

	Empire Connection Platinum Connection EPO 20/40 0% 6SS4 (EPO) (UCR=N/A)		Empire Connection Link Platinum Connection EPO 5/25 200 10% 6SS6 (EPOc) (UCR=N/A)		Empire Connection Platinum Connection EPO 15/35 300 10% 6SNK (EPOc) (UCR=N/A)		Empire Connection Gold Connection EPO 25/50 0% 6SR0 (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		10/50/90/100 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		\$200/\$600 embedded		\$300/\$600 embedded		N/A	
Individual/Family OOP Limit	\$2,750/\$5,500		\$2,500/\$5,000 (incl ded)		\$3,200/\$6,400 (incl ded)		\$8,500/\$17,000	
Co-Insurance	0%		10%		10%		0%	
Office Visits								
Primary Care	\$20		\$5 ded waived		\$15 ded waived		\$25	
Specialist	\$40		\$25 ded waived		\$35 ded waived		\$50	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$500/admit after ded		10% after ded		\$500/admit	
Mental Health Inpatient	\$500/admit		\$500/admit after ded		10% after ded		\$500/admit	
Outpatient Services								
Outpatient Facility	\$500		\$500 after ded		10% after ded		\$500	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: Office-\$5/\$25 ded waived (PCP/SP); OP- \$25 after ded; X-ray: Office-\$50 ded waived; OP-\$150 after ded		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	\$20		\$5 ded waived		\$15 ded waived		\$25	
Emergency Care								
Emergency Room	\$300		\$300 after ded		10% after ded		\$750	
Urgent Care	\$50		\$75 ded waived		\$50 ded waived		\$50	
Single	2 x \$1,324.03		2 x \$1,318.20		2 x \$1,296.89		2 x \$1,199.88	
EE with Spouse	0 x \$2,648.06		0 x \$2,636.40		0 x \$2,593.78		0 x \$2,399.76	
EE with Child(ren)	0 x \$2,250.85		0 x \$2,240.94		0 x \$2,204.71		0 x \$2,039.80	
Family	0 x \$3,773.49		0 x \$3,756.87		0 x \$3,696.14		0 x \$3,419.66	
Monthly Cost	2 \$2,648.06		2 \$2,636.40		2 \$2,593.78		2 \$2,399.76	
Annual Cost	\$31,776.72		\$31,636.80		\$31,125.36		\$28,797.12	

	Empire Connection Gold Connection EPO 30/55 1000 0% 6SM1 (EPOc) (UCR=N/A)		Empire Connection Gold Connection EPO 25/45 1750 20% 6SP5 (EPOc) (UCR=N/A)		Empire Connection Gold Connection EPO 35/60 2250 30% 6SNG (EPOc) (UCR=N/A)		Empire Connection Link Silver Connection EPO 60/125 0% 6SM6 (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/50/90	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$1,750/\$3,500 embedded		\$2,250/\$4,500 embedded		N/A	
Individual/Family OOP Limit	\$6,750/\$13,500 (incl ded)		\$6,000/\$12,000 (incl ded)		\$7,000/\$14,000 (incl ded)		\$9,100/\$18,200	
Co-Insurance	0%		20%		30%		0%	
Office Visits								
Primary Care	\$30 ded waived		\$25 ded waived		\$35 ded waived		\$60	
Specialist	\$55 ded waived		\$45 ded waived		\$60 ded waived		\$125	
Inpatient Services								
Inpatient Hospital	\$500/admit after ded		20% after ded		30% after ded		\$2,500/admit	
Mental Health Inpatient	\$500/admit after ded		20% after ded		30% after ded		\$2,500/admit	
Outpatient Services								
Outpatient Facility	\$250 after ded		\$250 after ded		\$300 after ded		\$1,000	
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: Office-\$60/\$125 (PCP/SP); OP-\$20; X-ray: \$150	
Mental Health Outpatient	\$30 ded waived		\$25 ded waived		\$35 ded waived		\$60	
Emergency Care								
Emergency Room	\$500 after ded		\$500 after ded		\$500 after ded		\$2,500	
Urgent Care	\$60 ded waived		\$60 ded waived		\$75 ded waived		\$125	
Single	2 x \$1,170.57		2 x \$1,123.08		2 x \$1,088.61		2 x \$1,067.04	
EE with Spouse	0 x \$2,341.14		0 x \$2,246.16		0 x \$2,177.22		0 x \$2,134.08	
EE with Child(ren)	0 x \$1,989.97		0 x \$1,909.24		0 x \$1,850.64		0 x \$1,813.97	
Family	0 x \$3,336.12		0 x \$3,200.78		0 x \$3,102.54		0 x \$3,041.06	
Monthly Cost	2 \$2,341.14		2 \$2,246.16		2 \$2,177.22		2 \$2,134.08	
Annual Cost	\$28,093.68		\$26,953.92		\$26,126.64		\$25,608.96	

	Empire Connection Link Silver Connection EPO 50/100 4000 20% w/HSA WH Dep 29 6T9K (EPOc) (UCR=N/A)		Empire Connection Silver Connection EPO 20/50 3000 25% w/HSA 6SSL (HSA) (UCR=N/A)		Empire Connection Silver Connection EPO 40/70 3000 50% 6SP1 (EPOc) (UCR=N/A)		Empire Connection Link Silver Connection EPO 50/100 4000 20% w/HSA 6SM2 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/90 IntDed		10/50/90 IntDed		25/75/90/200 ded T2-3		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	\$4,000/\$8,000 embedded		\$3,000/\$6,000 embedded		\$3,000/\$6,000 embedded		\$4,000/\$8,000 embedded	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$7,450/\$14,900 (incl ded)		\$9,100/\$18,200 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	20%		25%		50%		20%	
Office Visits								
Primary Care	\$50 after ded		\$20 after ded		\$40 ded waived		\$50 after ded	
Specialist	\$100 after ded		\$50 after ded		\$70 ded waived		\$100 after ded	
Inpatient Services								
Inpatient Hospital	\$1,500/admit after ded		\$1,500/admit after ded		50% after ded		\$1,500/admit after ded	
Mental Health Inpatient	\$1,500/admit after ded		\$1,500/admit after ded		50% after ded		\$1,500/admit after ded	
Outpatient Services								
Outpatient Facility	\$500 after ded		\$500 after ded		50% 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		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	
Mental Health Outpatient	\$50 after ded		\$20 after ded		\$40 ded waived		\$50 after ded	
Emergency Care								
Emergency Room	\$500 after ded		\$500 after ded		50% after ded		\$500 after ded	
Urgent Care	\$100 after ded		\$100 after ded		\$75 ded waived		\$100 after ded	
Single	2 x \$968.26		2 x \$964.73		2 x \$962.83		2 x \$928.78	
EE with Spouse	0 x \$1,936.52		0 x \$1,929.46		0 x \$1,925.66		0 x \$1,857.56	
EE with Child(ren)	0 x \$1,646.04		0 x \$1,640.04		0 x \$1,636.81		0 x \$1,578.93	
Family	0 x \$2,759.54		0 x \$2,749.48		0 x \$2,744.07		0 x \$2,647.02	
Monthly Cost	2 \$1,936.52		2 \$1,929.46		2 \$1,925.66		2 \$1,857.56	
Annual Cost	\$23,238.24		\$23,153.52		\$23,107.92		\$22,290.72	

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

	Empire Connection Bronze Connection EPO 20/50 6100 50% w/HSA 6SRN (HSA) (UCR=N/A)		Empire Connection Bronze Connection EPO 20/50 6800 50% w/HSA 6SNJ (HSA) (UCR=N/A)		Empire Connection Bronze Connection EPO 20/50 8450 50% 6SP3 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	50%/50%/50% IntDed		50%/50%/50% IntDed		50%/50%/50% IntDed	
Cost Share Information						
Individual/Family Deductible	\$6,100/\$12,200 embedded		\$6,800/\$13,600 embedded		\$8,450/\$16,900 embedded	
Individual/Family OOP Limit	\$7,450/\$14,900 (incl ded)		\$7,450/\$14,900 (incl ded)		\$9,100/\$18,200 (incl ded)	
Co-Insurance	50%		50%		50%	
Office Visits						
Primary Care	\$20 after ded		\$20 after ded		\$20 after ded	
Specialist	\$50 after ded		\$50 after ded		\$50 after ded	
Inpatient Services						
Inpatient Hospital	\$1,000/admit after ded		\$500/admit after ded		\$500/admit after ded	
Mental Health Inpatient	\$1,000/admit after ded		\$500/admit after ded		\$500/admit after ded	
Outpatient Services						
Outpatient Facility	\$500 after ded		\$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		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$20 after ded		\$20 after ded		\$20 after ded	
Emergency Care						
Emergency Room	\$500 after ded		\$300 after ded		\$300 after ded	
Urgent Care	\$100 after ded		\$100 after ded		\$100 after ded	
Single	2 x \$855.91		2 x \$850.62		2 x \$808.01	
EE with Spouse	0 x \$1,711.82		0 x \$1,701.24		0 x \$1,616.02	
EE with Child(ren)	0 x \$1,455.05		0 x \$1,446.05		0 x \$1,373.62	
Family	0 x \$2,439.34		0 x \$2,424.27		0 x \$2,302.83	
Monthly Cost	2 \$1,711.82		2 \$1,701.24		2 \$1,616.02	
Annual Cost	\$20,541.84		\$20,414.88		\$19,392.24	