

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
Primary Care	\$20		\$5 ded waived		\$15 ded waived		\$25	
Specialist	\$40		\$25 ded waived		\$35 ded waived		\$50	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
Emergency Room	\$300		\$300 after ded		10% after ded		\$750	
Urgent Care	\$50		\$75 ded waived		\$50 ded waived		\$50	
Single	2 x \$1,354.64		2 x \$1,348.67		2 x \$1,326.88		2 x \$1,227.62	
EE with Spouse	0 x \$2,709.28		0 x \$2,697.34		0 x \$2,653.76		0 x \$2,455.24	
EE with Child(ren)	0 x \$2,302.89		0 x \$2,292.74		0 x \$2,255.70		0 x \$2,086.95	
Family	0 x \$3,860.72		0 x \$3,843.71		0 x \$3,781.61		0 x \$3,498.72	
Monthly Cost	2 \$2,709.28		2 \$2,697.34		2 \$2,653.76		2 \$2,455.24	
Annual Cost	\$32,511.36		\$32,368.08		\$31,845.12		\$29,462.88	

	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
<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		10/50/90	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$25 ded waived		\$35 ded waived		\$60	
Specialist	\$55 ded waived		\$45 ded waived		\$60 ded waived		\$125	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$1,197.63		2 x \$1,149.04		2 x \$1,113.78		2 x \$1,091.71	
EE with Spouse	0 x \$2,395.26		0 x \$2,298.08		0 x \$2,227.56		0 x \$2,183.42	
EE with Child(ren)	0 x \$2,035.97		0 x \$1,953.37		0 x \$1,893.43		0 x \$1,855.91	
Family	0 x \$3,413.25		0 x \$3,274.76		0 x \$3,174.27		0 x \$3,111.37	
Monthly Cost	2 \$2,395.26		2 \$2,298.08		2 \$2,227.56		2 \$2,183.42	
Annual Cost	\$28,743.12		\$27,576.96		\$26,730.72		\$26,201.04	

	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
<b>Prescription Drugs</b>								
Drug Card	10/50/90 IntDed		10/50/90 IntDed		25/75/90/200 ded T2-3		10/50/90 IntDed	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$990.65		2 x \$987.04		2 x \$985.09		2 x \$950.25	
EE with Spouse	0 x \$1,981.30		0 x \$1,974.08		0 x \$1,970.18		0 x \$1,900.50	
EE with Child(ren)	0 x \$1,684.11		0 x \$1,677.97		0 x \$1,674.65		0 x \$1,615.43	
Family	0 x \$2,823.35		0 x \$2,813.06		0 x \$2,807.51		0 x \$2,708.21	
Monthly Cost	2 \$1,981.30		2 \$1,974.08		2 \$1,970.18		2 \$1,900.50	
Annual Cost	\$23,775.60		\$23,688.96		\$23,642.16		\$22,806.00	

	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
<b>Prescription Drugs</b>						
Drug Card	50%/50%/50% IntDed		50%/50%/50% IntDed		50%/50%/50% IntDed	
<b>Cost Share Information</b>						
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%	
<b>Office Visits</b>						
Primary Care	\$20 after ded		\$20 after ded		\$20 after ded	
Specialist	\$50 after ded		\$50 after ded		\$50 after ded	
<b>Inpatient Services</b>						
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	
<b>Outpatient Services</b>						
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	
<b>Emergency Care</b>						
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 \$875.70		2 x \$870.29		2 x \$826.70	
EE with Spouse	0 x \$1,751.40		0 x \$1,740.58		0 x \$1,653.40	
EE with Child(ren)	0 x \$1,488.69		0 x \$1,479.49		0 x \$1,405.39	
Family	0 x \$2,495.75		0 x \$2,480.33		0 x \$2,356.10	
Monthly Cost	2 \$1,751.40		2 \$1,740.58		2 \$1,653.40	
Annual Cost	\$21,016.80		\$20,886.96		\$19,840.80	