

	Empire Blue Access Platinum Blue Access EPO 5/25 0% 6SLM (EPO) (UCR=N/A)		Empire Blue Access Platinum Blue Access EPO 20/40 0% 6SNR (EPO) (UCR=N/A)		Empire Blue Access Platinum Blue Access EPO 15/35 300 10% 6SQL (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 25/50 0% 6SLT (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/40/80/150 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		N/A		\$300/\$600 embedded		N/A	
Individual/Family OOP Limit	\$3,500/\$7,000		\$2,750/\$5,500		\$3,200/\$6,400 (incl ded)		\$8,500/\$17,000	
Co-Insurance	0%		0%		10%		0%	
<b>Office Visits</b>								
Primary Care	\$5		\$20		\$15 ded waived		\$25	
Specialist	\$25		\$40		\$35 ded waived		\$50	
<b>Inpatient Services</b>								
Inpatient Hospital	\$400/admit		\$500/admit		10% after ded		\$500/admit	
Mental Health Inpatient	\$400/admit		\$500/admit		10% after ded		\$500/admit	
<b>Outpatient Services</b>								
Outpatient Facility	\$300		\$500		10% after ded		\$500	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-10% after ded		Lab: No charge; X-ray: Office-\$50; OP-\$150	
Mental Health Outpatient	\$5		\$20		\$15 ded waived		\$25	
<b>Emergency Care</b>								
Emergency Room	\$300		\$300		10% after ded		\$750	
Urgent Care	\$75		\$50		\$50 ded waived		\$50	
Single	2 x	\$1,389.23	2 x	\$1,380.68	2 x	\$1,352.43	2 x	\$1,251.91
EE with Spouse	0 x	\$2,778.46	0 x	\$2,761.36	0 x	\$2,704.86	0 x	\$2,503.82
EE with Child(ren)	0 x	\$2,361.69	0 x	\$2,347.16	0 x	\$2,299.13	0 x	\$2,128.25
Family	0 x	\$3,959.31	0 x	\$3,934.94	0 x	\$3,854.43	0 x	\$3,567.94
Monthly Cost	2	\$2,778.46	2	\$2,761.36	2	\$2,704.86	2	\$2,503.82
Annual Cost		\$33,341.52		\$33,136.32		\$32,458.32		\$30,045.84

	Empire Blue Access Gold Blue Access EPO 30/55 1000 0% 6SMF (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 15/35 1750 10% 6SNH (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 25/45 1750 20% 6SQF (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 35/60 2250 30% 6SR4 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$1,750/\$3,500 embedded		\$1,750/\$3,500 embedded		\$2,250/\$4,500 embedded	
Individual/Family OOP Limit	\$6,750/\$13,500 (incl ded)		\$8,500/\$17,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	0%		10%		20%		30%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$15 ded waived		\$25 ded waived		\$35 ded waived	
Specialist	\$55 ded waived		\$35 ded waived		\$45 ded waived		\$60 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit after ded		10% after ded		20% after ded		30% after ded	
Mental Health Inpatient	\$500/admit after ded		10% after ded		20% after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$250 after ded		\$300 after ded		\$250 after ded		\$300 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: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$30 ded waived		\$15 ded waived		\$25 ded waived		\$35 ded waived	
<b>Emergency Care</b>								
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		\$75 ded waived	
Single	2 x \$1,221.55		2 x \$1,173.85		2 x \$1,172.27		2 x \$1,136.66	
EE with Spouse	0 x \$2,443.10		0 x \$2,347.70		0 x \$2,344.54		0 x \$2,273.32	
EE with Child(ren)	0 x \$2,076.64		0 x \$1,995.55		0 x \$1,992.86		0 x \$1,932.32	
Family	0 x \$3,481.42		0 x \$3,345.47		0 x \$3,340.97		0 x \$3,239.48	
Monthly Cost	2 \$2,443.10		2 \$2,347.70		2 \$2,344.54		2 \$2,273.32	
Annual Cost	\$29,317.20		\$28,172.40		\$28,134.48		\$27,279.84	

