code	6SNB	6SNU	6SQX	6SQB

Premium	6SNB	6SNU	6SQX	6SQB
Individual	\$721.62	\$719.17	\$709.28	\$697.88
Individual + Spouse	\$1,443.24	\$1,438.34	\$1,418.56	\$1,395.76
Individual + Child(ren)	\$1,226.75	\$1,222.59	\$1,205.78	\$1,186.40
Family	\$2,056.62	\$2,049.63	\$2,021.45	\$1,988.96

Plan Name	Empire Silver Blue Access EPO 40/70 3000 50% WH	Empire Silver Blue Access EPO 25/50 4550 50% WH	Empire Silver Blue Access EPO 20/50 3500 30% w/HSA WH	Empire Bronze EPO 20/50 6100 50% w/HSA WH
Contract Code	6SRP	6SLR	6SSM	6SLL

Enhanced Embedded Dental and Vision Premium	6SRP	6SLR	6SSM	6SLL
Individual	\$740.00	\$737.74	\$727.75	\$717.95
Individual + Spouse	\$1,480.00	\$1,475.48	\$1,455.50	\$1,435.90
Individual + Child(ren)	\$1,258.00	\$1,254.16	\$1,237.18	\$1,220.52
Family	\$2,109.00	\$2,102.56	\$2,074.09	\$2,046.16

Plan Details	6SRP	6SLR	6SSM	6SLL
Network	Blue Access	Blue Access	Blue Access	EPO
National Access via Bluecard Program	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx	Base Rx
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded

Plan Benefits	6SRP	6SLR	6SSM	6SLL
INN Deductible (Ind / Fam)	\$3,000/\$6,000	\$4,550/\$9,100	\$3,500/\$7,000	\$6,100/\$12,200
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	50%	50%	30%	50%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$9,100/\$18,200	\$9,100/\$18,200	\$7,450/\$14,900	\$7,450/\$14,900
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	Ded, then \$0	Ded, then \$0
Primary Care Visit	\$40	\$25	Ded, then \$20 Copay	Ded, then \$20 Copay
Specialist Visit	\$70	\$50	Ded, then \$50 Copay	Ded, then \$50 Copay
Emergency Room	Ded, then 50%	Ded, then 50%	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	\$75	\$50	Ded, then \$100 Copay	Ded, then \$100 Copay
Inpatient Facility	Ded, then 50%	Ded, then 50%	Ded, then \$1,500 Copay	Ded, then \$1,000 Copay
Outpatient Facility	Ded, then \$300 Copay/Ded, then 50%	Ded, then \$300 Copay/Ded, then 50%	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay
Preferred Lab / Preferred Office Lab	\$0	\$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	\$20/\$25	\$20/\$25	Ded, then \$25/Ded, then \$25	Ded, then \$25/Ded, then \$25
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$75 Copay/Ded, then 50%	Ded, then \$75 Copay/Ded, then 50%	Ded, then \$50/Ded, then \$150	Ded, then \$50/Ded, then \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, then \$150 Copay/Ded, then 50%	Ded, then \$150 Copay/Ded, then 50%	Ded, then \$150/Ded, then \$250	Ded, then \$150/Ded, then \$250
Rx Deductible	Tiers 2 & 3, \$200/\$200	Tiers 2 & 3, \$200/\$200	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$25/\$75/\$90	\$25/\$75/\$90	\$10/\$50/\$90	50%/50%/50%

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# Q1 2023 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 20/50 6100 50% w/HSA	Empire Bronze Blue Access EPO 20/50 6800 50% w/HSA	Empire Bronze Blue Access EPO 20/50 8450 50%
Contract Code	6SN4	6SPK	6SQ1

Premium			
Individual	\$642.08	\$638.22	\$606.46
Individual + Spouse	\$1,284.16	\$1,276.44	\$1,212.92
Individual + Child(ren)	\$1,091.54	\$1,084.97	\$1,030.98
Family	\$1,829.93	\$1,818.93	\$1,728.41

Plan Name	Empire Bronze Blue Access EPO 20/50 6100 50% w/HSA WH	Empire Bronze Blue Access EPO 20/50 6800 50% w/HSA WH	Empire Bronze Blue Access EPO 20/50 8450 50% WH
Contract Code	6SRV	6SRE	6SLV

Enhanced Embedded Dental and Vision Premium			
Individual	\$660.74	\$656.69	\$625.12
Individual + Spouse	\$1,321.48	\$1,313.38	\$1,250.24
Individual + Child(ren)	\$1,123.26	\$1,116.37	\$1,062.70
Family	\$1,883.11	\$1,871.57	\$1,781.59

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

Plan Benefits			
INN Deductible (Ind / Fam)	\$6,100/\$12,200	\$6,800/\$13,600	\$8,450/\$16,900
OON Deductible (Ind / Fam)	-	-	-
INN Coinsurance	50%	50%	50%
OON Coinsurance	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7,450/\$14,900	\$7,450/\$14,900	\$9,100/\$18,200
OON Out of Pocket Max (Ind / Fam)	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	Ded, then \$0	Ded, then \$0	Ded, then \$0
Primary Care Visit	Ded, then \$20 Copay	Ded, then \$20 Copay	Ded, then \$20 Copay
Specialist Visit	Ded, then \$50 Copay	Ded, then \$50 Copay	Ded, then \$50 Copay
Emergency Room	Ded, then \$500 Copay	Ded, then \$300 Copay	Ded, then \$300 Copay
Urgent Care	Ded, then \$100 Copay	Ded, then \$100 Copay	Ded, then \$100 Copay
Inpatient Facility	Ded, then \$1,000 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay
Outpatient Facility	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	Ded, then \$25/Ded, then \$25	Ded, then \$25/Ded, then \$25	Ded, then \$25/Ded, then \$25
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$50/Ded, then \$150	Ded, then \$50/Ded, then \$150	Ded, then \$50/Ded, then \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, then \$150/Ded, then \$250	Ded, then \$150/Ded, then \$250	Ded, then \$150/Ded, then \$250
Rx Deductible	Med Ded	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	50%/50%/50%	50%/50%/50%	50%/50%/50%

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