



Q2 2023 New York Small Group Plans | Long Island
Region 8: Nassau and Suffolk counties

Plan Name	Empire Platinum PPO 5/25 0%	Empire Platinum PPO 20/40 0%	Empire Platinum EPO 5/25 0%	Empire Platinum EPO 20/40 0%
Contract Code	6SMP	6SML	6SMH	6SPX
Premium				
Individual	\$1,811.41	\$1,804.84	\$1,451.02	\$1,442.06
Individual + Spouse	\$3,622.82	\$3,609.68	\$2,902.04	\$2,884.12
Individual + Child(ren)	\$3,079.40	\$3,068.23	\$2,466.73	\$2,451.50
Family	\$5,162.52	\$5,143.79	\$4,135.41	\$4,109.87
Plan Name	Empire Platinum PPO 5/25 0% WH	Empire Platinum PPO 20/40 0% WH	Empire Platinum EPO 5/25 0% WH	Empire Platinum EPO 20/40 0% WH
Contract Code	6SNA	6SNS	6SQQ	6SM5
Enhanced Embedded Dental and Vision Premium				
Individual	\$1,837.42	\$1,830.86	\$1,477.03	\$1,468.07
Individual + Spouse	\$3,674.84	\$3,661.72	\$2,954.06	\$2,936.14
Individual + Child(ren)	\$3,123.61	\$3,112.46	\$2,510.95	\$2,495.72
Family	\$5,236.65	\$5,217.95	\$4,209.54	\$4,184.00
Plan Details				
Network	PPO	PPO	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				
INN Deductible (Ind / Fam)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
OON Deductible (Ind / Fam)	\$4,000/\$8,000	\$4,000/\$8,000	-	-
INN Coinsurance	0%	0%	0%	0%
OON Coinsurance	30%	30%	-	-
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)	\$10,375/\$20,750	\$7,875/\$15,750	-	-
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	\$50	\$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/\$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

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Q2 2023 New York Small Group Plans | Long Island
Region 8: Nassau and Suffolk counties

Plan Name	Empire Platinum Blue Access EPO 5/25 0%	Empire Platinum Blue Access EPO 20/40 0%	Empire Platinum Blue Access EPO 15/35 300 10%	Empire Platinum Connection EPO 20/40 0%
Contract Code	6SLM	6SNR	6SQL	6SS4
Premium				
Individual	\$1,334.98	\$1,326.77	\$1,299.62	\$1,232.19
Individual + Spouse	\$2,669.96	\$2,653.54	\$2,599.24	\$2,464.38
Individual + Child(ren)	\$2,269.47	\$2,255.51	\$2,209.35	\$2,094.72
Family	\$3,804.69	\$3,781.29	\$3,703.92	\$3,511.74
Plan Name	Empire Platinum Blue Access EPO 5/25 0% WH	Empire Platinum Blue Access EPO 20/40 0% WH	Empire Platinum Blue Access EPO 15/35 300 10% WH	Empire Platinum Connection EPO 20/40 0% WH
Contract Code	6SM7	6SMM	6SRB	6SQ8
Enhanced Embedded Dental and Vision Premium				
Individual	\$1,359.22	\$1,351.01	\$1,324.12	\$1,255.42
Individual + Spouse	\$2,718.44	\$2,702.02	\$2,648.24	\$2,510.84
Individual + Child(ren)	\$2,310.67	\$2,296.72	\$2,251.00	\$2,134.21
Family	\$3,873.78	\$3,850.38	\$3,773.74	\$3,577.95
Plan Details				
Network	Blue Access	Blue Access	Blue Access	Connection
National Access via Bluecard Program	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx	Advantage Rx
Formulary	Traditional Open	Traditional Open	Traditional Open	Select
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded
Plan Benefits				
INN Deductible (Ind / Fam)	\$0/\$0	\$0/\$0	\$300/\$600	\$0/\$0
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	0%	0%	10%	0%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3,500/\$7,000	\$2,750/\$5,500	\$3,200/\$6,400	\$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	\$15	\$20
Specialist Visit	\$25	\$40	\$35	\$40
Emergency Room	\$300	\$300	Ded, then 10%	\$300
Urgent Care	\$75	\$50	\$50	\$50
Inpatient Facility	\$400	\$500	Ded, then 10%	\$500
Outpatient Facility	\$50/\$300	\$50/\$500	Ded, then \$50 Copay/Ded, then 10%	\$50/\$500
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$0/\$0	\$0/\$0	\$20/\$25	\$0/\$0
INN X-Ray (Office; Outpatient Hospital)	\$50/\$150	\$50/\$150	Ded, then \$75 Copay/Ded, then 10%	\$50/\$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	\$150/\$250	\$150/\$250	Ded, then \$150 Copay/Ded, then 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
Rx Copay (Tier 1 / 2 / 3)	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70

