



Q1 2020 New York Small Group Plans | Mid-Hudson

Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

The Whole Health Company

Plan Name	Empire Platinum PPO 20/0%/3500 80th Percentile FAIR Health	Empire Platinum PPO 5/0%/2500	Empire Platinum PPO 20/0%/2500	Empire Platinum PPO 500/10%/6500	Empire Platinum EPO 5/0%/2500	Empire Platinum EPO 20/0%/2500	Empire Platinum EPO 500/10%/4000
Contract Code	4GGG	4GMN	4GZE	4GJ4	4GN4	4GH6	4GZN

Premium

Individual	\$1,539.87	\$1,441.07	\$1,417.74	\$1,320.64	\$1,212.91	\$1,192.11	\$1,134.72
Individual + Spouse	\$3,079.74	\$2,882.14	\$2,835.48	\$2,641.28	\$2,425.82	\$2,384.22	\$2,269.44
Individual + Child(ren)	\$2,617.78	\$2,449.82	\$2,410.16	\$2,245.09	\$2,061.95	\$2,026.59	\$1,929.02
Family	\$4,388.63	\$4,107.05	\$4,040.56	\$3,763.82	\$3,456.79	\$3,397.51	\$3,233.95

Plan Name	Empire Platinum PPO 20/0%/3500 80th Percentile FAIR Health WH	Empire Platinum PPO 5/0%/2500 WH	Empire Platinum PPO 20/0%/2500 WH	Not Offered	Empire Platinum EPO 5/0%/2500 WH	Empire Platinum EPO 20/0%/2500 WH	Not Offered
Contract Code	4HJO	4H6Y	4HEY	Not Offered	4HEQ	4HE8	Not Offered

Enhanced Embedded Dental and Vision Premium

Individual	\$1,565.37	\$1,466.57	\$1,443.24	Not Offered	\$1,238.78	\$1,217.89	Not Offered
Individual + Spouse	\$3,130.74	\$2,933.14	\$2,886.48	Not Offered	\$2,477.56	\$2,435.78	Not Offered
Individual + Child(ren)	\$2,661.13	\$2,493.17	\$2,453.51	Not Offered	\$2,105.93	\$2,070.41	Not Offered
Family	\$4,461.30	\$4,179.72	\$4,113.23	Not Offered	\$3,530.52	\$3,470.99	Not Offered

Plan Details

Network	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No	No	No	No
Formulary	Select	Traditional Open					
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded

Plan Benefits

INN Deductible (Ind / Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$500 / \$1,500	\$0 / \$0	\$0 / \$0	\$500 / \$1,500
OON Deductible (Ind / Fam)	\$3,000 / \$6,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$2,000 / \$4,000	N/A	N/A	N/A
INN Coinsurance	0%	0%	0%	10%	0%	0%	10%
OON Coinsurance	30%	30%	30%	30%	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$3,500 / \$7,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$6,500 / \$13,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$4,000 / \$8,000
OON Out of Pocket Max (Ind / Fam)	\$10,500 / \$21,000	\$5,000 / \$10,000	\$7,500 / \$15,000	\$13,000 / \$26,000	N/A	N/A	N/A
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	\$20	\$5	\$20	\$10	\$5	\$20	\$10
Specialist Visit	\$40	\$15	\$40	\$20	\$15	\$40	\$30
Emergency Room	\$200	\$200	\$200	\$250	\$200	\$200	\$200
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Inpatient Facility	\$400	\$200	\$400	Ded / 10%	\$200	\$400	Ded / 10%
Outpatient Facility	\$300	\$100	\$300	Ded / 10%	\$100	\$300	Ded / \$300
Rx Deductible (Tier 2 / 3)	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70

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Plan Name	Empire Platinum Blue Access EPO 20/0%/4600	Empire Platinum Blue Access GEPO 250/10%/3000	Empire Gold PPO 1000/20%/5500	Empire Gold PPO 1500/10%/4000 w/HSA	Empire Gold PPO 2000/30%/7900	Empire Gold EPO 25/0%/7000	Empire Gold EPO 35/10%/7000
Contract Code	4GGY	4GEL	4GQY	4GU8	4HOC	4GNC	4GPA

Premium							
Individual	\$1,061.70	\$1,001.39	\$1,188.73	\$1,141.59	\$1,120.13	\$1,071.96	\$1,059.73
Individual + Spouse	\$2,123.40	\$2,002.78	\$2,377.46	\$2,283.18	\$2,240.26	\$2,143.92	\$2,119.46
Individual + Child(ren)	\$1,804.89	\$1,702.36	\$2,020.84	\$1,940.70	\$1,904.22	\$1,822.33	\$1,801.54
Family	\$3,025.85	\$2,853.96	\$3,387.88	\$3,253.53	\$3,192.37	\$3,055.09	\$3,020.23

Plan Name	Not Offered	Not Offered	Empire Gold PPO 1000/20%/5500 WH	Empire Gold PPO 1500/10%/4000 w/HSA WH	Not Offered	Not Offered	Not Offered
Contract Code	Not Offered	Not Offered	4HDJ	4HDS	Not Offered	Not Offered	Not Offered

Enhanced Embedded Dental and Vision Premium							
Individual	Not Offered	Not Offered	\$1,212.15	\$1,164.07	Not Offered	Not Offered	Not Offered
Individual + Spouse	Not Offered	Not Offered	\$2,424.30	\$2,328.14	Not Offered	Not Offered	Not Offered
Individual + Child(ren)	Not Offered	Not Offered	\$2,060.66	\$1,978.92	Not Offered	Not Offered	Not Offered
Family	Not Offered	Not Offered	\$3,454.63	\$3,317.60	Not Offered	Not Offered	Not Offered

Plan Details							
Network	Blue Access	Blue Access	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	Yes	No	No	No	No	No
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Non-Embedded Ded and Embedded OOP	Embedded	Embedded	Embedded

Plan Benefits							
INN Deductible (Ind / Fam)	\$0 / \$0	\$250 / \$750	\$1,000 / \$3,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$0 / \$0	\$0 / \$0
OON Deductible (Ind / Fam)	N/A	N/A	\$3,000 / \$6,000	\$3,000 / \$6,000	\$4,000 / \$8,000	N/A	N/A
INN Coinsurance	0%	10%	20%	10%	30%	0%	10%
OON Coinsurance	N/A	N/A	40%	40%	50%	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$4,600 / \$9,200	\$3,000 / \$6,000	\$5,500 / \$11,000	\$4,000 / \$8,000	\$7,900 / \$15,800	\$7,000 / \$14,000	\$7,000 / \$14,000
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	\$11,000 / \$22,000	\$7,500 / \$15,000	\$10,000 / \$20,000	N/A	N/A
TeleHealth via LiveHealth Online	\$0	\$0	\$0	Ded / 0%	\$0	\$0	\$0
Primary Care Visit	\$20	\$15	\$25	Ded / 10%	\$30	\$25	\$35
Specialist Visit	\$40	\$35	\$40	Ded / 10%	\$60	\$50	\$50
Emergency Room	\$200	Ded / 10%	\$500	Ded / 10%	\$500	\$500	\$500
Urgent Care	\$50	\$50	\$75	Ded / 10%	\$75	\$100	\$100
Inpatient Facility	\$400	Ded / 10%	Ded / 20%	Ded / 10%	Ded / 30%	\$400, up to 4 days	\$500, up to 4 days
Outpatient Facility	\$300	Ded / 10%	Ded / \$250	Ded / 10%	Ded / 30%	\$400	\$500
Rx Deductible (Tier 2 / 3)	\$50 / \$100	\$100 / \$200	\$100 / \$200	T1-3: Med ded	\$100 / \$200	\$100 / \$200	\$100 / \$200
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$50 / \$80	\$10 / \$40 / \$80	\$10 / \$35 / \$70	\$10 / \$50 / \$80	\$10 / \$50 / \$80

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An Anthem Company

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Plan Name	Empire Gold EPO 750/10%/5500	Empire Gold EPO 1000/10%/7000	Empire Gold EPO 1250/20%/5000	Empire Gold EPO 1500/10%/4000 w/HSA	Empire Gold Blue Access EPO 25/0%/7000	Empire Gold Blue Access EPO 35/10%/7000	Empire Gold EPO 2000/30%/7900
Contract Code	4H44	4GQQ	4GRE	4H1S	4GNU	4GPJ	4GJC

Premium							
Individual	\$1,030.47	\$1,015.41	\$1,005.16	\$973.35	\$964.89	\$953.88	\$937.22
Individual + Spouse	\$2,060.94	\$2,030.82	\$2,010.32	\$1,946.70	\$1,929.78	\$1,907.76	\$1,874.44
Individual + Child(ren)	\$1,751.80	\$1,726.20	\$1,708.77	\$1,654.70	\$1,640.31	\$1,621.60	\$1,593.27
Family	\$2,936.84	\$2,893.92	\$2,864.71	\$2,774.05	\$2,749.94	\$2,718.56	\$2,671.08

Plan Name	Empire Gold EPO 750/10%/5500 WH	Empire Gold EPO 1000/10%/7000 WH	Empire Gold EPO 1250/20%/5000 WH	Empire Gold EPO 1500/10%/4000 w/HSA WH	Not Offered	Not Offered	Not Offered
Contract Code	4HC4	4HD2	4HBN	4HCL	Not Offered	Not Offered	Not Offered

Enhanced Embedded Dental and Vision Premium							
Individual	\$1,054.65	\$1,039.12	\$1,028.40	\$996.12	Not Offered	Not Offered	Not Offered
Individual + Spouse	\$2,109.30	\$2,078.24	\$2,056.80	\$1,992.24	Not Offered	Not Offered	Not Offered
Individual + Child(ren)	\$1,792.91	\$1,766.50	\$1,748.28	\$1,693.40	Not Offered	Not Offered	Not Offered
Family	\$3,005.75	\$2,961.49	\$2,930.94	\$2,838.94	Not Offered	Not Offered	Not Offered

Plan Details							
Network	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	Blue Access	Blue Access	PPO / EPO
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No	No	No	No
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Non-Embedded Ded and Embedded OOP	Embedded	Embedded	Embedded

Plan Benefits							
INN Deductible (Ind / Fam)	\$750 / \$2,250	\$1,000 / \$3,000	\$1,250 / \$2,500	\$1,500 / \$3,000	\$0 / \$0	\$0 / \$0	\$2,000 / \$4,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	10%	10%	20%	10%	0%	10%	30%
OON Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$5,500 / \$11,000	\$7,000 / \$14,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$7,000 / \$14,000	\$7,000 / \$14,000	\$7,900 / \$15,800
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TeleHealth via LiveHealth Online	\$0	\$0	\$0	Ded / 0%	\$0	\$0	\$0
Primary Care Visit	\$50	\$15	\$25	Ded / 10%	\$25	\$35	\$30
Specialist Visit	50	\$35	\$40	Ded / 10%	\$50	\$50	\$60
Emergency Room	\$500	\$500	\$400	Ded / 10%	\$500	\$500	\$500
Urgent Care	\$75	\$75	\$75	Ded / 10%	\$100	\$100	\$75
Inpatient Facility	Ded / \$250, up to 10 days	Ded / 10%	Ded / 20%	Ded / 10%	\$400, up to 4 days	\$500, up to 4 days	Ded / 30%
Outpatient Facility	Ded / \$250	Ded / \$300	Ded / \$250	Ded / 10%	\$400	\$500	Ded / 30%
Rx Deductible (Tier 2 / 3)	\$100 / \$200	\$100 / \$200	\$100 / \$200	T1-3: Med ded	\$100 / \$200	\$100 / \$200	\$100 / \$200
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$50 / \$80	\$15 / \$50 / \$90	\$10 / \$50 / \$80	\$10 / \$40 / \$80	\$10 / \$50 / \$80	\$10 / \$50 / \$80	\$10 / \$35 / \$70

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Plan Name	Empire Gold Blue Access EPO 1400/0%/3000 w/HSA	Empire Gold Blue Access EPO 2000/30%/7900	Empire Gold Blue Access GEPO 1000/0%/4500	Empire Gold Blue Access GEPO 40/30%/6000	Empire Gold Blue Access GEPO 1500/20%/6000	Empire Gold Healthy New York Blue Access GEPO 600/0%/4000	Empire Silver PPO 2500/30%/8150
Contract Code	4GUG	4GF2	4GQ8	4GE4	4GRW	4J1N	4H6G

Premium	4GUG	4GF2	4GQ8	4GE4	4GRW	4J1N	4H6G
Individual	\$881.05	\$843.61	\$904.29	\$867.69	\$848.40	\$769.27	\$1,029.62
Individual + Spouse	\$1,762.10	\$1,687.22	\$1,808.58	\$1,735.38	\$1,696.80	\$1,538.54	\$2,059.24
Individual + Child(ren)	\$1,497.79	\$1,434.14	\$1,537.29	\$1,475.07	\$1,442.28	\$1,307.76	\$1,750.35
Family	\$2,510.99	\$2,404.29	\$2,577.23	\$2,472.92	\$2,417.94	\$2,192.42	\$2,934.42

| Plan Name | Not Offered | Empire Silver PPO 2500/30%/8150 WH |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------------------------|
| Contract Code | Not Offered | 4HHJ |

Enhanced Embedded Dental and Vision Premium	Not Offered	
Individual	Not Offered	\$1,050.60
Individual + Spouse	Not Offered	\$2,101.20
Individual + Child(ren)	Not Offered	\$1,786.02
Family	Not Offered	\$2,994.21

Plan Details	Blue Access	Blue Access	Blue Access	Blue Access	Blue Access	Blue Access	PPO / EPO
Network	Yes	Yes	Yes*	Yes*	Yes*	Yes*	Yes
National Access via Bluecard Program	No	No	Yes	Yes	Yes	Yes	No
Gatekeeper	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Select	Traditional Open
Formulary	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Creditability Coverage Status	Non-Embedded Ded and Non-Embedded OOP	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded

Plan Benefits	4GUG	4GF2	4GQ8	4GE4	4GRW	4J1N	4H6G
INN Deductible (Ind / Fam)	\$1,400 / \$2,800	\$2,000 / \$4,000	\$1,000 / \$3,000	\$0 / \$0	\$1,500 / \$3,000	\$600 / \$1,200	\$2,500 / \$5,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	\$4,000 / \$8,000
INN Coinsurance	0%	30%	0%	30%	20%	0%	30%
OON Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	50%
INN Out of Pocket Max (Ind / Fam)	\$3,000 / \$6,000	\$7,900 / \$15,800	\$4,500 / \$9,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,150 / \$16,300
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	\$10,000 / \$20,000
TeleHealth via LiveHealth Online	Ded / 0%	\$0	\$0	\$0	\$0	Ded / \$25	\$0
Primary Care Visit	Ded / \$15	\$30	\$30	\$40	\$25	Ded / \$25	\$40
Specialist Visit	Ded / \$30	\$60	\$60	\$70	\$45	Ded / \$40	\$70
Emergency Room	Ded / \$300	\$500	\$500	30%	Ded / 20%	Ded / \$150	Ded / 30%
Urgent Care	Ded / \$30	\$75	\$75	\$75	\$50	Ded / \$60	\$75
Inpatient Facility	Ded / \$400	Ded / 30%	Ded / \$500, up to 4 days	30%	Ded / 20%	Ded / \$1,000	Ded / 30%
Outpatient Facility	Ded / \$300	Ded / 30%	Ded / \$250	30%	Ded / 20%	Ded / \$100	Ded / 30%
Rx Deductible (Tier 2 / 3)	T1-3: Med ded	\$100 / \$200	\$100 / \$200	\$100 / \$200	\$150 / \$300	\$0 / \$0	\$250 / \$500
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$50 / \$80	\$10 / \$35 / \$70	\$15 / \$50 / \$90	\$15 / \$50 / \$70 min or 30% to \$400	\$10 / \$50 / \$80	\$10 / \$35 / \$70	\$15 / \$50 / \$80

