Prepared For: Empire	e 2017 4th	qtr EPO	PPO
----------------------	------------	---------	-----

Prepared By: Clifford Grekin Inc. - (631)963-6020

## Health Plan Comparison Report (4L)

Effective Date: 10/01/2017

Report ID: 33264225

Prepared On: 08/02/2017 SIC: 0000

8,000/\$6,000	lealth Out-Network \$2,000/\$4,000 embedded \$6,000/\$12,000 (incl ded) 20%	In-Network 5/30/60/100 ded T2-3 N/A	D 10/0%/3000 Out-Network \$2,000/\$4,000 embedded \$6,000/\$12,000 (incl ded)	Platinum PPO In-Network 10/35/75 \$250/\$750 embedded	250/0%/6000 Out-Network \$500/\$1,000 embedded	Platinum EPO           In-Network           5/30/60/100 ded T2-3           N/A	10/0%/3000 Out-Network
In-Network 1/35/75 A 9,000/\$6,000 6	Out-Network \$2,000/\$4,000 embedded \$6,000/\$12,000 (incl ded) 20%	5/30/60/100 ded T2-3 N/A \$3,000/\$6,000	\$2,000/\$4,000 embedded	10/35/75		5/30/60/100 ded T2-3	Out-Network
//35/75 A 8,000/\$6,000 6	\$2,000/\$4,000 embedded \$6,000/\$12,000 (incl ded) 20%	5/30/60/100 ded T2-3 N/A \$3,000/\$6,000	\$2,000/\$4,000 embedded	10/35/75		5/30/60/100 ded T2-3	Out-Network
//35/75 A 8,000/\$6,000 6	\$2,000/\$4,000 embedded \$6,000/\$12,000 (incl ded) 20%	5/30/60/100 ded T2-3 N/A \$3,000/\$6,000	\$2,000/\$4,000 embedded	10/35/75		5/30/60/100 ded T2-3	Out-Network
A 9,000/\$6,000 6	\$2,000/\$4,000 embedded \$6,000/\$12,000 (incl ded) 20%	N/A \$3,000/\$6,000			\$500/\$1,000 embedded		
A 9,000/\$6,000 6	\$2,000/\$4,000 embedded \$6,000/\$12,000 (incl ded) 20%	N/A \$3,000/\$6,000			\$500/\$1,000 embedded		
6,000/\$6,000	\$6,000/\$12,000 (incl ded) 20%	\$3,000/\$6,000		\$250/\$750 embedded	\$500/\$1,000 embedded	N/A	
6,000/\$6,000	\$6,000/\$12,000 (incl ded) 20%	\$3,000/\$6,000		\$250/\$750 embedded	\$500/\$1,000 embedded	N/A	
6	20%		\$6,000/\$12,000 (incl ded)				
		0%		\$6,000/\$12,000 (incl ded)	\$12,000/\$24,000 (incl ded)	\$3,000/\$6,000	
5			30%	0%	30%	0%	
5	I						
	20% after ded	\$10	30% after ded	\$25 ded waived	30% after ded	\$10	
0	20% after ded	\$20	30% after ded	\$50 after ded	30% after ded	\$20	
	000/ // /	¢000/1 · 0 I	000% (* 1. 1	¢1.000/ 1.3.6.1.1	00% 6 1 1	#000/J	
800/day up to 3 days	20% after ded	\$200/day up to 3 days	30% after ded	\$1,000/admit after ded	30% after ded	\$200/day up to 3 days	
00/day up to 3 days	20% after ded	\$200/day up to 3 days	30% after ded	\$1,000/admit after ded	30% after ded	\$200/day up to 3 days	
1							
	20% after ded	\$150 Office-\$20 + 10%; OP- \$150		0% after ded 0% after ded	30% after ded 30% after ded	\$150 Office-\$20 + 10%; OP- \$150	
30	20% after ded	\$20	30% after ded	\$25 after ded	30% after ded	\$20	
200	Paid as in-network	\$200	Paid as in-network	\$200 after ded	Paid as in-network	\$200	
1 x \$1,182.57		1 x \$1,153.45		1 x \$1,106.52		1 x \$1,058.04	-
0 x \$2,365.14		0 x \$2,306.90		0 x \$2,213.04		0 x \$2,116.08	
0 x \$2,010.37		0 x \$1,960.87		0 x \$1,881.08		0 x \$1,798.67	
1 x \$3,370.32		1 x \$3,287.33		1 x \$3,153.58		1 x \$3,015.41	
2 \$4,552.89		2 \$4,440.78		2 \$4,260.10		2 \$4,073.45	
\$54,634.68		\$53,289.36		\$51,121.20		\$48,881.40	
800 200 ffic 200	)/day up to 3 days ) e-\$30 + 10%; OP- ) 1 x \$1,182.57 0 x \$2,365.14 0 x \$2,010.37 1 x \$3,370.32 2 \$4,552.89	20% after ded 20% af	D/day up to 3 days       20% after ded       \$200/day up to 3 days         De-\$30 + 10%; OP-       20% after ded       \$150         Omega: 20% after ded       20% after ded       \$150         20% after ded       \$20       Office-\$20 + 10%; OP-\$150         20% after ded       \$20         20% after ded       \$20         20% after ded       \$20         0       Paid as in-network       \$200         1 x       \$1,182.57       1 x       \$1,153.45         0 x       \$2,365.14       0 x       \$2,306.90         0 x       \$2,010.37       0 x       \$1,960.87         1 x       \$3,370.32       1 x       \$3,287.33         2       \$4,552.89       2       \$4,440.78	Wday up to 3 days       20% after ded       \$200/day up to 3 days       30% after ded         0       20% after ded       \$150       30% after ded         0       20% after ded       \$150       30% after ded         20% after ded       \$20       30% after ded       30% after ded         20% after ded       \$20       30% after ded       30% after ded         20% after ded       \$20       30% after ded       30% after ded         20% after ded       \$20       30% after ded       30% after ded         20% after ded       \$20       30% after ded       30% after ded         20% after ded       \$20       Yet       Yet       Yet         1 x       \$1,182.57       0 x       \$2,306.90       Yet         0 x       \$2,010.37       0 x       \$1,960.87       Yet         1 x       \$3,370.32       2       \$4,440.78       Yet	Wday up to 3 days       20% after ded       \$200/day up to 3 days       30% after ded       \$1,000/admit after ded         0       20% after ded       \$150       30% after ded       0% after ded       0% after ded         20% after ded       20% after ded       \$150       30% after ded       0% after ded       0% after ded         20% after ded       20% after ded       \$20       \$150       30% after ded       0% after ded       0% after ded         20% after ded       \$20       \$20       \$20       30% after ded       30% after ded       0% after ded       0% after ded         20% after ded       \$20       \$20       Y       30% after ded       30% after ded       0% after ded       0% after ded         1       x       \$1,182.57       Paid as in-network       \$200 after ded       20% after ded       1 x       \$1,106.52         0 x       \$2,365.14       0 x       \$2,306.90       0 x       0 x       \$2,213.04         0 x       \$2,010.37       0 x       \$1,960.87       0 x       0 x       \$1,881.08         1 x       \$3,370.32       2       \$4,440.78       2       \$4,260.10	Wday up to 3 days       20% after ded       \$200/day up to 3 days       30% after ded       \$1,000/admit after ded       30% after ded         0       20% after ded       \$150       30% after ded         0       e=\$30 + 10%; OP-       20% after ded       \$150       30% after ded       30% after ded	Wday up to 3 days       20% after ded       \$200/day up to 3 days       30% after ded       \$1,000/admit after ded       30% after ded       \$200/day up to 3 days         0       20% after ded       20% after ded       \$150       30% after ded       30% after ded

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

Prepared For: Empire 20	)17 4th qt	tr EPO	PPO
-------------------------	------------	--------	-----

Prepared By: Clifford Grekin Inc. - (631)963-6020

## Health Plan Comparison Report (4L)

Effective Date: 10/01/2017

Report ID: 33264225

Prepared On: 08/02/2017

SIC:	0000
------	------

	Empire EPO/P	PO (BlueCard)	Empire EPO/P	PO (BlueCard)	Empire EPO/P	PO (BlueCard)	Empire EPO/PP	O (BlueCard)
	Platinum EPC	15/0%/3000	Gold PPO 10	00/10%/5000	Gold PPO 1350/	/0%/3000 w/HSA	Gold EPO 100	0/10%/5000
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75		10/35/75		10/40/80 IntDed		10/35/75	
Cost Share Information						1		
Individual/Family Deductible	N/A		\$1,000/\$3,000 embedded	\$2,000/\$4,000 embedded	\$1,350/\$2,700 non-embedded	\$2,700/\$5,400 non-embedded	\$1,000/\$3,000 embedded	
Individual/Family OOP Limit	\$3,000/\$6,000		\$5,000/\$10,000 (incl ded)	ded)	\$3,000/\$6,000 (incl ded)	\$6,000/\$12,000 (incl ded)	\$5,000/\$10,000 (incl ded)	
Co-Insurance	0%		10%	30%	0%	20%	10%	
Office Visits								
Primary Care	\$15		\$30 ded waived	30% after ded	\$20 after ded	20% after ded	\$30 ded waived	
Specialist	\$30		\$50 ded waived	30% after ded	\$40 after ded	20% after ded	\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$300/day up to 3 days		10% after ded	30% after ded	\$500/admit after ded	20% after ded	10% after ded	
Mental Health Inpatient	\$300/day up to 3 days		10% after ded	30% after ded	\$500/admit after ded	20% after ded	10% after ded	
Outpatient Services						1		
Outpatient Facility Lab/X-Ray	\$200 Office-\$30 + 10%; OP- \$200		10% after ded 10% after ded	30% after ded 30% after ded	\$200 after ded Office-\$20 after ded; OP- \$200 after ded	20% after ded 20% after ded	10% after ded 10% after ded	
Mental Health Outpatient	\$30		\$50 ded waived	30% after ded	\$40 after ded	20% after ded	\$50 ded waived	
Emergency Care								
Emergency Room	\$200		\$300 ded waived	Paid as in-network	\$250 after ded	Paid as in-network	\$300 ded waived	
Single	1 x \$1,036.52		1 x \$975.20		1 x \$928.62		1 x \$894.71	
EE with Spouse	0 x \$2,073.04		0 x \$1,950.40		0 x \$1,857.24		0 x \$1,789.42	
EE with Child(ren)	0 x \$1,762.08		0 x \$1,657.84		0 x \$1,578.65		0 x \$1,521.01	
Family	1 x \$2,954.08		1 x \$2,779.32		1 x \$2,646.57		1 x \$2,549.92	
Monthly Cost	2 \$3,990.60		2 \$3,754.52		2 \$3,575.19		2 \$3,444.63	
Annual Cost	\$47,887.20		\$45,054.24		\$42,902.28		\$41,335.56	

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

Prepared For: Emp	re 2017 4th	qtr EPO	PPO
-------------------	-------------	---------	-----

20% after ded

20% after ded

\$50 ded waived

\$300 ded waived

1 x

0 x

0 x

1 x

2

\$879.24

\$1,758.48

\$1,494.71

\$2,505.83

\$3.385.07

\$40,620.84

Prepared By: Clifford Grekin Inc. - (631)963-6020

Prescription Drugs

Cost Share Information Individual/Family Deductible

Individual/Family OOP Limit

Drug Card

Co-Insurance

Office Visits Primary Care

Specialist

Inpatient Services

Inpatient Hospital

Mental Health Inpatient

Mental Health Outpatient

**Outpatient Services** 

Outpatient Facility Lab/X-Ray

Emergency Care

Emergency Room

EE with Spouse

Monthly Cost

Annual Cost

EE with Child(ren)

Single

Family

#### Health Plan Comparison Report (4L)

Effective Date: 10/01/2017

Report ID: 33264225

Prepared On: 08/02/2017

40% after ded

40% after ded

40% after ded

Paid as in-network

SIC: 0000

Empire EPO/PPO (BlueCard) Gold EPO 500/20%/7150		Empire EPO/PPO (BlueCard) Gold EPO 1500/0%/7000		Empire EPO/PPO (BlueCard) Silver PPO 2700/0%/4500 w/HSA		Empire EPO/PPO (BlueCard) Silver PPO 2700/20%/5000 w/HSA	
In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
10/35/75		10/35/75		10/40/80 IntDed		10/40/80 IntDed	
\$500/\$1,500 embedded		\$1,500/\$3,000 embedded		\$2,700/\$5,400 embedded	\$5,400/\$10,800 embedded	\$2,700/\$5,400 embedded	\$5,400/\$10,800 embedded
\$7,150/\$14,300 (incl ded)		\$7,000/\$14,000 (incl ded)		\$4,500/\$9,000 (incl ded)	\$9,000/\$18,000 (incl ded)	\$5,000/\$10,000 (incl ded)	
20%		0%		0%	30%	20%	40%
\$25 ded waived		\$30 ded waived		\$25 after ded	30% after ded	20% after ded	40% after ded
\$50 ded waived		\$60 after ded		\$50 after ded	30% after ded	20% after ded	40% after ded
							I
20% after ded		\$500/admit after ded		\$500/admit after ded	30% after ded	20% after ded	40% after ded
20% after ded		\$500/admit after ded		\$500/admit after ded	30% after ded	20% after ded	40% after ded

\$200 after ded

\$200 after ded

\$50 after ded

\$300 after ded

1 x

0 x

0 x

1 x

2

Office-\$25 after ded; OP-

\$819.19

\$1,638.38

\$1,392.62

\$2,334.69

\$3.153.88

\$37,846.56

30% after ded

30% after ded

30% after ded

Paid as in-network

20% after ded

20% after ded

20% after ded

20% after ded

1 x

0 x

0 x

1 x

2

\$805.17

\$1,610.34

\$1,368.79

\$2,294.73

\$3.099.90

\$37,198.80

0% after ded

0% after ded

\$30 after ded

\$300 after ded

1 x

0 x

0 x

1 x

2

\$868.39

\$1,736.78

\$1,476.26

\$2,474.91

\$3.343.30

\$40.119.60

Prepared By: Clifford Grekin Inc. - (631)963-6020

## Health Plan Comparison Report (4L)

Effective Date: 10/01/2017

Report ID: 33264225

Prepared On: 08/02/2017

SIC: 0000

/250 ded T2-3 3,000 embedded 13,000 (incl ded) waived visits 1-3;	Out-Network	Silver EPO 2700/0 In-Network 10/40/80 IntDed \$2,700/\$5,400 embedded \$4,500/\$9,000 (incl ded)	0%/4500 w/HSA Out-Network	Silver EPO 2700/20	%/5000 w/HSA Out-Network	Silver EPO 400	0/0%/7000 Out-Network
/250 ded T2-3 3,000 embedded 13,000 (incl ded) waived visits 1-3;		10/40/80 IntDed \$2,700/\$5,400 embedded	Out-Network	10/40/80 IntDed	Out-Network		Out-Network
/250 ded T2-3 3,000 embedded 13,000 (incl ded) waived visits 1-3;		10/40/80 IntDed \$2,700/\$5,400 embedded	Out-Network	10/40/80 IntDed	Out-Network		Out-Network
3,000 embedded 13,000 (incl ded) waived visits 1-3;	S	\$2,700/\$5,400 embedded				15/50/90 IntDed T3	
13,000 (incl ded) waived visits 1-3;	S			\$2 700/\$5 400 embedded			
13,000 (incl ded) waived visits 1-3;	S			\$2 700/\$5 400 embedded			
waived visits 1-3;		\$4,500/\$9,000 (incl ded)		\$2,700,\$5,400 embedded		\$4,000/\$8,000 embedded	
	(			\$5,000/\$10,000 (incl ded)		\$7,000/\$14,000 (incl ded)	
		0%		20%		0%	
		I					
r ded visits 4+	S	\$25 after ded		20% after ded		\$30 ded waived	
waived visits 1-3; r ded visits 4+	S	\$50 after ded		20% after ded		\$50 after ded	
		I					
r ded	Ş	\$500/admit after ded		20% after ded		\$500/admit after ded	
r ded	Ş	\$500/admit after ded		20% after ded		\$500/admit after ded	
		I					
r ded r ded		Office-\$25 after ded; OP-		20% after ded 20% after ded		0% after ded 0% after ded	
waived visits 1-3; r ded visits 4+	S	\$50 after ded		20% after ded		\$30 after ded	
		I					
er ded		\$300 after ded		20% after ded		\$300 after ded	
\$771.17		1 x \$751.45		1 x \$742.23		1 x \$728.21	
\$1,542.34		0 x \$1,502.90		0 x \$1,484.46		0 x \$1,456.42	
\$1,310.99		0 x \$1,277.47		0 x \$1,261.79		0 x \$1,237.96	
\$2,197.83		1 x \$2,141.63		1 x \$2,115.36		1 x \$2,075.40	
\$2 969 00		2 \$2 893 08		2 \$2 857 59		2 \$2 803 61	
φ2,000.00		\$34,716.96		\$34,291.08		\$33,643.32	
r r	r ded \$771.17 \$1,542.34 \$1,310.99	r ded vaived visits 1-3; r ded visits 4+ r ded \$771.17 \$1,542.34 \$1,310.99 \$2,197.83 \$2,969.00	ded     Office-\$25 after ded; OP- \$200 after ded       vaived visits 1-3; ded visits 4+     \$50 after ded       \$771.17     1 x \$751.45       \$1,542.34     0 x \$1,502.90       \$1,310.99     0 x \$1,277.47       \$2,197.83     1 x \$2,141.63       \$2,969.00     2 \$2,893.08	ded     Office-\$25 after ded; OP- \$200 after ded       vaived visits 1-3; ded visits 4+     \$50 after ded       \$50 after ded     \$300 after ded       \$1,542.34     1 x \$751.45       \$1,542.34     0 x \$1,502.90       \$1,310.99     0 x \$1,277.47       \$2,197.83     1 x \$2,141.63       \$2,969.00     2 \$2,893.08	'ded     Office-\$25 after ded; OP-\$200 after ded     20% after ded     20% after ded       vaived visits 1-3; ' ded visits 4+     \$50 after ded     20% after ded     20% after ded       r ded     \$300 after ded     20% after ded     20% after ded       \$771.17     1 x \$751.45     1 x \$742.23       \$1,542.34     0 x \$1,502.90     0 x \$1,484.46       \$1,310.99     0 x \$1,277.47     0 x \$1,261.79       \$2,197.83     1 x \$2,141.63     1 x \$2,115.36       \$2,969.00     2 \$2,893.08     2 \$2,857.59	Odfice-\$25 after ded; OP- \$200 after ded     20% after ded       waived visits 1-3; • ded visits 4+     \$50 after ded     20% after ded       \$50 after ded     20% after ded     20% after ded       r ded     \$300 after ded     20% after ded       \$771.17     1 x \$751.45     1 x \$742.23       \$1,542.34     0 x \$1,502.90     0 x \$1,484.46       \$1,310.99     0 x \$1,277.47     0 x \$1,261.79       \$2,197.83     1 x \$2,141.63     1 x \$2,115.36       \$2,969.00     2 \$2,893.08     2 \$2,857.59	r dedOffice-\$25 after ded; OP- \$200 after ded $20\%$ after ded $20\%$ after ded $0\%$ after ded $0\%$ after dedwaived visits 1-3; 'c ded visits 4+\$50 after ded $20\%$ after ded $20\%$ after ded $300$ after ded $1x$ $$771.17$ $1x$ $$771.17$ $1x$ $$771.47$ $1x$ $$742.23$ $1x$ $$728.21$ \$1,542.34 $0x$ \$1,502.90 $0x$ \$1,484.46 $0x$ \$1,456.42\$1,310.99 $0x$ \$1,277.47 $0x$ \$1,261.79 $0x$ \$1,237.96\$2,197.83 $1x$ \$2,141.63 $1x$ \$2,153.6 $1x$ \$2,075.40\$2,969.00 $2$ \$2,893.08 $2$ \$2,857.59 $2$ \$2,803.61

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

#### Prepared For: Empire 2017 4th qtr EPO PPO

New York County, NY 10001

Prepared By: Clifford Grekin Inc. - (631)963-6020

	Empire EPO/PP	O (BlueCard)	Empire EPO/PP	O (BlueCard)
	Bronze EPO 5500/2	0%/6550 w/HSA	Bronze EPO 5300/5	0%/6550 w/HSA
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	15/50/90 IntDed		50%/50%/50% IntDed	
Cost Share Information				
Individual/Family Deductible	\$5,500/\$11,000 embedded		\$5,300/\$10,600 embedded	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	20%		50%	
Office Visits				
Primary Care	\$50 after ded		50% after ded	
Specialist	\$75 after ded		50% after ded	
Inpatient Services				
Inpatient Hospital	\$500/admit after ded		50% after ded	
Mental Health Inpatient	\$500/admit after ded		50% after ded	
Outpatient Services				
Outpatient Facility Lab/X-Ray	\$350 after ded Office-\$50 after ded; OP- \$350 after ded		50% after ded 50% after ded	
Mental Health Outpatient	\$75 after ded		50% after ded	
Emergency Care				
Emergency Room	\$350 after ded		50% after ded	
Single	1 x \$635.96		1 x \$632.53	
EE with Spouse	0 x \$1,271.92		0 x \$1,265.06	
EE with Child(ren)	0 x \$1,081.13		0 x \$1,075.30	
Family	1 x \$1,812.49		1 x \$1,802.71	
Monthly Cost	2 \$2,448.45		2 \$2,435.24	
Annual Cost	\$29,381.40		\$29,222.88	

# Health Plan Comparison Report (4L)

 Effective Date: 10/01/2017
 Prepared On: 08/02/2017

 Report ID: 33264225
 SIC: 0000