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Q2 2023 New York Small Group Plans | Long Island
Region 8: Nassau and Suffolk counties

Plan Name	Empire Link Platinum Connection EPO 5/25 200 10%	Empire Platinum Connection EPO 15/35 300 10%	Empire Gold PPO 25/40 1500 20%	Empire Gold PPO 20/50 1500 10% w/HSA
Contract Code	6SS6	6SNK	6SQW	6SSQ

Premium	Empire Link Platinum Connection EPO 5/25 200 10%	Empire Platinum Connection EPO 15/35 300 10%	Empire Gold PPO 25/40 1500 20%	Empire Gold PPO 20/50 1500 10% w/HSA
Individual	\$1,226.76	\$1,206.93	\$1,511.89	\$1,466.43
Individual + Spouse	\$2,453.52	\$2,413.86	\$3,023.78	\$2,932.86
Individual + Child(ren)	\$2,085.49	\$2,051.78	\$2,570.21	\$2,492.93
Family	\$3,496.27	\$3,439.75	\$4,308.89	\$4,179.33

Plan Name	Empire Link Platinum Connection EPO 5/25 200 10% WH	Empire Platinum Connection EPO 15/35 300 10% WH	Empire Gold PPO 25/40 1500 20% WH	Empire Gold PPO 20/50 1500 10% w/HSA WH
Contract Code	6VXC	6SRQ	6SRW	6SPY

Enhanced Embedded Dental and Vision Premium	Empire Link Platinum Connection EPO 5/25 200 10% WH	Empire Platinum Connection EPO 15/35 300 10% WH	Empire Gold PPO 25/40 1500 20% WH	Empire Gold PPO 20/50 1500 10% w/HSA WH
Individual	\$1,250.25	\$1,230.29	\$1,538.40	\$1,492.95
Individual + Spouse	\$2,500.50	\$2,460.58	\$3,076.80	\$2,985.90
Individual + Child(ren)	\$2,125.43	\$2,091.49	\$2,615.28	\$2,538.02
Family	\$3,563.21	\$3,506.33	\$4,384.44	\$4,254.91

Plan Details	Empire Link Platinum Connection EPO 5/25 200 10% WH	Empire Platinum Connection EPO 15/35 300 10% WH	Empire Gold PPO 25/40 1500 20% WH	Empire Gold PPO 20/50 1500 10% w/HSA WH
Network	Connection	Connection	PPO	PPO
National Access via Bluecard Program	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No
Rx Network	Advantage Rx	Advantage Rx	Base Rx	Base Rx
Formulary	Select	Select	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Not Embedded

Plan Benefits	Empire Link Platinum Connection EPO 5/25 200 10% WH	Empire Platinum Connection EPO 15/35 300 10% WH	Empire Gold PPO 25/40 1500 20% WH	Empire Gold PPO 20/50 1500 10% w/HSA WH
INN Deductible (Ind / Fam)	\$200/\$600	\$300/\$600	\$1,500/\$3,000	\$1,500/\$3,000
OON Deductible (Ind / Fam)	-	-	\$4,000/\$8,000	\$4,000/\$8,000
INN Coinsurance	10%	10%	20%	10%
OON Coinsurance	-	-	50%	30%
INN Out of Pocket Max (Ind / Fam)	\$2,500/\$5,000	\$3,200/\$6,400	\$7,000/\$14,000	\$5,000/\$10,000
OON Out of Pocket Max (Ind / Fam)	-	-	\$17,500/\$35,000	\$13,750/\$27,500
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	\$0	Ded, then \$0
Primary Care Visit	\$5	\$15	\$25	Ded, then \$20 Copay
Specialist Visit	\$25	\$35	\$40	Ded, then \$50 Copay
Emergency Room	Ded, then \$300 Copay	Ded, then 10%	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	\$75	\$50	\$60	Ded, then \$100 Copay
Inpatient Facility	Ded, then \$500 Copay	Ded, then 10%	Ded, then 20%	Ded, then \$1,000 Copay
Outpatient Facility	\$50/Ded, then \$500 Copay	Ded, then \$50 Copay/Ded, then 10%	Ded, then \$150 Copay/Ded, then \$250 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)	\$5/Ded, then \$25	\$20/\$25	\$0/\$0	Ded, then \$25/Ded, then \$25
INN X-Ray (Office; Outpatient Hospital)	\$50/Ded, then \$150 Copay	Ded, then \$75 Copay/Ded, then 10%	Ded, then \$50/Ded, then \$150	Ded, then \$50/Ded, then \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	\$150/Ded, then \$250 Copay	Ded, then \$150 Copay/Ded, then 10%	Ded, then \$150/Ded, then \$250	Ded, then \$150/Ded, then \$250
Rx Deductible	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$150/\$300	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$50/\$90	\$10/\$35/\$70	\$10/\$40/\$80	\$10/\$40/\$80

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Plan Name	Empire Gold EPO 25/50 0%	Empire Gold EPO 30/55 1000 10%	Empire Gold EPO 15/35 1750 10%	Empire Gold EPO 25/45 1750 20%
Contract Code	6SR7	6SS9	6SLY	6SQY
Premium				
Individual	\$1,307.57	\$1,256.69	\$1,226.00	\$1,224.36
Individual + Spouse	\$2,615.14	\$2,513.38	\$2,452.00	\$2,448.72
Individual + Child(ren)	\$2,222.87	\$2,136.37	\$2,084.20	\$2,081.41
Family	\$3,726.57	\$3,581.57	\$3,494.10	\$3,489.43
Plan Name	Empire Gold EPO 25/50 0% WH	Empire Gold EPO 30/55 1000 10% WH	Empire Gold EPO 15/35 1750 10% WH	Empire Gold EPO 25/45 1750 20% WH
Contract Code	6SQT	6SRZ	6SSK	6SPG
Enhanced Embedded Dental and Vision Premium				
Individual	\$1,333.59	\$1,283.08	\$1,252.39	\$1,250.75
Individual + Spouse	\$2,667.18	\$2,566.16	\$2,504.78	\$2,501.50
Individual + Child(ren)	\$2,267.10	\$2,181.24	\$2,129.06	\$2,126.28
Family	\$3,800.73	\$3,656.78	\$3,569.31	\$3,564.64
Plan Details				
Network	EPO	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				
INN Deductible (Ind / Fam)	\$0/\$0	\$1,000/\$2,000	\$1,750/\$3,500	\$1,750/\$3,500
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	0%	10%	10%	20%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8,500/\$17,000	\$6,750/\$13,500	\$8,500/\$17,000	\$6,000/\$12,000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	\$0	\$0
Primary Care Visit	\$25	\$30	\$15	\$25
Specialist Visit	\$50	\$55	\$35	\$45
Emergency Room	\$750	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	\$50	\$60	\$60	\$60
Inpatient Facility	\$500	Ded, then 10%	Ded, then 10%	Ded, then 20%
Outpatient Facility	\$150/\$500	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$150 Copay/Ded, then \$250 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)	\$50/\$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)	\$150/\$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/\$300	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

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Region 8: Nassau and Suffolk counties

Plan Name	Empire Gold Blue Access EPO 25/50 0%	Empire Gold EPO 35/60 2250 30%	Empire Gold EPO 20/50 1500 10% w/HSA	Empire Gold Blue Access EPO 30/55 1000 0%
Contract Code	6SLT	6SNF	6SRH	6SMF
Premium				
Individual	\$1,203.02	\$1,187.11	\$1,185.85	\$1,173.85
Individual + Spouse	\$2,406.04	\$2,374.22	\$2,371.70	\$2,347.70
Individual + Child(ren)	\$2,045.13	\$2,018.09	\$2,015.95	\$1,995.55
Family	\$3,428.61	\$3,383.26	\$3,379.67	\$3,345.47
Plan Name	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	Empire Gold Blue Access EPO 30/55 1000 0% WH
Contract Code	6SQ3	6SN7	6SS3	6SQK
Enhanced Embedded Dental and Vision Premium				
Individual	\$1,227.14	\$1,213.50	\$1,212.24	\$1,198.35
Individual + Spouse	\$2,454.28	\$2,427.00	\$2,424.48	\$2,396.70
Individual + Child(ren)	\$2,086.14	\$2,062.95	\$2,060.81	\$2,037.20
Family	\$3,497.35	\$3,458.48	\$3,454.88	\$3,415.30
Plan Details				
Network	Blue Access	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	Not Embedded	Embedded
Plan Benefits				
INN Deductible (Ind / Fam)	\$0/\$0	\$2,250/\$4,500	\$1,500/\$3,000	\$1,000/\$2,000
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	0%	30%	10%	0%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8,500/\$17,000	\$7,000/\$14,000	\$5,000/\$10,000	\$6,750/\$13,500
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	\$0	Ded, then \$0	\$0
Primary Care Visit	\$25	\$35	Ded, then \$20 Copay	\$30
Specialist Visit	\$50	\$60	Ded, then \$50 Copay	\$55
Emergency Room	\$750	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	\$50	\$75	Ded, then \$100 Copay	\$60
Inpatient Facility	\$500	Ded, then 30%	Ded, then \$1,000 Copay	Ded, then \$500 Copay
Outpatient Facility	\$150/\$500	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$150 Copay/Ded, then \$250 Copay
Preferred Lab / Preferred Office Lab	\$0	\$0	Ded, then \$0	\$0
INN Lab (Office; Outpatient Hospital)	\$0/\$0	\$0/\$0	Ded, then \$25/Ded, then \$25	\$0/\$0
INN X-Ray (Office; Outpatient Hospital)	\$50/\$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)	\$150/\$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/\$300	Tiers 2 & 3, \$150/\$300	Med Ded	Tiers 2 & 3, \$150/\$300
Rx Copay (Tier 1 / 2 / 3)	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80

