

	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 \$1,365.77		2 x \$1,357.37		2 x \$1,329.60		2 x \$1,230.77	
EE with Spouse	0 x \$2,731.54		0 x \$2,714.74		0 x \$2,659.20		0 x \$2,461.54	
EE with Child(ren)	0 x \$2,321.81		0 x \$2,307.53		0 x \$2,260.32		0 x \$2,092.31	
Family	0 x \$3,892.44		0 x \$3,868.50		0 x \$3,789.36		0 x \$3,507.69	
Monthly Cost	2 \$2,731.54		2 \$2,714.74		2 \$2,659.20		2 \$2,461.54	
Annual Cost	\$32,778.48		\$32,576.88		\$31,910.40		\$29,538.48	

	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 \$1,200.93		2 x \$1,154.03		2 x \$1,152.48		2 x \$1,117.47	
EE with Spouse	0 x \$2,401.86		0 x \$2,308.06		0 x \$2,304.96		0 x \$2,234.94	
EE with Child(ren)	0 x \$2,041.58		0 x \$1,961.85		0 x \$1,959.22		0 x \$1,899.70	
Family	0 x \$3,422.65		0 x \$3,288.99		0 x \$3,284.57		0 x \$3,184.79	
Monthly Cost	2 \$2,401.86		2 \$2,308.06		2 \$2,304.96		2 \$2,234.94	
Annual Cost	\$28,822.32		\$27,696.72		\$27,659.52		\$26,819.28	

	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 \$1,116.31		2 x \$1,095.51		2 x \$991.13		2 x \$989.19	
EE with Spouse	0 x \$2,232.62		0 x \$2,191.02		0 x \$1,982.26		0 x \$1,978.38	
EE with Child(ren)	0 x \$1,897.73		0 x \$1,862.37		0 x \$1,684.92		0 x \$1,681.62	
Family	0 x \$3,181.48		0 x \$3,122.20		0 x \$2,824.72		0 x \$2,819.19	
Monthly Cost	2 \$2,232.62		2 \$2,191.02		2 \$1,982.26		2 \$1,978.38	
Annual Cost	\$26,791.44		\$26,292.24		\$23,787.12		\$23,740.56	

	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 \$985.83		2 x \$972.26		2 x \$880.15		2 x \$831.32	
EE with Spouse	0 x \$1,971.66		0 x \$1,944.52		0 x \$1,760.30		0 x \$1,662.64	
EE with Child(ren)	0 x \$1,675.91		0 x \$1,652.84		0 x \$1,496.26		0 x \$1,413.24	
Family	0 x \$2,809.62		0 x \$2,770.94		0 x \$2,508.43		0 x \$2,369.26	
Monthly Cost	2 \$1,971.66		2 \$1,944.52		2 \$1,760.30		2 \$1,662.64	
Annual Cost	\$23,659.92		\$23,334.24		\$21,123.60		\$19,951.68	