

	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 \$1,289.76		2 x \$1,284.07		2 x \$1,263.32		2 x \$1,168.82	
EE with Spouse	0 x \$2,579.52		0 x \$2,568.14		0 x \$2,526.64		0 x \$2,337.64	
EE with Child(ren)	0 x \$2,192.59		0 x \$2,182.92		0 x \$2,147.64		0 x \$1,986.99	
Family	0 x \$3,675.82		0 x \$3,659.60		0 x \$3,600.46		0 x \$3,331.14	
Monthly Cost	2 \$2,579.52		2 \$2,568.14		2 \$2,526.64		2 \$2,337.64	
Annual Cost	\$30,954.24		\$30,817.68		\$30,319.68		\$28,051.68	

	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 \$1,140.27		2 x \$1,094.01		2 x \$1,060.43		2 x \$1,039.42	
EE with Spouse	0 x \$2,280.54		0 x \$2,188.02		0 x \$2,120.86		0 x \$2,078.84	
EE with Child(ren)	0 x \$1,938.46		0 x \$1,859.82		0 x \$1,802.73		0 x \$1,767.01	
Family	0 x \$3,249.77		0 x \$3,117.93		0 x \$3,022.23		0 x \$2,962.35	
Monthly Cost	2 \$2,280.54		2 \$2,188.02		2 \$2,120.86		2 \$2,078.84	
Annual Cost	\$27,366.48		\$26,256.24		\$25,450.32		\$24,946.08	

	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 \$943.20		2 x \$939.76		2 x \$937.91		2 x \$904.73	
EE with Spouse	0 x \$1,886.40		0 x \$1,879.52		0 x \$1,875.82		0 x \$1,809.46	
EE with Child(ren)	0 x \$1,603.44		0 x \$1,597.59		0 x \$1,594.45		0 x \$1,538.04	
Family	0 x \$2,688.12		0 x \$2,678.32		0 x \$2,673.04		0 x \$2,578.48	
Monthly Cost	2 \$1,886.40		2 \$1,879.52		2 \$1,875.82		2 \$1,809.46	
Annual Cost	\$22,636.80		\$22,554.24		\$22,509.84		\$21,713.52	

	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 \$833.76		2 x \$828.60		2 x \$787.10	
EE with Spouse	0 x \$1,667.52		0 x \$1,657.20		0 x \$1,574.20	
EE with Child(ren)	0 x \$1,417.39		0 x \$1,408.62		0 x \$1,338.07	
Family	0 x \$2,376.22		0 x \$2,361.51		0 x \$2,243.24	
Monthly Cost	2 \$1,667.52		2 \$1,657.20		2 \$1,574.20	
Annual Cost	\$20,010.24		\$19,886.40		\$18,890.40	