

| | Empire Blue Access Platinum Blue Access EPO 5/25 0% 6SLQ (EPO) (UCR=N/A) | | Empire Blue Access Platinum Blue Access EPO 20/40 0% 6SN8 (EPO) (UCR=N/A) | | Empire Blue Access Platinum Blue Access EPO 15/35 300 10% 6SP9 (EPOc) (UCR=N/A) | | Empire Blue Access Gold Blue Access EPO 25/50 0% 6SN1 (EPO) (UCR=N/A) | |
|-------------------------------|--|-------------|---|-------------|---|-------------|---|-------------|
| | 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 | | 10/35/70/100 ded T2-3 | | 10/40/80/150 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| 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% | |
| Office Visits | | | | | | | | |
| Primary Care | \$5 | | \$20 | | \$15 ded waived | | \$25 | |
| Specialist | \$25 | | \$40 | | \$35 ded waived | | \$50 | |
| Inpatient Services | | | | | | | | |
| Inpatient Hospital | \$400/admit | | \$500/admit | | 10% after ded | | \$500/admit | |
| Mental Health Inpatient | \$400/admit | | \$500/admit | | 10% after ded | | \$500/admit | |
| Outpatient Services | | | | | | | | |
| 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 | |
| Emergency Care | | | | | | | | |
| Emergency Room | \$300 | | \$300 | | 10% after ded | | \$750 | |
| Urgent Care | \$75 | | \$50 | | \$50 ded waived | | \$50 | |
| Single | 2 x \$1,042.87 | | 2 x \$1,036.46 | | 2 x \$1,015.25 | | 2 x \$939.79 | |
| EE with Spouse | 0 x \$2,085.74 | | 0 x \$2,072.92 | | 0 x \$2,030.50 | | 0 x \$1,879.58 | |
| EE with Child(ren) | 0 x \$1,772.88 | | 0 x \$1,761.98 | | 0 x \$1,725.93 | | 0 x \$1,597.64 | |
| Family | 0 x \$2,972.18 | | 0 x \$2,953.91 | | 0 x \$2,893.46 | | 0 x \$2,678.40 | |
| Monthly Cost | 2 \$2,085.74 | | 2 \$2,072.92 | | 2 \$2,030.50 | | 2 \$1,879.58 | |
| Annual Cost | \$25,028.88 | | \$24,875.04 | | \$24,366.00 | | \$22,554.96 | |

| | Empire Blue Access Gold Blue Access EPO 30/55 1000 0% 6SLU (EPOc) (UCR=N/A) | | Empire Blue Access Gold Blue Access EPO 15/35 1750 10% 6SNW (EPOc) (UCR=N/A) | | Empire Blue Access Gold Blue Access EPO 25/45 1750 20% 6SRT (EPOc) (UCR=N/A) | | Empire Blue Access Gold Blue Access EPO 35/60 2250 30% 6SNZ (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 | | 10/40/80/150 ded T2-3 | | 10/40/80/150 ded T2-3 | | 10/40/80/150 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| 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% | |
| Office Visits | | | | | | | | |
| 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 | |
| Inpatient Services | | | | | | | | |
| 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 | |
| Outpatient Services | | | | | | | | |
| 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 | |
| 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 | | \$75 ded waived | |
| Single | 2 x \$917.00 | | 2 x \$881.20 | | 2 x \$880.01 | | 2 x \$853.28 | |
| EE with Spouse | 0 x \$1,834.00 | | 0 x \$1,762.40 | | 0 x \$1,760.02 | | 0 x \$1,706.56 | |
| EE with Child(ren) | 0 x \$1,558.90 | | 0 x \$1,498.04 | | 0 x \$1,496.02 | | 0 x \$1,450.58 | |
| Family | 0 x \$2,613.45 | | 0 x \$2,511.42 | | 0 x \$2,508.03 | | 0 x \$2,431.85 | |
| Monthly Cost | 2 \$1,834.00 | | 2 \$1,762.40 | | 2 \$1,760.02 | | 2 \$1,706.56 | |
| Annual Cost | \$22,008.00 | | \$21,148.80 | | \$21,120.24 | | \$20,478.72 | |

