Prepared For: **Empire 2023 2nd qtr Albany**
Albany County, NY 12007
Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)
Effective Date: 04/01/2023 Prepared On: 03/16/2023
Report ID: 38873381 SIC: 0000

	Empire PPO/EPO Platinum EPO 5/25 0% 6SSC (EPO) (UCR=N/A)		Empire PPO/EPO Platinum EPO 20/40 0% 6SN6 (EPO) (UCR=N/A)		Empire PPO/EPO Gold EPO 25/50 0% 6SRM (EPO) (UCR=N/A)		Empire PPO/EPO Silver PPO 20/50 3000 30% w/HSA 6SMV (HSA) (UCR=140mc%)	
	In-Network	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**
Prescription Drugs								
Drug Card	10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/40/80/150 ded T2-3		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		N/A		$3,000/$6,000 embedded	$7,000/$14,000 embedded
Individual/Family OOP Limit	$3,500/$7,000		$2,750/$5,500		$8,500/$17,000		$7,450/$14,900 (incl ded)	$18,625/$37,250 (incl ded)
Co-Insurance	0%		0%		0%		30%	30%
Office Visits								
Primary Care	$5		$20		$25		$20 after ded	30% after ded
Specialist	$25		$40		$50		$50 after ded	30% after ded
Inpatient Services								
Inpatient Hospital	$400/admit		$500/admit		$500/admit		$1,500/admit after ded	30% after ded
Mental Health Inpatient	$400/admit		$500/admit		$500/admit		$1,500/admit after ded	30% after ded
Outpatient Services								
Outpatient Facility	$300		$500		$500		$500 after ded	30% after ded
Lab/X-Ray	Lab: No charge; X-ray: Office-$50; OP-$150		Lab: No charge; X-ray: Office-$50; OP-$150		Lab: No charge; X-ray: Office-$50; OP-$150		Lab: $25 after ded; X-ray: Office-$50 after ded; OP-$150 after ded	30% after ded
Mental Health Outpatient	$5		$20		$25		$20 after ded	30% after ded
Emergency Care								
Emergency Room	$300		$300		$750		$500 after ded	Paid as in-network
Urgent Care	$75		$50		$50		$100 after ded	Paid as in-network
Single	2 x $1,107.97		2 x $1,101.13		2 x $998.44		2 x $995.16	
EE with Spouse	0 x $2,215.94		0 x $2,202.26		0 x $1,996.88		0 x $1,990.32	
EE with Child(ren)	0 x $1,883.55		0 x $1,871.92		0 x $1,697.35		0 x $1,691.77	
Family	0 x $3,157.71		0 x $3,138.22		0 x $2,845.55		0 x $2,836.21	
Monthly Cost	2 $2,215.94		2 $2,202.26		2 $1,996.88		2 $1,990.32	
Annual Cost	$26,591.28		$26,427.12		$23,962.56		$23,883.84	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Empire PPO/EPO Gold EPO 30/55 1000 10% 6SMZ (EPOc) (UCR=N/A)		Empire PPO/EPO Gold EPO 15/35 1750 10% 6SNT (EPOc) (UCR=N/A)		Empire PPO/EPO Gold EPO 25/45 1750 20% 6SRY (EPOc) (UCR=N/A)		Empire PPO/EPO Gold EPO 20/50 1500 10% w/HSA WH 6SRX (HSA) (UCR=N/A)	
	In-Network	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**
Prescription Drugs								
Drug Card	10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	$1,000/$2,000 embedded		$1,750/$3,500 embedded		$1,750/$3,500 embedded		$1,500/$3,000 non-embedded	
Individual/Family OOP Limit	$6,750/$13,500 (incl ded)		$8,500/$17,000 (incl ded)		$6,000/$12,000 (incl ded)		$5,000/$10,000 (incl ded)	
Co-Insurance	10%		10%		20%		10%	
Office Visits								
Primary Care	$30 ded waived		$15 ded waived		$25 ded waived		$20 after ded	
Specialist	$55 ded waived		$35 ded waived		$45 ded waived		$50 after ded	
Inpatient Services								
Inpatient Hospital	10% after ded		10% after ded		20% after ded		$1,000/admit after ded	
Mental Health Inpatient	10% after ded		10% after ded		20% after ded		$1,000/admit after ded	
Outpatient Services								
Outpatient Facility	$300 after ded		$300 after ded		$250 after ded		$500 after ded	
Lab/X-Ray	Lab: No charge; X-ray: Office-$50 after ded; OP-$150 after ded		Lab: No charge; X-ray: Office-$50 after ded; OP-$150 after ded		Lab: No charge; X-ray: Office-$50 after ded; OP-$150 after ded		Lab: $25 after ded; X-ray: Office-$50 after ded; OP-$150 after ded	
Mental Health Outpatient	$30 ded waived		$15 ded waived		$25 ded waived		$20 after ded	
Emergency Care								
Emergency Room	$500 after ded		$500 after ded		$500 after ded		$500 after ded	
Urgent Care	$60 ded waived		$60 ded waived		$60 ded waived		$100 after ded	
Single	2 x $959.58		2 x $936.15		2 x $934.90		2 x $925.64	
EE with Spouse	0 x $1,919.16		0 x $1,872.30		0 x $1,869.80		0 x $1,851.28	