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Plan Name	Empire Gold Blue Access EPO 15/35 1750 10%	Empire Gold Blue Access EPO 25/45 1750 20%	Empire Gold Connection EPO 25/50 0%	Empire Gold Blue Access EPO 35/60 2250 30%
Contract Code	6SNH	6SQF	6SR0	6SR4
Premium				
Individual	\$1,128.01	\$1,126.50	\$1,116.65	\$1,092.28
Individual + Spouse	\$2,256.02	\$2,253.00	\$2,233.30	\$2,184.56
Individual + Child(ren)	\$1,917.62	\$1,915.05	\$1,898.31	\$1,856.88
Family	\$3,214.83	\$3,210.53	\$3,182.45	\$3,113.00
Plan Name	Empire Gold Blue Access EPO 15/35 1750 10% WH	Empire Gold Blue Access EPO 25/45 1750 20% WH	Empire Gold Connection EPO 25/50 0% WH	Empire Gold Blue Access EPO 35/60 2250 30% WH
Contract Code	6SQJ	6SP8	6SM0	6SQ7
Enhanced Embedded Dental and Vision Premium				
Individual	\$1,152.51	\$1,150.99	\$1,139.76	\$1,116.77
Individual + Spouse	\$2,305.02	\$2,301.98	\$2,279.52	\$2,233.54
Individual + Child(ren)	\$1,959.27	\$1,956.68	\$1,937.59	\$1,898.51
Family	\$3,284.65	\$3,280.32	\$3,248.32	\$3,182.79
Plan Details				
Network	Blue Access	Blue Access	Connection	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No
Rx Network	Base Rx	Base Rx	Advantage Rx	Base Rx
Formulary	Traditional Open	Traditional Open	Select	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded
Plan Benefits				
INN Deductible (Ind / Fam)	\$1,750/\$3,500	\$1,750/\$3,500	\$0/\$0	\$2,250/\$4,500
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	10%	20%	0%	30%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8,500/\$17,000	\$6,000/\$12,000	\$8,500/\$17,000	\$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	\$15	\$25	\$25	\$35
Specialist Visit	\$35	\$45	\$50	\$60
Emergency Room	Ded, then \$500 Copay	Ded, then \$500 Copay	\$750	Ded, then \$500 Copay
Urgent Care	\$60	\$60	\$50	\$75
Inpatient Facility	Ded, then 10%	Ded, then 20%	\$500	Ded, then 30%
Outpatient Facility	Ded, then \$150 Copay/Ded, then \$300 Copay	Ded, then \$150 Copay/Ded, then \$250 Copay	\$150/\$500	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	\$50/\$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	\$150/\$250	Ded, then \$150/Ded, then \$250
Rx Deductible	Tiers 2 & 3, \$150/\$300	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

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Q2 2023 New York Small Group Plans | Long Island
Region 8: Nassau and Suffolk counties

Plan Name	Empire Gold Blue Access EPO 20/50 1500 10% w/HSA	Empire Gold Connection EPO 30/55 1000 0%	Empire Gold Connection EPO 25/45 1750 20%	Empire Gold Connection EPO 35/60 2250 30%
Contract Code	65QG	6SM1	6SP5	6SNG
Premium				
Individual	\$1,091.14	\$1,089.37	\$1,045.18	\$1,013.10
Individual + Spouse	\$2,182.28	\$2,178.74	\$2,090.36	\$2,026.20
Individual + Child(ren)	\$1,854.94	\$1,851.93	\$1,776.81	\$1,722.27
Family	\$3,109.75	\$3,104.70	\$2,978.76	\$2,887.34
Plan Name	Empire Gold Blue Access EPO 20/50 1500 10% w/HSA WH	Empire Gold Connection EPO 30/55 1000 0% WH	Empire Gold Connection EPO 25/45 1750 20% WH	Empire Gold Connection EPO 35/60 2250 30% WH
Contract Code	6SN3	6SLW	6SPD	6SNP
Enhanced Embedded Dental and Vision Premium				
Individual	\$1,115.64	\$1,112.86	\$1,068.66	\$1,036.59
Individual + Spouse	\$2,231.28	\$2,225.72	\$2,137.32	\$2,073.18
Individual + Child(ren)	\$1,896.59	\$1,891.86	\$1,816.72	\$1,762.20
Family	\$3,179.57	\$3,171.65	\$3,045.68	\$2,954.28
Plan Details				
Network	Blue Access	Connection	Connection	Connection
National Access via Bluecard Program	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No
Rx Network	Base Rx	Advantage Rx	Advantage Rx	Advantage Rx
Formulary	Traditional Open	Select	Select	Select
Creditability Coverage Status	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Not Embedded	Embedded	Embedded	Embedded
Plan Benefits				
INN Deductible (Ind / Fam)	\$1,500/\$3,000	\$1,000/\$2,000	\$1,750/\$3,500	\$2,250/\$4,500
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	10%	0%	20%	30%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$5,000/\$10,000	\$6,750/\$13,500	\$6,000/\$12,000	\$7,000/\$14,000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	Ded, then \$0	\$0	\$0	\$0
Primary Care Visit	Ded, then \$20 Copay	\$30	\$25	\$35
Specialist Visit	Ded, then \$50 Copay	\$55	\$45	\$60
Emergency Room	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay
Urgent Care	Ded, then \$100 Copay	\$60	\$60	\$75
Inpatient Facility	Ded, then \$1,000 Copay	Ded, then \$500 Copay	Ded, then 20%	Ded, then 30%
Outpatient Facility	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$150 Copay/Ded, then \$250 Copay	Ded, then \$150 Copay/Ded, then \$250 Copay	Ded, then \$150 Copay/Ded, then \$300 Copay
Preferred Lab / Preferred Office Lab	Ded, then \$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	Ded, then \$25/Ded, then \$25	\$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	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

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Q2 2023 New York Small Group Plans | Long Island
Region 8: Nassau and Suffolk counties

Plan Name	Empire Gold Healthy New York Blue Access GEPO 25/40 600 0%	Empire Silver PPO 20/50 3000 30% w/HSA	Empire Silver PPO 40/70 3000 50%	Empire Silver Blue Access EPO 60/125 0%
Contract Code	6SSV	6SPA	6SSO	6SSF
Premium				
Individual	\$978.88	\$1,303.28	\$1,298.99	\$1,070.81
Individual + Spouse	\$1,957.76	\$2,606.56	\$2,597.98	\$2,141.62
Individual + Child(ren)	\$1,664.10	\$2,215.58	\$2,208.28	\$1,820.38
Family	\$2,789.81	\$3,714.35	\$3,702.12	\$3,051.81
Plan Name	Not Offered	Empire Silver PPO 20/50 3000 30% w/HSA WH	Empire Silver PPO 40/70 3000 50% WH	Empire Silver Blue Access EPO 60/125 0% WH
Contract Code		6SS2	6SSN	6SRJ
Enhanced Embedded Dental and Vision Premium				
Individual		\$1,329.80	\$1,325.51	\$1,094.93
Individual + Spouse		\$2,659.60	\$2,651.02	\$2,189.86
Individual + Child(ren)		\$2,260.66	\$2,253.37	\$1,861.38
Family		\$3,789.93	\$3,777.70	\$3,120.55
Plan Details				
Network	Blue Access	PPO	PPO	Blue Access
National Access via Bluecard Program	Yes*	Yes	Yes	Yes
Gatekeeper	Yes	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx	Base Rx
Formulary	Select	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)	\$600/\$1,200	\$3,000/\$6,000	\$3,000/\$6,000	\$0/\$0
OON Deductible (Ind / Fam)	-	\$7,000/\$14,000	\$8,750/\$17,500	-
INN Coinsurance	0%	30%	50%	0%
OON Coinsurance	-	30%	50%	-
INN Out of Pocket Max (Ind / Fam)	\$4,750/\$9,500	\$7,450/\$14,900	\$9,100/\$18,200	\$9,100/\$18,200
OON Out of Pocket Max (Ind / Fam)	-	\$18,625/\$37,250	\$22,750/\$45,500	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0	Ded, then \$0	\$0	\$0
Primary Care Visit	Ded, then \$25 Copay	Ded, then \$20 Copay	\$40	\$60
Specialist Visit	Ded, then \$40 Copay	Ded, then \$50 Copay	\$70	\$125
Emergency Room	Ded, then \$150 Copay	Ded, then \$500 Copay	Ded, then 50%	\$2,500
Urgent Care	Ded, then \$60 Copay	Ded, then \$100 Copay	\$75	\$125
Inpatient Facility	Ded, then \$1,000 Copay	Ded, then \$1,500 Copay	Ded, then 50%	\$2,500
Outpatient Facility	Ded, then \$100 Copay	Ded, then \$300 Copay/Ded, then \$500 Copay	Ded, then \$300 Copay/Ded, then 50%	\$500/\$1,000
Preferred Lab / Preferred Office Lab	Ded, then \$25 Copay	Ded, then \$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	Ded, then \$25 Copay/Ded, then \$40	Ded, then \$25/Ded, then \$25	\$20/\$25	\$60/\$20
INN X-Ray (Office; Outpatient Hospital)	Ded, then \$25 Copay/Ded, then \$40	Ded, then \$50/Ded, then \$150	Ded, then \$75 Copay/Ded, then 50%	\$150/\$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, then \$40 Copay/Ded, then \$40	Ded, then \$150/Ded, then \$250	Ded, then \$150 Copay/Ded, then 50%	\$250/\$250
Rx Deductible	NA	Med Ded	Tiers 2 & 3, \$200/\$400	NA
Rx Copay (Tier 1 / 2 / 3)	\$10/\$35/\$70	\$10/\$50/\$90	\$25/\$75/\$90	\$10/\$50/\$90

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Q2 2023 New York Small Group Plans | Long Island
Region 8: Nassau and Suffolk counties

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 Link Silver Connection EPO 60/125 0%
Contract Code	6SS1	6SMY	6SP0	6SM6
Premium				
Individual	\$1,053.00	\$1,050.86	\$1,032.93	\$993.02
Individual + Spouse	\$2,106.00	\$2,101.72	\$2,065.86	\$1,986.04
Individual + Child(ren)	\$1,790.10	\$1,786.46	\$1,755.98	\$1,688.13
Family	\$3,001.05	\$2,994.95	\$2,943.85	\$2,830.11
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 Link Silver Connection EPO 60/125 0% WH
Contract Code	6SPS	6SPP	6SM8	6SR6
Enhanced Embedded Dental and Vision Premium				
Individual	\$1,079.52	\$1,077.38	\$1,059.44	\$1,016.26
Individual + Spouse	\$2,159.04	\$2,154.76	\$2,118.88	\$2,032.52
Individual + Child(ren)	\$1,835.18	\$1,831.55	\$1,801.05	\$1,727.64
Family	\$3,076.63	\$3,070.53	\$3,019.40	\$2,896.34
Plan Details				
Network	EPO	EPO	EPO	Connection
National Access via Bluecard Program	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx	Advantage Rx
Formulary	Traditional Open	Traditional Open	Traditional Open	Select
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	\$0/\$0
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	25%	50%	30%	0%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7,450/\$14,900	\$9,100/\$18,200	\$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	\$0	Ded, then \$0	\$0
Primary Care Visit	Ded, then \$20 Copay	\$40	Ded, then \$20 Copay	\$60
Specialist Visit	Ded, then \$50 Copay	\$70	Ded, then \$50 Copay	\$125
Emergency Room	Ded, then \$500 Copay	Ded, then 50%	Ded, then \$500 Copay	\$2,500
Urgent Care	Ded, then \$100 Copay	\$75	Ded, then \$100 Copay	\$125
Inpatient Facility	Ded, then \$1,500 Copay	Ded, then 50%	Ded, then \$1,500 Copay	\$2,500
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	\$500/\$1,000
Preferred Lab / Preferred Office Lab	Ded, then \$0	\$0	Ded, then \$0	\$0
INN Lab (Office; Outpatient Hospital)	Ded, then \$25/Ded, then \$25	\$20/\$25	Ded, then \$25/Ded, then \$25	\$60/\$20
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	\$150/\$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	\$250/\$250
Rx Deductible	Med Ded	Tiers 2 & 3, \$200/\$400	Med Ded	NA
Rx Copay (Tier 1 / 2 / 3)	\$10/\$50/\$90	\$25/\$75/\$90	\$10/\$50/\$90	\$10/\$50/\$90

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**Q2 2023 New York Small Group Plans | Long Island
Region 8: Nassau and Suffolk counties**