	Empire Blue Access Gold Blue Access EPO 20/50 1500 10% w/HSA 6SQG (HSA) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 60/125 0% 6SSF (EPO) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 20/50 3000 25% w/HSA 6SQP (HSA) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 40/70 3000 50% 6SS7 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/40/80 IntDed		10/50/90		10/50/90 IntDed		25/75/90/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,500/\$3,000 non-embedded		N/A		\$3,000/\$6,000 embedded		\$3,000/\$6,000 embedded	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$9,100/\$18,200		\$7,450/\$14,900 (incl ded)		\$9,100/\$18,200 (incl ded)	
Co-Insurance	10%		0%		25%		50%	
<b>Office Visits</b>								
Primary Care	\$20 after ded		\$60		\$20 after ded		\$40 ded waived	
Specialist	\$50 after ded		\$125		\$50 after ded		\$70 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$1,000/admit after ded		\$2,500/admit		\$1,500/admit after ded		50% after ded	
Mental Health Inpatient	\$1,000/admit after ded		\$2,500/admit		\$1,500/admit after ded		50% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$500 after ded		\$1,000		\$500 after ded		50% after ded	
Lab/X-Ray	Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: Office-\$60/\$125 (PCP/SP); OP-\$20; X-ray: \$150		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	\$20 after ded		\$60		\$20 after ded		\$40 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$500 after ded		\$2,500		\$500 after ded		50% after ded	
Urgent Care	\$100 after ded		\$125		\$100 after ded		\$75 ded waived	
Single	2 x \$1,135.48		2 x \$1,114.32		2 x \$1,008.15		2 x \$1,006.18	
EE with Spouse	0 x \$2,270.96		0 x \$2,228.64		0 x \$2,016.30		0 x \$2,012.36	
EE with Child(ren)	0 x \$1,930.32		0 x \$1,894.34		0 x \$1,713.86		0 x \$1,710.51	
Family	0 x \$3,236.12		0 x \$3,175.81		0 x \$2,873.23		0 x \$2,867.61	
Monthly Cost	2 \$2,270.96		2 \$2,228.64		2 \$2,016.30		2 \$2,012.36	
Annual Cost	\$27,251.52		\$26,743.68		\$24,195.60		\$24,148.32	

	Empire Blue Access Silver Blue Access EPO 25/50 4550 50% 6SR2 (EPOc) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 20/50 3500 30% w/HSA 6SPH (HSA) (UCR=N/A)		Empire Blue Access Bronze Blue Access EPO 20/50 6100 50% w/HSA 6SQZ (HSA) (UCR=N/A)		Empire Blue Access Bronze Blue Access EPO 20/50 8450 50% 6SPV (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	25/75/90/200 ded T2-3		10/50/90 IntDed		50%/50%/50% IntDed		50%/50%/50% IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$4,550/\$9,100 embedded		\$3,500/\$7,000 embedded		\$6,100/\$12,200 embedded		\$8,450/\$16,900 embedded	
Individual/Family OOP Limit	\$9,100/\$18,200 (incl ded)		\$7,450/\$14,900 (incl ded)		\$7,450/\$14,900 (incl ded)		\$9,100/\$18,200 (incl ded)	
Co-Insurance	50%		30%		50%		50%	
<b>Office Visits</b>								
Primary Care	\$25 ded waived		\$20 after ded		\$20 after ded		\$20 after ded	
Specialist	\$50 ded waived		\$50 after ded		\$50 after ded		\$50 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	50% after ded		\$1,500/admit after ded		\$1,000/admit after ded		\$500/admit after ded	
Mental Health Inpatient	50% after ded		\$1,500/admit after ded		\$1,000/admit after ded		\$500/admit after ded	
<b>Outpatient Services</b>								
Outpatient Facility	50% after ded		\$500 after ded		\$500 after ded		\$500 after ded	
Lab/X-Ray	Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% 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: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded	
Mental Health Outpatient	\$25 ded waived		\$20 after ded		\$20 after ded		\$20 after ded	
<b>Emergency Care</b>								
Emergency Room	50% after ded		\$500 after ded		\$500 after ded		\$300 after ded	
Urgent Care	\$50 ded waived		\$100 after ded		\$100 after ded		\$100 after ded	
Single	2 x \$1,002.76		2 x \$988.96		2 x \$895.27		2 x \$845.60	
EE with Spouse	0 x \$2,005.52		0 x \$1,977.92		0 x \$1,790.54		0 x \$1,691.20	
EE with Child(ren)	0 x \$1,704.69		0 x \$1,681.23		0 x \$1,521.96		0 x \$1,437.52	
Family	0 x \$2,857.87		0 x \$2,818.54		0 x \$2,551.52		0 x \$2,409.96	
Monthly Cost	2 \$2,005.52		2 \$1,977.92		2 \$1,790.54		2 \$1,691.20	
Annual Cost	\$24,066.24		\$23,735.04		\$21,486.48		\$20,294.40	