

	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
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	\$1,421.27	2 x	\$1,412.53	2 x	\$1,383.63	2 x	\$1,280.78
EE with Spouse	0 x	\$2,842.54	0 x	\$2,825.06	0 x	\$2,767.26	0 x	\$2,561.56
EE with Child(ren)	0 x	\$2,416.16	0 x	\$2,401.30	0 x	\$2,352.17	0 x	\$2,177.33
Family	0 x	\$4,050.62	0 x	\$4,025.71	0 x	\$3,943.35	0 x	\$3,650.22
Monthly Cost	2	\$2,842.54	2	\$2,825.06	2	\$2,767.26	2	\$2,561.56
Annual Cost		\$34,110.48		\$33,900.72		\$33,207.12		\$30,738.72

	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
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 \$1,249.73		2 x \$1,200.93		2 x \$1,199.32		2 x \$1,162.88	
EE with Spouse	0 x \$2,499.46		0 x \$2,401.86		0 x \$2,398.64		0 x \$2,325.76	
EE with Child(ren)	0 x \$2,124.54		0 x \$2,041.58		0 x \$2,038.84		0 x \$1,976.90	
Family	0 x \$3,561.73		0 x \$3,422.65		0 x \$3,418.06		0 x \$3,314.21	
Monthly Cost	2 \$2,499.46		2 \$2,401.86		2 \$2,398.64		2 \$2,325.76	
Annual Cost	\$29,993.52		\$28,822.32		\$28,783.68		\$27,909.12	

	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
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 \$1,161.67		2 x \$1,140.03		2 x \$1,031.40		2 x \$1,029.39	
EE with Spouse	0 x \$2,323.34		0 x \$2,280.06		0 x \$2,062.80		0 x \$2,058.78	
EE with Child(ren)	0 x \$1,974.84		0 x \$1,938.05		0 x \$1,753.38		0 x \$1,749.96	
Family	0 x \$3,310.76		0 x \$3,249.09		0 x \$2,939.49		0 x \$2,933.76	
Monthly Cost	2 \$2,323.34		2 \$2,280.06		2 \$2,062.80		2 \$2,058.78	
Annual Cost	\$27,880.08		\$27,360.72		\$24,753.60		\$24,705.36	

	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
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		\$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%	
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 \$1,025.89		2 x \$1,011.78		2 x \$915.92		2 x \$865.10	
EE with Spouse	0 x \$2,051.78		0 x \$2,023.56		0 x \$1,831.84		0 x \$1,730.20	
EE with Child(ren)	0 x \$1,744.01		0 x \$1,720.03		0 x \$1,557.06		0 x \$1,470.67	
Family	0 x \$2,923.79		0 x \$2,883.57		0 x \$2,610.37		0 x \$2,465.54	
Monthly Cost	2 \$2,051.78		2 \$2,023.56		2 \$1,831.84		2 \$1,730.20	
Annual Cost	\$24,621.36		\$24,282.72		\$21,982.08		\$20,762.40	