Plan Name	Empire Silver Blue Access EPO 20/50 3000 25% w/HSA	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
Contract Code	6SQP	6SS7	6SR2	6SPH
Premium				
Individual	\$968.78	\$966.89	\$963.60	\$950.34
Individual + Spouse	\$1,937.56	\$1,933.78	\$1,927.20	\$1,900.68
Individual + Child(ren)	\$1,646.93	\$1,643.71	\$1,638.12	\$1,615.58
Family	\$2,761.02	\$2,755.64	\$2,746.26	\$2,708.47
Plan Name	Empire Silver Blue Access EPO 20/50 3000 25% w/HSA WH	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
Contract Code	6SND	6SMU	6SLZ	6SPE
Enhanced Embedded Dental and Vision Premium				
Individual	\$993.53	\$991.51	\$988.48	\$975.09
Individual + Spouse	\$1,987.06	\$1,983.02	\$1,976.96	\$1,950.18
Individual + Child(ren)	\$1,689.00	\$1,685.57	\$1,680.42	\$1,657.65
Family	\$2,831.56	\$2,825.80	\$2,817.17	\$2,779.01
Plan Details				
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				
INN Deductible (Ind / Fam)	\$3,000/\$6,000	\$3,000/\$6,000	\$4,550/\$9,100	\$3,500/\$7,000
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	25%	50%	50%	30%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7,450/\$14,900	\$9,100/\$18,200	\$9,100/\$18,200	\$7,450/\$14,900
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	Ded, then \$0	\$0	\$0	Ded, then \$0
Primary Care Visit	Ded, then \$20 Copay	\$40	\$25	Ded, then \$20 Copay
Specialist Visit	Ded, then \$50 Copay	\$70	\$50	Ded, then \$50 Copay
Emergency Room	Ded, then \$500 Copay	Ded, then 50%	Ded, then 50%	Ded, then \$500 Copay
Urgent Care	Ded, then \$100 Copay	\$75	\$50	Ded, then \$100 Copay
Inpatient Facility	Ded, then \$1,500 Copay	Ded, then 50%	Ded, then 50%	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 50%	Ded, then \$300 Copay/Ded, then \$500 Copay
Preferred Lab / Preferred Office Lab	Ded, then \$0	\$0	\$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	Ded, then \$25/Ded, then \$25	\$20/\$25	\$20/\$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 \$75 Copay/Ded, then 50%	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 Copay/Ded, then 50%	Ded, then \$150/Ded, then \$250
Rx Deductible	Med Ded	Tiers 2 & 3, \$200/\$400	Tiers 2 & 3, \$200/\$400	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$50/\$90	\$25/\$75/\$90	\$25/\$75/\$90	\$10/\$50/\$90

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Q2 2023 New York Small Group Plans | Long Island
Region 8: Nassau and Suffolk counties

Plan Name	Empire Silver Connection EPO 20/50 3000 25% w/HSA	Empire Silver Connection EPO 40/70 3000 50%	Empire Link Silver Connection EPO 50/100 4000 20% w/HSA	Empire Bronze EPO 20/50 6100 50% w/HSA
Contract Code	6SSL	6SP1	6SM2	6SSS

Premium	Empire Silver Connection EPO 20/50 3000 25% w/HSA	Empire Silver Connection EPO 40/70 3000 50%	Empire Link Silver Connection EPO 50/100 4000 20% w/HSA	Empire Bronze EPO 20/50 6100 50% w/HSA
Individual	\$897.81	\$896.05	\$864.35	\$935.06
Individual + Spouse	\$1,795.62	\$1,792.10	\$1,728.70	\$1,870.12
Individual + Child(ren)	\$1,526.28	\$1,523.29	\$1,469.40	\$1,589.60
Family	\$2,558.76	\$2,553.74	\$2,463.40	\$2,664.92

Plan Name	Empire Silver Connection EPO 20/50 3000 25% w/HSA WH	Empire Silver Connection EPO 40/70 3000 50% WH	Empire Link Silver Connection EPO 50/100 4000 20% w/HSA WH	Empire Bronze EPO 20/50 6100 50% w/HSA WH
Contract Code	6SSP	6SNS	6SRL	6SR1

Enhanced Embedded Dental and Vision Premium	Empire Silver Connection EPO 20/50 3000 25% w/HSA WH	Empire Silver Connection EPO 40/70 3000 50% WH	Empire Link Silver Connection EPO 50/100 4000 20% w/HSA WH	Empire Bronze EPO 20/50 6100 50% w/HSA WH
Individual	\$921.43	\$919.66	\$888.09	\$961.96
Individual + Spouse	\$1,842.86	\$1,839.32	\$1,776.18	\$1,923.92
Individual + Child(ren)	\$1,566.43	\$1,563.42	\$1,509.75	\$1,635.33
Family	\$2,626.08	\$2,621.03	\$2,531.06	\$2,741.59

Plan Details	Empire Silver Connection EPO 20/50 3000 25% w/HSA WH	Empire Silver Connection EPO 40/70 3000 50% WH	Empire Link Silver Connection EPO 50/100 4000 20% w/HSA WH	Empire Bronze EPO 20/50 6100 50% w/HSA WH
Network	Connection	Connection	Connection	EPO
National Access via Bluecard Program	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No
Rx Network	Advantage Rx	Advantage Rx	Advantage Rx	Base Rx
Formulary	Select	Select	Select	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded

Plan Benefits	Empire Silver Connection EPO 20/50 3000 25% w/HSA WH	Empire Silver Connection EPO 40/70 3000 50% WH	Empire Link Silver Connection EPO 50/100 4000 20% w/HSA WH	Empire Bronze EPO 20/50 6100 50% w/HSA WH
INN Deductible (Ind / Fam)	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000	\$6,100/\$12,200
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	25%	50%	20%	50%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7,450/\$14,900	\$9,100/\$18,200	\$7,000/\$14,000	\$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 \$50 Copay	Ded, then \$20 Copay
Specialist Visit	Ded, then \$50 Copay	\$70	Ded, then \$100 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 \$1,000 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/\$400	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$50/\$90	\$25/\$75/\$90	\$10/\$50/\$90	50%/50%/50%

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Q2 2023 New York Small Group Plans | Long Island
Region 8: Nassau and Suffolk counties

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%	Empire Bronze Connection EPO 20/50 6100 50% w/HSA
Contract Code	6SQZ	6SQE	6SPV	6SRN
Premium				
Individual	\$860.31	\$855.13	\$812.58	\$796.54
Individual + Spouse	\$1,720.62	\$1,710.26	\$1,625.16	\$1,593.08
Individual + Child(ren)	\$1,462.53	\$1,453.72	\$1,381.39	\$1,354.12
Family	\$2,451.88	\$2,437.12	\$2,315.85	\$2,270.14
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	Empire Bronze Connection EPO 20/50 6100 50% w/HSA WH
Contract Code	6SMW	6SNE	6SNV	6SQV
Enhanced Embedded Dental and Vision Premium				
Individual	\$885.31	\$879.88	\$837.58	\$820.41
Individual + Spouse	\$1,770.62	\$1,759.76	\$1,675.16	\$1,640.82
Individual + Child(ren)	\$1,505.03	\$1,495.80	\$1,423.89	\$1,394.70
Family	\$2,523.13	\$2,507.66	\$2,387.10	\$2,338.17
Plan Details				
Network	Blue Access	Blue Access	Blue Access	Connection
National Access via Bluecard Program	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No
Rx Network	Base Rx	Base Rx	Base Rx	Advantage Rx
Formulary	Traditional Open	Traditional Open	Traditional Open	Select
Creditability Coverage Status	Fail	Fail	Fail	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded
Plan Benefits				
INN Deductible (Ind / Fam)	\$6,100/\$12,200	\$6,800/\$13,600	\$8,450/\$16,900	\$6,100/\$12,200
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	50%	50%	50%	50%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7,450/\$14,900	\$7,450/\$14,900	\$9,100/\$18,200	\$7,450/\$14,900
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	Ded, then \$0
Primary Care Visit	Ded, then \$20 Copay	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	Ded, then \$50 Copay
Emergency Room	Ded, then \$500 Copay	Ded, then \$300 Copay	Ded, then \$300 Copay	Ded, then \$500 Copay
Urgent Care	Ded, then \$100 Copay	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	Ded, then \$1,000 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	Ded, then \$300 Copay/Ded, then \$500 Copay
Preferred Lab / Preferred Office Lab	Ded, then \$0	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	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	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	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%

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Q2 2023 New York Small Group Plans | Long Island
Region 8: Nassau and Suffolk counties

Plan Name	Empire Bronze Connection EPO 20/50 6800 50% w/HSA	Empire Bronze Connection EPO 20/50 8450 50%
Contract Code	6SNJ	6SP3
Premium		
Individual	\$791.62	\$751.97
Individual + Spouse	\$1,583.24	\$1,503.94
Individual + Child(ren)	\$1,345.75	\$1,278.35
Family	\$2,256.12	\$2,143.11

Plan Name	Empire Bronze Connection EPO 20/50 6800 50% w/HSA WH	Empire Bronze Connection EPO 20/50 8450 50% WH
Contract Code	6SMD	6SME
Enhanced Embedded Dental and Vision Premium		
Individual	\$815.36	\$775.83
Individual + Spouse	\$1,630.72	\$1,551.66
Individual + Child(ren)	\$1,386.11	\$1,318.91
Family	\$2,323.78	\$2,211.12

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

Plan Benefits		
INN Deductible (Ind / Fam)	\$6,800/\$13,600	\$8,450/\$16,900
OON Deductible (Ind / Fam)	-	-
INN Coinsurance	50%	50%
OON Coinsurance	-	-
INN Out of Pocket Max (Ind / Fam)	\$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
Primary Care Visit	Ded, then \$20 Copay	Ded, then \$20 Copay
Specialist Visit	Ded, then \$50 Copay	Ded, then \$50 Copay
Emergency Room	Ded, then \$300 Copay	Ded, then \$300 Copay
Urgent Care	Ded, then \$100 Copay	Ded, then \$100 Copay
Inpatient Facility	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
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	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
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, then \$150/Ded, then \$250	Ded, then \$150/Ded, then \$250
Rx Deductible	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	50%/50%/50%	50%/50%/50%

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