

	Empire Blue Access Platinum Blue Access EPO 5/25 0% 6SLQ (EPO) (UCR=N/A)		Empire Blue Access Platinum Blue Access EPO 20/40 0% 6SN8 (EPO) (UCR=N/A)		Empire Blue Access Platinum Blue Access EPO 15/35 300 10% 6SP9 (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 25/50 0% 6SN1 (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		10/35/70/100 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		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%	
Office Visits								
Primary Care	\$5		\$20		\$15 ded waived		\$25	
Specialist	\$25		\$40		\$35 ded waived		\$50	
Inpatient Services								
Inpatient Hospital	\$400/admit		\$500/admit		10% after ded		\$500/admit	
Mental Health Inpatient	\$400/admit		\$500/admit		10% after ded		\$500/admit	
Outpatient Services								
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	
Emergency Care								
Emergency Room	\$300		\$300		10% after ded		\$750	
Urgent Care	\$75		\$50		\$50 ded waived		\$50	
Single	2 x	\$1,066.99	2 x	\$1,060.43	2 x	\$1,038.73	2 x	\$961.52
EE with Spouse	0 x	\$2,133.98	0 x	\$2,120.86	0 x	\$2,077.46	0 x	\$1,923.04
EE with Child(ren)	0 x	\$1,813.88	0 x	\$1,802.73	0 x	\$1,765.84	0 x	\$1,634.58
Family	0 x	\$3,040.92	0 x	\$3,022.23	0 x	\$2,960.38	0 x	\$2,740.33
Monthly Cost	2	\$2,133.98	2	\$2,120.86	2	\$2,077.46	2	\$1,923.04
Annual Cost		\$25,607.76		\$25,450.32		\$24,929.52		\$23,076.48

	Empire Blue Access Gold Blue Access EPO 30/55 1000 0% 6SLU (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 15/35 1750 10% 6SNW (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 25/45 1750 20% 6SRT (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 35/60 2250 30% 6SNZ (EPOc) (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		10/40/80/150 ded T2-3	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$938.21		2 x \$901.57		2 x \$900.36		2 x \$873.01	
EE with Spouse	0 x \$1,876.42		0 x \$1,803.14		0 x \$1,800.72		0 x \$1,746.02	
EE with Child(ren)	0 x \$1,594.96		0 x \$1,532.67		0 x \$1,530.61		0 x \$1,484.12	
Family	0 x \$2,673.90		0 x \$2,569.47		0 x \$2,566.03		0 x \$2,488.08	
Monthly Cost	2 \$1,876.42		2 \$1,803.14		2 \$1,800.72		2 \$1,746.02	
Annual Cost	\$22,517.04		\$21,637.68		\$21,608.64		\$20,952.24	

	Empire Blue Access Gold Blue Access EPO 20/50 1500 10% w/HSA 6SMQ (HSA) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 60/125 0% 6SRR (EPO) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 20/50 3000 25% w/HSA 6SPR (HSA) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 40/70 3000 50% 6SNB (EPOc) (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 IntDed		10/50/90		10/50/90 IntDed		25/75/90/200 ded T2-3	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$20 after ded		\$60		\$20 after ded		\$40 ded waived	
Specialist	\$50 after ded		\$125		\$50 after ded		\$70 ded waived	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$872.10		2 x \$855.85		2 x \$774.30		2 x \$772.79	
EE with Spouse	0 x \$1,744.20		0 x \$1,711.70		0 x \$1,548.60		0 x \$1,545.58	
EE with Child(ren)	0 x \$1,482.57		0 x \$1,454.95		0 x \$1,316.31		0 x \$1,313.74	
Family	0 x \$2,485.49		0 x \$2,439.17		0 x \$2,206.76		0 x \$2,202.45	
Monthly Cost	2 \$1,744.20		2 \$1,711.70		2 \$1,548.60		2 \$1,545.58	
Annual Cost	\$20,930.40		\$20,540.40		\$18,583.20		\$18,546.96	

	Empire Blue Access Silver Blue Access EPO 25/50 4550 50% 6SNU (EPOc) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 20/50 3500 30% w/HSA 6SQX (HSA) (UCR=N/A)		Empire Blue Access Bronze Blue Access EPO 20/50 6100 50% w/HSA 6SN4 (HSA) (UCR=N/A)		Empire Blue Access Bronze Blue Access EPO 20/50 6800 50% w/HSA 6SPK (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	25/75/90/200 ded T2-3		10/50/90 IntDed		50%/50%/50% IntDed		50%/50%/50% IntDed	
Cost Share Information								
Individual/Family Deductible	\$4,550/\$9,100 embedded		\$3,500/\$7,000 embedded		\$6,100/\$12,200 embedded		\$6,800/\$13,600 embedded	
Individual/Family OOP Limit	\$9,100/\$18,200 (incl ded)		\$7,450/\$14,900 (incl ded)		\$7,450/\$14,900 (incl ded)		\$7,450/\$14,900 (incl ded)	
Co-Insurance	50%		30%		50%		50%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$770.16		2 x \$759.57		2 x \$687.61		2 x \$683.47	
EE with Spouse	0 x \$1,540.32		0 x \$1,519.14		0 x \$1,375.22		0 x \$1,366.94	
EE with Child(ren)	0 x \$1,309.27		0 x \$1,291.27		0 x \$1,168.94		0 x \$1,161.90	
Family	0 x \$2,194.96		0 x \$2,164.77		0 x \$1,959.69		0 x \$1,947.89	
Monthly Cost	2 \$1,540.32		2 \$1,519.14		2 \$1,375.22		2 \$1,366.94	
Annual Cost	\$18,483.84		\$18,229.68		\$16,502.64		\$16,403.28	

Prepared For: **Empire 2023 4th qtr Albany Blue Access**

Albany County, NY 12007

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Health Plan Comparison Report (4L)

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SIC: 0000

Empire Blue Access Bronze Blue Access EPO 20/50 8450 50% 6SQ1 (EPOc) (UCR=N/A)	
	In-Network Out-Network
Prescription Drugs	
Drug Card	50%/50%/50% IntDed
Cost Share Information	
Individual/Family Deductible	\$8,450/\$16,900 embedded
Individual/Family OOP Limit	\$9,100/\$18,200 (incl ded)
Co-Insurance	50%
Office Visits	
Primary Care	\$20 after ded
Specialist	\$50 after ded
Inpatient Services	
Inpatient Hospital	\$500/admit after ded
Mental Health Inpatient	\$500/admit after ded
Outpatient Services	
Outpatient Facility	\$500 after ded
Lab/X-Ray	Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded
Mental Health Outpatient	\$20 after ded
Emergency Care	
Emergency Room	\$300 after ded
Urgent Care	\$100 after ded
Single	2 x \$649.46
EE with Spouse	0 x \$1,298.92
EE with Child(ren)	0 x \$1,104.08
Family	0 x \$1,850.96
Monthly Cost	2 \$1,298.92
Annual Cost	\$15,587.04

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