| | Empire Blue Access Gold Blue Access EPO 20/50 1500 10% w/HSA 6SMQ (HSA) (UCR=N/A) | | Empire Blue Access Silver Blue Access EPO 60/125 0% 6SRR (EPO) (UCR=N/A) | | Empire Blue Access Silver Blue Access EPO 20/50 3000 25% w/HSA 6SPR (HSA) (UCR=N/A) | | Empire Blue Access Silver Blue Access EPO 40/70 3000 50% 6SNB (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 IntDed | | 10/50/90 | | 10/50/90 IntDed | | 25/75/90/200 ded T2-3 | |
| Cost Share Information | | | | | | | | |
| 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% | |
| Office Visits | | | | | | | | |
| Primary Care | \$20 after ded | | \$60 | | \$20 after ded | | \$40 ded waived | |
| Specialist | \$50 after ded | | \$125 | | \$50 after ded | | \$70 ded waived | |
| Inpatient Services | | | | | | | | |
| 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 | |
| Outpatient Services | | | | | | | | |
| 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 | |
| Emergency Care | | | | | | | | |
| 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 \$852.39 | | 2 x \$836.51 | | 2 x \$756.80 | | 2 x \$755.32 | |
| EE with Spouse | 0 x \$1,704.78 | | 0 x \$1,673.02 | | 0 x \$1,513.60 | | 0 x \$1,510.64 | |
| EE with Child(ren) | 0 x \$1,449.06 | | 0 x \$1,422.07 | | 0 x \$1,286.56 | | 0 x \$1,284.04 | |
| Family | 0 x \$2,429.31 | | 0 x \$2,384.05 | | 0 x \$2,156.88 | | 0 x \$2,152.66 | |
| Monthly Cost | 2 \$1,704.78 | | 2 \$1,673.02 | | 2 \$1,513.60 | | 2 \$1,510.64 | |
| Annual Cost | \$20,457.36 | | \$20,076.24 | | \$18,163.20 | | \$18,127.68 | |

| | Empire Blue Access Silver Blue Access EPO 25/50 4550 50% 6SNU (EPOc) (UCR=N/A) | | Empire Blue Access Silver Blue Access EPO 20/50 3500 30% w/HSA 6SQX (HSA) (UCR=N/A) | | Empire Blue Access Bronze Blue Access EPO 20/50 6100 50% w/HSA 6SN4 (HSA) (UCR=N/A) | | Empire Blue Access Bronze Blue Access EPO 20/50 6800 50% w/HSA 6SPK (HSA) (UCR=N/A) | |
|-------------------------------|---|-------------|---|-------------|---|-------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | | | |
| Drug Card | 25/75/90/200 ded T2-3 | | 10/50/90 IntDed | | 50%/50%/50% IntDed | | 50%/50%/50% IntDed | |
| Cost Share Information | | | | | | | | |
| Individual/Family Deductible | \$4,550/\$9,100 embedded | | \$3,500/\$7,000 embedded | | \$6,100/\$12,200 embedded | | \$6,800/\$13,600 embedded | |
| Individual/Family OOP Limit | \$9,100/\$18,200 (incl ded) | | \$7,450/\$14,900 (incl ded) | | \$7,450/\$14,900 (incl ded) | | \$7,450/\$14,900 (incl ded) | |
| Co-Insurance | 50% | | 30% | | 50% | | 50% | |
| Office Visits | | | | | | | | |
| 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 | |
| Inpatient Services | | | | | | | | |
| 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 | |
| Outpatient Services | | | | | | | | |
| 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 | |
| Emergency Care | | | | | | | | |
| 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 \$752.76 | | 2 x \$742.40 | | 2 x \$672.07 | | 2 x \$668.02 | |
| EE with Spouse | 0 x \$1,505.52 | | 0 x \$1,484.80 | | 0 x \$1,344.14 | | 0 x \$1,336.04 | |
| EE with Child(ren) | 0 x \$1,279.69 | | 0 x \$1,262.08 | | 0 x \$1,142.52 | | 0 x \$1,135.63 | |
| Family | 0 x \$2,145.37 | | 0 x \$2,115.84 | | 0 x \$1,915.40 | | 0 x \$1,903.86 | |
| Monthly Cost | 2 \$1,505.52 | | 2 \$1,484.80 | | 2 \$1,344.14 | | 2 \$1,336.04 | |
| Annual Cost | \$18,066.24 | | \$17,817.60 | | \$16,129.68 | | \$16,032.48 | |

Prepared For: **Empire 2023 3rd qtr Albany Blue Access**

Albany County, NY 12007

Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 07/01/2023

Prepared On: 04/04/2023

Report ID: 38882779

SIC: 0000

| Empire Blue Access Bronze Blue Access EPO 20/50 8450 50% 6SQ1 (EPOc) (UCR=N/A) | |
|---|--|
| | In-Network Out-Network |
| Prescription Drugs | |
| Drug Card | 50%/50%/50% IntDed |
| Cost Share Information | |
| Individual/Family Deductible | \$8,450/\$16,900 embedded |
| Individual/Family OOP Limit | \$9,100/\$18,200 (incl ded) |
| Co-Insurance | 50% |
| Office Visits | |
| Primary Care | \$20 after ded |
| Specialist | \$50 after ded |
| Inpatient Services | |
| Inpatient Hospital | \$500/admit after ded |
| Mental Health Inpatient | \$500/admit after ded |
| Outpatient Services | |
| Outpatient Facility | \$500 after ded |
| Lab/X-Ray | Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded |
| Mental Health Outpatient | \$20 after ded |
| Emergency Care | |
| Emergency Room | \$300 after ded |
| Urgent Care | \$100 after ded |
| Single | 2 x \$634.78 |
| EE with Spouse | 0 x \$1,269.56 |
| EE with Child(ren) | 0 x \$1,079.13 |
| Family | 0 x \$1,809.12 |
| Monthly Cost | 2 \$1,269.56 |
| Annual Cost | \$15,234.72 |

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible