

	Empire EPO/PPO Platinum PPO 15/0%/3500 80th Percentile FAIR Health (PPO) (UCR=80fh%)		Empire EPO/PPO Platinum PPO 5/0%/2600 (PPO) (UCR=140mc%)		Empire EPO/PPO Platinum PPO 250/10%/5250 (PPOc) (UCR=140mc%)		Empire EPO/PPO Platinum EPO 5/0%/2600 (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60		5/30/60		10/35/75		5/30/60	
Cost Share Information								
Individual/Family Deductible	N/A	\$2,000/\$4,000 embedded	N/A	\$2,000/\$4,000 embedded	\$250/\$750 embedded	\$2,000/\$4,000 embedded	N/A	
Individual/Family OOP Limit	\$3,500/\$7,000	\$7,000/\$14,000 (incl ded)	\$2,600/\$5,200	\$5,200/\$10,400 (incl ded)	\$5,250/\$10,500 (incl ded)	\$10,500/\$21,000 (incl ded)	\$2,600/\$5,200	
Co-Insurance	0%	20%	0%	30%	10%	30%	0%	
Office Visits								
Primary Care	\$15	20% after ded	\$5	30% after ded	\$10 ded waived	30% after ded	\$5	
Specialist	\$15	20% after ded	\$10	30% after ded	\$20 ded waived	30% after ded	\$10	
Inpatient Services								
Inpatient Hospital	\$250/admit	20% after ded	\$200/admit	30% after ded	10% after ded	30% after ded	\$200/admit	
Mental Health Inpatient	\$250/admit	20% after ded	\$200/admit	30% after ded	10% after ded	30% after ded	\$200/admit	
Outpatient Services								
Outpatient Facility Lab/X-Ray	\$150 Lab-No charge; X-ray: Office-No charge; OP-\$20	20% after ded 20% after ded	\$150 Lab-No charge; X-ray: Office-No charge; OP-\$20	30% after ded 30% after ded	10% after ded 10% after ded	30% after ded 30% after ded	\$150 Lab-No charge; X-ray: Office-No charge; OP-\$20	
Mental Health Outpatient	\$15	20% after ded	\$10	30% after ded	\$20 ded waived	30% after ded	\$10	
Emergency Care								
Emergency Room	\$150	Paid as in-network	\$100	Paid as in-network	\$200 ded waived	Paid as in-network	\$100	
Urgent Care	\$25	Paid as in-network	\$25	Paid as in-network	\$50 ded waived	Paid as in-network	\$25	
Single	1 x	\$1,304.80	1 x	\$1,214.87	1 x	\$1,152.13	1 x	\$1,115.70
EE with Spouse	0 x	\$2,609.60	0 x	\$2,429.74	0 x	\$2,304.26	0 x	\$2,231.40
EE with Child(ren)	0 x	\$2,218.16	0 x	\$2,065.28	0 x	\$1,958.62	0 x	\$1,896.69
Family	1 x	\$3,718.68	1 x	\$3,462.38	1 x	\$3,283.57	1 x	\$3,179.75
Monthly Cost	2	\$5,023.48	2	\$4,677.25	2	\$4,435.70	2	\$4,295.45
Annual Cost		\$60,281.76		\$56,127.00		\$53,228.40		\$51,545.40

	Empire EPO/PPO Platinum EPO 15/0%/3500 (EPO) (UCR=N/A)		Empire EPO/PPO Gold PPO 1000/10%/5000 (PPOc) (UCR=140mc%)		Empire EPO/PPO Gold PPO 1350/0%/3000 w/HSA (HSA) (UCR=140mc%)		Empire EPO/PPO Gold EPO 25/0%/6000 (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60		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	N/A	
Individual/Family OOP Limit	\$3,500/\$7,000		\$5,000/\$10,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$3,000/\$6,000 (incl ded)	\$6,000/\$12,000 (incl ded)	\$6,000/\$12,000	
Co-Insurance	0%		10%	30%	0%	20%	0%	
Office Visits								
Primary Care	\$15		\$30 ded waived	30% after ded	\$10 after ded	20% after ded	\$25	
Specialist	\$15		\$50 ded waived	30% after ded	\$30 after ded	20% after ded	\$50	
Inpatient Services								
Inpatient Hospital	\$250/admit		10% after ded	30% after ded	\$200/admit after ded	20% after ded	\$350/day; 4 days max/admit	
Mental Health Inpatient	\$250/admit		10% after ded	30% after ded	\$200/admit after ded	20% after ded	\$350/day; 4 days max/admit	
Outpatient Services								
Outpatient Facility Lab/X-Ray	\$150 Lab-No charge; X-ray: Office-No charge; OP-\$20		10% after ded 10% after ded	30% after ded 30% after ded	\$150 after ded Office-\$10 after ded; OP- \$150 after ded	20% after ded 20% after ded	\$300 Lab-No charge; X-ray: Office-No charge; OP-\$50	
Mental Health Outpatient	\$15		\$50 ded waived	30% after ded	\$30 after ded	20% after ded	\$50	
Emergency Care								
Emergency Room	\$150		\$300 ded waived	Paid as in-network	\$150 after ded	Paid as in-network	\$300	
Urgent Care	\$25		\$75 ded waived	Paid as in-network	\$30 after ded	Paid as in-network	\$75	
Single	1 x \$1,105.67		1 x \$1,043.99		1 x \$990.69		1 x \$984.24	
EE with Spouse	0 x \$2,211.34		0 x \$2,087.98		0 x \$1,981.38		0 x \$1,968.48	
EE with Child(ren)	0 x \$1,879.64		0 x \$1,774.78		0 x \$1,684.17		0 x \$1,673.21	
Family	1 x \$3,151.16		1 x \$2,975.37		1 x \$2,823.47		1 x \$2,805.08	
Monthly Cost	2 \$4,256.83		2 \$4,019.36		2 \$3,814.16		2 \$3,789.32	
Annual Cost	\$51,081.96		\$48,232.32		\$45,769.92		\$45,471.84	

	Empire EPO/PPO Gold EPO 1000/10%/5000 (EPOc) (UCR=N/A)		Empire EPO/PPO Gold EPO 35/10%/5850 (EPOc) (UCR=N/A)		Empire EPO/PPO Gold EPO 500/20%/7350 (EPOc) (UCR=N/A)		Empire EPO/PPO Gold EPO 1500/10%/7000 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/75		10/35/75		10/35/75		10/35/75	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$3,000 embedded		N/A		\$500/\$1,500 embedded		\$1,500/\$3,000 embedded	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$5,850/\$11,700		\$7,350/\$14,700 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	10%		10%		20%		10%	
Office Visits								
Primary Care	\$30 ded waived		\$35		\$25 ded waived		\$30 ded waived	
Specialist	\$50 ded waived		\$50		\$50 ded waived		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		\$500/day; 4 days/admit		20% after ded		10% after ded	
Mental Health Inpatient	10% after ded		\$500/day; 4 days/admit		20% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	10% after ded		\$500		20% after ded		10% after ded	
Lab/X-Ray	10% after ded		Lab-No charge; X-ray: Office-No charge; OP- \$100		20% after ded		10% after ded	
Mental Health Outpatient	\$50 ded waived		\$50		\$50 ded waived		\$60 ded waived	
Emergency Care								
Emergency Room	\$300 ded waived		\$350		\$300 ded waived		\$300 ded waived	
Urgent Care	\$75 ded waived		\$100		\$75 ded waived		\$60 ded waived	
Single	1 x \$956.96		1 x \$952.53		1 x \$935.18		1 x \$932.96	
EE with Spouse	0 x \$1,913.92		0 x \$1,905.06		0 x \$1,870.36		0 x \$1,865.92	
EE with Child(ren)	0 x \$1,626.83		0 x \$1,619.30		0 x \$1,589.81		0 x \$1,586.03	
Family	1 x \$2,727.34		1 x \$2,714.71		1 x \$2,665.26		1 x \$2,658.94	
Monthly Cost	2 \$3,684.30		2 \$3,667.24		2 \$3,600.44		2 \$3,591.90	
Annual Cost	\$44,211.60		\$44,006.88		\$43,205.28		\$43,102.80	

	Empire EPO/PPO Silver PPO 2700/20%/5000 w/HSA (HSA) (UCR=140mc%)		Empire EPO/PPO Silver EPO 2750/30%/7350 (EPOc) (UCR=N/A)		Empire EPO/PPO Silver EPO 1500/30%/6650 (EPOc) (UCR=N/A)		Empire EPO/PPO Silver EPO 2500/30%/7350 (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		15/45/75/100 ded T2-3		15/40/80/250 ded T2-3		15/45/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$2,700/\$5,400 embedded	\$5,400/\$10,800 embedded	\$2,750/\$5,500 embedded		\$1,500/\$3,000 embedded		\$2,500/\$5,000 embedded	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	\$10,000/\$20,000 (incl ded)	\$7,350/\$14,700 (incl ded)		\$6,650/\$13,300 (incl ded)		\$7,350/\$14,700 (incl ded)	
Co-Insurance	20%	40%	30%		30%		30%	
Office Visits								
Primary Care	20% after ded	40% after ded	\$40 ded waived		\$35 ded waived visits 1-3; 30% after ded visits 4+		\$40 ded waived	
Specialist	20% after ded	40% after ded	\$70 ded waived		\$35 ded waived visits 1-3; 30% after ded visits 4+		\$70 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded	40% after ded	30% after ded		30% after ded		30% after ded	
Mental Health Inpatient	20% after ded	40% after ded	30% after ded		30% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	20% after ded	40% after ded	30% after ded		30% after ded		30% after ded	
Lab/X-Ray	20% after ded	40% after ded	30% after ded		30% after ded		30% after ded	
Mental Health Outpatient	20% after ded	40% after ded	\$70 ded waived		30% after ded		\$70 ded waived	
Emergency Care								
Emergency Room	20% after ded	Paid as in-network	\$550 ded waived		\$300 after ded		\$500 after ded	
Urgent Care	20% after ded	Paid as in-network	\$75 ded waived		30% after ded		\$75 ded waived	
Single	1 x \$869.06		1 x \$830.03		1 x \$821.93		1 x \$819.91	
EE with Spouse	0 x \$1,738.12		0 x \$1,660.06		0 x \$1,643.86		0 x \$1,639.82	
EE with Child(ren)	0 x \$1,477.40		0 x \$1,411.05		0 x \$1,397.28		0 x \$1,393.85	
Family	1 x \$2,476.82		1 x \$2,365.59		1 x \$2,342.50		1 x \$2,336.74	
Monthly Cost	2 \$3,345.88		2 \$3,195.62		2 \$3,164.43		2 \$3,156.65	
Annual Cost	\$40,150.56		\$38,347.44		\$37,973.16		\$37,879.80	

	Empire EPO/PPO Silver EPO 2700/20%/5000 w/HSA (HSA) (UCR=N/A)		Empire EPO/PPO Silver EPO 3000/30%/7350 (EPOc) (UCR=N/A)		Empire EPO/PPO Silver EPO 3000/0%/5250 w/HSA (HSA) (UCR=N/A)		Empire EPO/PPO Bronze EPO 5500/20%/6650 w/HSA (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/40/80 IntDed		15/50/90 IntDed T3		10/40/80 IntDed		15/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,700/\$5,400 embedded		\$3,000/\$6,000 embedded		\$3,000/\$6,000 embedded		\$5,500/\$11,000 embedded	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$7,350/\$14,700 (incl ded)		\$5,250/\$10,500 (incl ded)		\$6,650/\$13,300 (incl ded)	
Co-Insurance	20%		30%		0%		20%	
Office Visits								
Primary Care	20% after ded		\$30 ded waived		\$25 after ded		\$50 after ded	
Specialist	20% after ded		\$60 ded waived		\$50 after ded		\$75 after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		30% after ded		\$500/day after ded; 4 days/admit		\$500/day; 4 days/admit	
Mental Health Inpatient	20% after ded		30% after ded		\$500/day after ded; 4 days/admit		\$500/day; 4 days/admit	
Outpatient Services								
Outpatient Facility	20% after ded		30% after ded		\$200 after ded		\$350 after ded	
Lab/X-Ray	20% after ded		30% after ded		Office-\$25 after ded; OP-\$200 after ded		Office-\$50 after ded; OP-\$350 after ded	
Mental Health Outpatient	20% after ded		\$60 ded waived		\$50 after ded		\$75 after ded	
Emergency Care								
Emergency Room	20% after ded		\$500 after ded		\$300 after ded		\$350 after ded	
Urgent Care	20% after ded		\$75 ded waived		\$50 after ded		\$75 after ded	
Single	1 x \$798.70		1 x \$792.44		1 x \$790.51		1 x \$692.49	
EE with Spouse	0 x \$1,597.40		0 x \$1,584.88		0 x \$1,581.02		0 x \$1,384.98	
EE with Child(ren)	0 x \$1,357.79		0 x \$1,347.15		0 x \$1,343.87		0 x \$1,177.23	
Family	1 x \$2,276.30		1 x \$2,258.45		1 x \$2,252.95		1 x \$1,973.60	
Monthly Cost	2 \$3,075.00		2 \$3,050.89		2 \$3,043.46		2 \$2,666.09	
Annual Cost	\$36,900.00		\$36,610.68		\$36,521.52		\$31,993.08	

Prepared For: **Empire 2018 4th qtr EPO/PPO Downstate**

New York County, NY 10001

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Health Plan Comparison Report (4L)

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Empire EPO/PPO Bronze EPO 5500/35%/6650 w/HSA (HSA) (UCR=N/A)		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	15/50/90 IntDed	
Cost Share Information		
Individual/Family Deductible	\$5,500/\$11,000 embedded	
Individual/Family OOP Limit	\$6,650/\$13,300 (incl ded)	
Co-Insurance	35%	
Office Visits		
Primary Care	35% after ded	
Specialist	35% after ded	
Inpatient Services		
Inpatient Hospital	35% after ded	
Mental Health Inpatient	35% after ded	
Outpatient Services		
Outpatient Facility	35% after ded	
Lab/X-Ray	35% after ded	
Mental Health Outpatient	35% after ded	
Emergency Care		
Emergency Room	35% after ded	
Urgent Care	35% after ded	
Single	1 x	\$691.24
EE with Spouse	0 x	\$1,382.48
EE with Child(ren)	0 x	\$1,175.11
Family	1 x	\$1,970.03
Monthly Cost	2	\$2,661.27
Annual Cost		\$31,935.24