

	Empire PPO/EPO Platinum PPO 5/25 0% 6SMP (PPO) (UCR=140mc%)		Empire PPO/EPO Platinum PPO 20/40 0% 6SML (PPO) (UCR=140mc%)		Empire PPO/EPO Gold PPO 25/40 1500 20% 6SQW (PPOc) (UCR=140mc%)		Empire PPO/EPO Gold PPO 20/50 1500 10% w/HSA 6SSQ (HSA) (UCR=140mc%)	
	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		10/40/80/150 ded T2-3		10/40/80 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A	\$4,000/\$8,000 embedded	N/A	\$4,000/\$8,000 embedded	\$1,500/\$3,000 embedded	\$4,000/\$8,000 embedded	\$1,500/\$3000 non-embedded	\$4,000/\$8,000 non-embedded
Individual/Family OOP Limit	\$3,500/\$7,000	\$10,375/\$20,750 (incl ded)	\$2,750/\$5,500	\$7,875/\$15,750 (incl ded)	\$7,000/\$14,000 (incl ded)	\$17,500/\$35,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$13,750/\$27,500 (incl ded)
Co-Insurance	0%	30%	0%	30%	20%	50%	10%	30%
<b>Office Visits</b>								
Primary Care	\$5	30% after ded	\$20	30% after ded	\$25 ded waived	50% after ded	\$20 after ded	30% after ded
Specialist	\$25	30% after ded	\$40	30% after ded	\$40 ded waived	50% after ded	\$50 after ded	30% after ded
<b>Inpatient Services</b>								
Inpatient Hospital	\$400/admit	30% after ded	\$500/admit	30% after ded	20% after ded	50% after ded	\$1,000/admit after ded	30% after ded
Mental Health Inpatient	\$400/admit	30% after ded	\$500/admit	30% after ded	20% after ded	50% after ded	\$1,000/admit after ded	30% after ded
<b>Outpatient Services</b>								
Outpatient Facility	\$300	30% after ded	\$500	30% after ded	\$250 after ded	50% after ded	\$500 after ded	30% after ded
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50; OP-\$150	30% after ded	Lab: No charge; X-ray: Office-\$50; OP-\$150	30% after ded	Lab: No charge; X-ray: Office-\$50 after ded; OP-\$150 after ded	50% after ded	Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded	30% after ded
Mental Health Outpatient	\$5	30% after ded	\$20	30% after ded	\$25 ded waived	50% after ded	\$20 after ded	30% after ded
<b>Emergency Care</b>								
Emergency Room	\$300	Paid as in-network	\$300	Paid as in-network	\$500 after ded	Paid as in-network	\$500 after ded	Paid as in-network
Urgent Care	\$50	Paid as in-network	\$50	Paid as in-network	\$60 ded waived	Paid as in-network	\$100 after ded	Paid as in-network
Single	2 x \$1,896.04		2 x \$1,889.17		2 x \$1,582.52		2 x \$1,534.94	
EE with Spouse	0 x \$3,792.08		0 x \$3,778.34		0 x \$3,165.04		0 x \$3,069.88	
EE with Child(ren)	0 x \$3,223.27		0 x \$3,211.59		0 x \$2,690.28		0 x \$2,609.40	
Family	0 x \$5,403.71		0 x \$5,384.13		0 x \$4,510.18		0 x \$4,374.58	
Monthly Cost	2 \$3,792.08		2 \$3,778.34		2 \$3,165.04		2 \$3,069.88	
Annual Cost	\$45,504.96		\$45,340.08		\$37,980.48		\$36,838.56	