EE with Child(ren)	0 x $1,631.29		0 x $1,591.46		0 x $1,589.33		0 x $1,573.59	
Family	0 x $2,734.80		0 x $2,668.03		0 x $2,664.47		0 x $2,638.07	
Monthly Cost	2 $1,919.16		2 $1,872.30		2 $1,869.80		2 $1,851.28	
Annual Cost	$23,029.92		$22,467.60		$22,437.60		$22,215.36	

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	Empire PPO/EPO Gold EPO 35/60 2250 30% 6SMC (EPOc) (UCR=N/A)		Empire PPO/EPO Gold EPO 20/50 1500 10% w/HSA 6SM4 (HSA) (UCR=N/A)		Empire PPO/EPO Silver EPO 20/50 3000 25% w/HSA 6SMT (HSA) (UCR=N/A)		Empire PPO/EPO Silver EPO 40/70 3000 50% 6SPF (EPOc) (UCR=N/A)	
	In-Network	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**	**In-Network**	**Out-Network**
Prescription Drugs								
Drug Card	10/40/80/150 ded T2-3		10/40/80 IntDed		10/50/90 IntDed		25/75/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	$2,250/$4,500 embedded		$1,500/$3,000 non-embedded		$3,000/$6,000 embedded		$3,000/$6,000 embedded	
Individual/Family OOP Limit	$7,000/$14,000 (incl ded)		$5,000/$10,000 (incl ded)		$7,450/$14,900 (incl ded)		$9,100/$18,200 (incl ded)	
Co-Insurance	30%		10%		25%		50%	
Office Visits								
Primary Care	$35 ded waived		$20 after ded		$20 after ded		$40 ded waived	
Specialist	$60 ded waived		$50 after ded		$50 after ded		$70 ded waived	
Inpatient Services								
Inpatient Hospital	30% after ded		$1,000/admit after ded		$1,500/admit after ded		50% after ded	
Mental Health Inpatient	30% after ded		$1,000/admit after ded		$1,500/admit after ded		50% after ded	
Outpatient Services								
Outpatient Facility	$300 after ded		$500 after ded		$500 after ded		50% after ded	
Lab/X-Ray	Lab: No charge; X-ray: Office-$50 after ded; OP-$150 after ded		Lab: $25 after ded; X-ray: Office-$50 after ded; OP-$150 after ded		Lab: $25 after ded; X-ray: Office-$50 after ded; OP-$150 after ded		Lab: Office-$20 ded waived; OP-$25 ded waived; X-ray: Office-$75 after ded; OP-50% after ded	
Mental Health Outpatient	$35 ded waived		$20 after ded		$20 after ded		$40 ded waived	
Emergency Care								
Emergency Room	$500 after ded		$500 after ded		$500 after ded		50% after ded	
Urgent Care	$75 ded waived		$100 after ded		$100 after ded		$75 ded waived	
Single	2 x $906.45		2 x $905.49		2 x $804.05		2 x $802.41	
EE with Spouse	0 x $1,812.90		0 x $1,810.98		0 x $1,608.10		0 x $1,604.82	
EE with Child(ren)	0 x $1,540.97		0 x $1,539.33		0 x $1,366.89		0 x $1,364.10	
Family	0 x $2,583.38		0 x $2,580.65		0 x $2,291.54		0 x $2,286.87	
Monthly Cost	2 $1,812.90		2 $1,810.98		2 $1,608.10		2 $1,604.82	
Annual Cost	$21,754.80		$21,731.76		$19,297.20		$19,257.84	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Empire PPO/EPO Silver EPO 20/50 3500 30% w/HSA 6SMR (HSA) (UCR=N/A)		Empire PPO/EPO Bronze EPO 20/50 6100 50% w/HSA 6SQB (HSA) (UCR=N/A)	
	In-Network	**Out-Network**	**In-Network**	**Out-Network**
Prescription Drugs				
Drug Card	10/50/90 IntDed		50%/50%/50% IntDed	
Cost Share Information				
Individual/Family Deductible	$3,500/$7,000 embedded		$6,100/$12,200 embedded	
Individual/Family OOP Limit	$7,450/$14,900 (incl ded)		$7,450/$14,900 (incl ded)	
Co-Insurance	30%		50%	
Office Visits				
Primary Care	$20 after ded		$20 after ded	
Specialist	$50 after ded		$50 after ded	
Inpatient Services				
Inpatient Hospital	$1,500/admit after ded		$1,000/admit after ded	
Mental Health Inpatient	$1,500/admit after ded		$1,000/admit after ded	
Outpatient Services				
Outpatient Facility	$500 after ded		$500 after ded	
Lab/X-Ray	Lab: $25 after ded; X-ray: Office-$50 after ded; OP-$150 after ded		Lab: $25 after ded; X-ray: Office-$50 after ded; OP-$150 after ded	
Mental Health Outpatient	$20 after ded		$20 after ded	
Emergency Care				
Emergency Room	$500 after ded		$500 after ded	
Urgent Care	$100 after ded		$100 after ded	
Single	2 x $788.72		2 x $714.00	
EE with Spouse	0 x $1,577.44		0 x $1,428.00	
EE with Child(ren)	0 x $1,340.82		0 x $1,213.80	
Family	0 x $2,247.85		0 x $2,034.90	
Monthly Cost	2 $1,577.44		2 $1,428.00	
Annual Cost	$18,929.28		$17,136.00	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible