

	Empire EPO/PPO (BlueCard) Platinum PPO 15/0%/3000 80th Percentile FAIR Health		Empire EPO/PPO (BlueCard) Platinum PPO 10/0%/3000		Empire EPO/PPO (BlueCard) Platinum PPO 250/0%/6000		Empire EPO/PPO (BlueCard) Platinum EPO 10/0%/3000	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75		5/30/60/100 ded T2-3		10/35/75		5/30/60/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$2,000/\$4,000 embedded	N/A	\$2,000/\$4,000 embedded	\$250/\$750 embedded	\$500/\$1,000 embedded	N/A	
Individual/Family OOP Limit	\$3,000/\$6,000	\$6,000/\$12,000 (incl ded)	\$3,000/\$6,000	\$6,000/\$12,000 (incl ded)	\$6,000/\$12,000 (incl ded)	\$12,000/\$24,000 (incl ded)	\$3,000/\$6,000	
Co-Insurance	0%	20%	0%	30%	0%	30%	0%	
Office Visits								
Primary Care	\$15	20% after ded	\$10	30% after ded	\$25 ded waived	30% after ded	\$10	
Specialist	\$30	20% after ded	\$20	30% after ded	\$50 after ded	30% after ded	\$20	
Inpatient Services								
Inpatient Hospital	\$300/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	
Mental Health Inpatient	\$300/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	
Outpatient Services								
Outpatient Facility Lab/X-Ray	\$200 Office-\$30 + 10%; OP-\$200	20% after ded 20% after ded	\$150 Office-\$20 + 10%; OP-\$150	30% after ded 30% after ded	0% after ded 0% after ded	30% after ded 30% after ded	\$150 Office-\$20 + 10%; OP-\$150	
Mental Health Outpatient	\$30	20% after ded	\$20	30% after ded	\$25 after ded	30% after ded	\$20	
Emergency Care								
Emergency Room	\$200	Paid as in-network	\$200	Paid as in-network	\$200 after ded	Paid as in-network	\$200	
Single	1 x \$1,148.16		1 x \$1,119.88		1 x \$1,074.31		1 x \$1,027.25	
EE with Spouse	0 x \$2,296.32		0 x \$2,239.76		0 x \$2,148.62		0 x \$2,054.50	
EE with Child(ren)	0 x \$1,951.87		0 x \$1,903.80		0 x \$1,826.33		0 x \$1,746.33	
Family	1 x \$3,272.26		1 x \$3,191.66		1 x \$3,061.78		1 x \$2,927.66	
Monthly Cost	2 \$4,420.42		2 \$4,311.54		2 \$4,136.09		2 \$3,954.91	
Annual Cost	\$53,045.04		\$51,738.48		\$49,633.08		\$47,458.92	

	Empire EPO/PPO (BlueCard) Platinum EPO 15/0%/3000		Empire EPO/PPO (BlueCard) Gold PPO 1000/10%/5000		Empire EPO/PPO (BlueCard) Gold PPO 1350/0%/3000 w/HSA		Empire EPO/PPO (BlueCard) Gold EPO 1000/10%/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								
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)	\$10,000/\$20,000 (incl 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								
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 \$1,006.35		1 x \$946.82		1 x \$901.60		1 x \$868.67	
EE with Spouse	0 x \$2,012.70		0 x \$1,893.64		0 x \$1,803.20		0 x \$1,737.34	
EE with Child(ren)	0 x \$1,710.80		0 x \$1,609.59		0 x \$1,532.72		0 x \$1,476.74	
Family	1 x \$2,868.10		1 x \$2,698.44		1 x \$2,569.56		1 x \$2,475.71	
Monthly Cost	2 \$3,874.45		2 \$3,645.26		2 \$3,471.16		2 \$3,344.38	
Annual Cost	\$46,493.40		\$43,743.12		\$41,653.92		\$40,132.56	

	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
Prescription Drugs								
Drug Card	10/35/75		10/35/75		10/40/80 IntDed		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$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
Individual/Family OOP Limit	\$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)	\$10,000/\$20,000 (incl ded)
Co-Insurance	20%		0%		0%	30%	20%	40%
Office Visits								
Primary Care	\$25 ded waived		\$30 ded waived		\$25 after ded	30% after ded	20% after ded	40% after ded
Specialist	\$50 ded waived		\$60 after ded		\$50 after ded	30% after ded	20% after ded	40% after ded
Inpatient Services								
Inpatient Hospital	20% after ded		\$500/admit after ded		\$500/admit after ded	30% after ded	20% after ded	40% after ded
Mental Health Inpatient	20% after ded		\$500/admit after ded		\$500/admit after ded	30% after ded	20% after ded	40% after ded
Outpatient Services								
Outpatient Facility	20% after ded		0% after ded		\$200 after ded	30% after ded	20% after ded	40% after ded
Lab/X-Ray	20% after ded		0% after ded		Office-\$25 after ded; OP-\$200 after ded	30% after ded	20% after ded	40% after ded
Mental Health Outpatient	\$50 ded waived		\$30 after ded		\$50 after ded	30% after ded	20% after ded	40% after ded
Emergency Care								
Emergency Room	\$300 ded waived		\$300 after ded		\$300 after ded	Paid as in-network	20% after ded	Paid as in-network
Single	1 x \$853.66		1 x \$843.12		1 x \$795.35		1 x \$781.74	
EE with Spouse	0 x \$1,707.32		0 x \$1,686.24		0 x \$1,590.70		0 x \$1,563.48	
EE with Child(ren)	0 x \$1,451.22		0 x \$1,433.30		0 x \$1,352.10		0 x \$1,328.96	
Family	1 x \$2,432.93		1 x \$2,402.89		1 x \$2,266.75		1 x \$2,227.96	
Monthly Cost	2 \$3,286.59		2 \$3,246.01		2 \$3,062.10		2 \$3,009.70	
Annual Cost	\$39,439.08		\$38,952.12		\$36,745.20		\$36,116.40	

	Empire EPO/PPO (BlueCard) Silver EPO 1500/30%/6500		Empire EPO/PPO (BlueCard) Silver EPO 2700/0%/4500 w/HSA		Empire EPO/PPO (BlueCard) Silver EPO 2700/20%/5000 w/HSA		Empire EPO/PPO (BlueCard) Silver EPO 4000/0%/7000	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/40/80/250 ded T2-3		10/40/80 IntDed		10/40/80 IntDed		15/50/90 IntDed T3	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000 embedded		\$2,700/\$5,400 embedded		\$2,700/\$5,400 embedded		\$4,000/\$8,000 embedded	
Individual/Family OOP Limit	\$6,500/\$13,000 (incl ded)		\$4,500/\$9,000 (incl ded)		\$5,000/\$10,000 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	30%		0%		20%		0%	
Office Visits								
Primary Care	\$35 ded waived visits 1-3; 30% after ded visits 4+		\$25 after ded		20% after ded		\$30 ded waived	
Specialist	\$35 ded waived visits 1-3; 30% after ded visits 4+		\$50 after ded		20% after ded		\$50 after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		\$500/admit after ded		20% after ded		\$500/admit after ded	
Mental Health Inpatient	30% after ded		\$500/admit after ded		20% after ded		\$500/admit after ded	
Outpatient Services								
Outpatient Facility	30% after ded		\$200 after ded		20% after ded		0% after ded	
Lab/X-Ray	30% after ded		Office-\$25 after ded; OP-\$200 after ded		20% after ded		0% after ded	
Mental Health Outpatient	\$35 ded waived visits 1-3; 30% after ded visits 4+		\$50 after ded		20% after ded		\$30 after ded	
Emergency Care								
Emergency Room	\$300 after ded		\$300 after ded		20% after ded		\$300 after ded	
Single	1 x	\$748.73	1 x	\$729.58	1 x	\$720.63	1 x	\$707.02
EE with Spouse	0 x	\$1,497.46	0 x	\$1,459.16	0 x	\$1,441.26	0 x	\$1,414.04
EE with Child(ren)	0 x	\$1,272.84	0 x	\$1,240.29	0 x	\$1,225.07	0 x	\$1,201.93
Family	1 x	\$2,133.88	1 x	\$2,079.30	1 x	\$2,053.80	1 x	\$2,015.01
Monthly Cost	2	\$2,882.61	2	\$2,808.88	2	\$2,774.43	2	\$2,722.03
Annual Cost		\$34,591.32		\$33,706.56		\$33,293.16		\$32,664.36

Prepared For: **Empire 2017 3rd qtr EPO PPO**

New York County, NY 10001

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Health Plan Comparison Report (4L)

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	Empire EPO/PPO (BlueCard) Bronze EPO 5500/20%/6550 w/HSA		Empire EPO/PPO (BlueCard) Bronze EPO 5300/50%/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	\$350 after ded		50% after ded	
Lab/X-Ray	Office-\$50 after ded; OP-\$350 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 \$617.46		1 x \$614.12	
EE with Spouse	0 x \$1,234.92		0 x \$1,228.24	
EE with Child(ren)	0 x \$1,049.68		0 x \$1,044.00	
Family	1 x \$1,759.76		1 x \$1,750.24	
Monthly Cost	2 \$2,377.22		2 \$2,364.36	
Annual Cost	\$28,526.64		\$28,372.32	