	Empire PPO/EPO Platinum EPO 5/25 0% 6SMH (EPO) (UCR=N/A)		Empire PPO/EPO Platinum EPO 20/40 0% 6SPX (EPO) (UCR=N/A)		Empire PPO/EPO Gold EPO 25/50 0% 6SR7 (EPO) (UCR=N/A)		Empire PPO/EPO Silver PPO 20/50 3000 30% w/HSA 6SPA (HSA) (UCR=140mc%)	
	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		10/40/80/150 ded T2-3		10/50/90 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		N/A		N/A		\$3,000/\$6,000 embedded	\$7,000/\$14,000 embedded
Individual/Family OOP Limit	\$3,500/\$7,000		\$2,750/\$5,500		\$8,500/\$17,000		\$7,450/\$14,900 (incl ded)	\$18,625/\$37,250 (incl ded)
Co-Insurance	0%		0%		0%		30%	30%
<b>Office Visits</b>								
Primary Care	\$5		\$20		\$25		\$20 after ded	30% after ded
Specialist	\$25		\$40		\$50		\$50 after ded	30% after ded
<b>Inpatient Services</b>								
Inpatient Hospital	\$400/admit		\$500/admit		\$500/admit		\$1,500/admit after ded	30% after ded
Mental Health Inpatient	\$400/admit		\$500/admit		\$500/admit		\$1,500/admit after ded	30% after ded
<b>Outpatient Services</b>								
Outpatient Facility	\$300		\$500		\$500		\$500 after ded	30% after ded
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded	30% after ded
Mental Health Outpatient	\$5		\$20		\$25		\$20 after ded	30% after ded
<b>Emergency Care</b>								
Emergency Room	\$300		\$300		\$750		\$500 after ded	Paid as in-network
Urgent Care	\$75		\$50		\$50		\$100 after ded	Paid as in-network
Single	2 x \$1,518.82		2 x \$1,509.43		2 x \$1,368.67		2 x \$1,364.17	
EE with Spouse	0 x \$3,037.64		0 x \$3,018.86		0 x \$2,737.34		0 x \$2,728.34	
EE with Child(ren)	0 x \$2,581.99		0 x \$2,566.03		0 x \$2,326.74		0 x \$2,319.09	
Family	0 x \$4,328.64		0 x \$4,301.88		0 x \$3,900.71		0 x \$3,887.88	
Monthly Cost	2 \$3,037.64		2 \$3,018.86		2 \$2,737.34		2 \$2,728.34	
Annual Cost	\$36,451.68		\$36,226.32		\$32,848.08		\$32,740.08	

	Empire PPO/EPO Silver PPO 40/70 3000 50% 6SS0 (PPOc) (UCR=140mc%)		Empire PPO/EPO Gold EPO 30/55 1000 10% 6SS9 (EPOc) (UCR=N/A)		Empire PPO/EPO Gold EPO 15/35 1750 10% 6SLY (EPOc) (UCR=N/A)		Empire PPO/EPO Gold EPO 25/45 1750 20% 6SQY (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		10/40/80/150 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	\$3,000/\$6,000 embedded	\$8,750/\$17,500 embedded	\$1,000/\$2,000 embedded		\$1,750/\$3,500 embedded		\$1,750/\$3,500 embedded	
Individual/Family OOP Limit	\$9,100/\$18,200 (incl ded)	\$22,750/\$45,500 (incl ded)	\$6,750/\$13,500 (incl ded)		\$8,500/\$17,000 (incl ded)		\$6,000/\$12,000 (incl ded)	
Co-Insurance	50%	50%	10%		10%		20%	
<b>Office Visits</b>								
Primary Care	\$40 ded waived	50% after ded	\$30 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$70 ded waived	50% after ded	\$55 ded waived		\$35 ded waived		\$45 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	50% after ded	50% after ded	10% after ded		10% after ded		20% after ded	
Mental Health Inpatient	50% after ded	50% after ded	10% after ded		10% after ded		20% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	50% after ded	50% after ded	\$300 after ded		\$300 after ded		\$250 after ded	
Lab/X-Ray	Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% after ded	50% 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	\$40 ded waived	50% after ded	\$30 ded waived		\$15 ded waived		\$25 ded waived	
<b>Emergency Care</b>								
Emergency Room	50% after ded	Paid as in-network	\$500 after ded		\$500 after ded		\$500 after ded	
Urgent Care	\$75 ded waived	Paid as in-network	\$60 ded waived		\$60 ded waived		\$60 ded waived	
Single	2 x \$1,359.68		2 x \$1,315.40		2 x \$1,283.28		2 x \$1,281.56	
EE with Spouse	0 x \$2,719.36		0 x \$2,630.80		0 x \$2,566.56		0 x \$2,563.12	
EE with Child(ren)	0 x \$2,311.46		0 x \$2,236.18		0 x \$2,181.58		0 x \$2,178.65	
Family	0 x \$3,875.09		0 x \$3,748.89		0 x \$3,657.35		0 x \$3,652.45	
Monthly Cost	2 \$2,719.36		2 \$2,630.80		2 \$2,566.56		2 \$2,563.12	
Annual Cost	\$32,632.32		\$31,569.60		\$30,798.72		\$30,757.44	

	Empire PPO/EPO Gold EPO 20/50 1500 10% w/HSA WH 6SS3 (HSA) (UCR=N/A)		Empire PPO/EPO Gold EPO 35/60 2250 30% 6SNF (EPOc) (UCR=N/A)		Empire PPO/EPO Gold EPO 20/50 1500 10% w/HSA 6SRH (HSA) (UCR=N/A)		Empire PPO/EPO Silver EPO 20/50 3000 25% w/HSA 6SS1 (HSA) (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		10/40/80/150 ded T2-3		10/40/80 IntDed		10/50/90 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,500/\$3,000 non-embedded		\$2,250/\$4,500 embedded		\$1,500/\$3,000 non-embedded		\$3,000/\$6,000 embedded	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$7,000/\$14,000 (incl ded)		\$5,000/\$10,000 (incl ded)		\$7,450/\$14,900 (incl ded)	
Co-Insurance	10%		30%		10%		25%	
<b>Office Visits</b>								
Primary Care	\$20 after ded		\$35 ded waived		\$20 after ded		\$20 after ded	
Specialist	\$50 after ded		\$60 ded waived		\$50 after ded		\$50 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$1,000/admit after ded		30% after ded		\$1,000/admit after ded		\$1,500/admit after ded	
Mental Health Inpatient	\$1,000/admit after ded		30% after ded		\$1,000/admit after ded		\$1,500/admit after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$500 after ded		\$300 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: No charge; 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		\$35 ded waived		\$20 after ded		\$20 after ded	
<b>Emergency Care</b>								
Emergency Room	\$500 after ded		\$500 after ded		\$500 after ded		\$500 after ded	
Urgent Care	\$100 after ded		\$75 ded waived		\$100 after ded		\$100 after ded	
Single	2 x \$1,268.87		2 x \$1,242.57		2 x \$1,241.25		2 x \$1,102.20	
EE with Spouse	0 x \$2,537.74		0 x \$2,485.14		0 x \$2,482.50		0 x \$2,204.40	
EE with Child(ren)	0 x \$2,157.08		0 x \$2,112.37		0 x \$2,110.13		0 x \$1,873.74	
Family	0 x \$3,616.28		0 x \$3,541.32		0 x \$3,537.56		0 x \$3,141.27	
Monthly Cost	2 \$2,537.74		2 \$2,485.14		2 \$2,482.50		2 \$2,204.40	
Annual Cost	\$30,452.88		\$29,821.68		\$29,790.00		\$26,452.80	

	Empire PPO/EPO Silver EPO 40/70 3000 50% 6SMY (EPOc) (UCR=N/A)		Empire PPO/EPO Silver EPO 20/50 3500 30% w/HSA 6SP0 (HSA) (UCR=N/A)		Empire PPO/EPO Bronze EPO 20/50 6100 50% w/HSA 6SSS (HSA) (UCR=N/A)	
	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	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$3,000/\$6,000 embedded		\$3,500/\$7,000 embedded		\$6,100/\$12,200 embedded	
Individual/Family OOP Limit	\$9,100/\$18,200 (incl ded)		\$7,450/\$14,900 (incl ded)		\$7,450/\$14,900 (incl ded)	
Co-Insurance	50%		30%		50%	
<b>Office Visits</b>						
Primary Care	\$40 ded waived		\$20 after ded		\$20 after ded	
Specialist	\$70 ded waived		\$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	
Mental Health Inpatient	50% after ded		\$1,500/admit after ded		\$1,000/admit after ded	
<b>Outpatient Services</b>						
Outpatient Facility	50% 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	
Mental Health Outpatient	\$40 ded waived		\$20 after ded		\$20 after ded	
<b>Emergency Care</b>						
Emergency Room	50% after ded		\$500 after ded		\$500 after ded	
Urgent Care	\$75 ded waived		\$100 after ded		\$100 after ded	
Single	2 x \$1,099.95		2 x \$1,081.19		2 x \$978.75	
EE with Spouse	0 x \$2,199.90		0 x \$2,162.38		0 x \$1,957.50	
EE with Child(ren)	0 x \$1,869.92		0 x \$1,838.02		0 x \$1,663.88	
Family	0 x \$3,134.86		0 x \$3,081.39		0 x \$2,789.44	
Monthly Cost	2 \$2,199.90		2 \$2,162.38		2 \$1,957.50	
Annual Cost	\$26,398.80		\$25,948.56		\$23,490.00	