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Plan Name	Empire Silver PPO 3000/0%/5250 w/HSA	Empire Silver PPO 3000/20%/6850 w/HSA	Empire Silver EPO 1600/30%/8150	Empire Silver EPO 2000/20%/6000 w/HSA	Empire Silver EPO 2500/30%/8150	Empire Silver EPO 3000/30%/8150	Empire Silver EPO 3000/0%/5250 w/HSA
Contract Code	4GSC	4GYQ	4GWC	4H12	4GKS	4GG0	4GSL

Premium							
Individual	\$1,010.43	\$947.48	\$875.22	\$864.68	\$858.57	\$858.28	\$858.19
Individual + Spouse	\$2,020.86	\$1,894.96	\$1,750.44	\$1,729.36	\$1,717.14	\$1,716.56	\$1,716.38
Individual + Child(ren)	\$1,717.73	\$1,610.72	\$1,487.87	\$1,469.96	\$1,459.57	\$1,459.08	\$1,458.92
Family	\$2,879.73	\$2,700.32	\$2,494.38	\$2,464.34	\$2,446.92	\$2,446.10	\$2,445.84

Plan Name	Not Offered	Empire Silver PPO 3000/20%/6850 w/HSA WH	Not Offered	Not Offered	Empire Silver EPO 2500/30%/8150 WH	Not Offered	Empire Silver EPO 3000/0%/5250 w/HSA WH
Contract Code	Not Offered	4HHS	Not Offered	Not Offered	4HF6	Not Offered	4HFN

Enhanced Embedded Dental and Vision Premium							
Individual	Not Offered	\$967.99	Not Offered	Not Offered	\$879.74	Not Offered	\$878.89
Individual + Spouse	Not Offered	\$1,935.98	Not Offered	Not Offered	\$1,759.48	Not Offered	\$1,757.78
Individual + Child(ren)	Not Offered	\$1,645.58	Not Offered	Not Offered	\$1,495.56	Not Offered	\$1,494.11
Family	Not Offered	\$2,758.77	Not Offered	Not Offered	\$2,507.26	Not Offered	\$2,504.84

Plan Details							
Network	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No	No	No	No
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Non-Embedded Ded and Embedded OOP	Embedded	Non-Embedded Ded and Embedded OOP	Embedded	Embedded	Embedded

Plan Benefits							
INN Deductible (Ind / Fam)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,600 / \$3,200	\$2,000 / \$4,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,000 / \$6,000
OON Deductible (Ind / Fam)	\$6,000 / \$12,000	\$6,000 / \$12,000	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	0%	20%	30%	20%	30%	30%	0%
OON Coinsurance	30%	50%	N/A	N/A	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$5,250 / \$10,500	\$6,850 / \$13,700	\$8,150 / \$16,300	\$6,000 / \$12,000	\$8,150 / \$16,300	\$8,150 / \$16,300	\$5,250 / \$10,500
OON Out of Pocket Max (Ind / Fam)	\$10,500 / \$21,000	\$13,700 / \$27,400	N/A	N/A	N/A	N/A	N/A
TeleHealth via LiveHealth Online	Ded / 0%	Ded / 0%	\$0	Ded / 0%	\$0	\$0	Ded / 0%
Primary Care Visit	Ded / \$25	Ded / \$30	3 at \$35, then ded / 30%	Ded / \$25	\$40	\$30	Ded / \$25
Specialist Visit	Ded / \$50	Ded / \$60	3 at \$35, then ded / 30%	Ded / \$50	\$70	\$60	Ded / \$50
Emergency Room	Ded / \$300	Ded / \$500	Ded / \$500	Ded / \$500	Ded / 30%	Ded / \$700	Ded / \$300
Urgent Care	Ded / \$50	Ded / \$75	Ded / \$75	Ded / \$75	\$75	\$75	Ded / \$50
Inpatient Facility	Ded / \$500, up to 4 days	Ded / \$500, up to 4 days	Ded / 30%	Ded / \$500, up to 4 days	Ded / 30%	Ded / 30%	Ded / \$500, up to 4 days
Outpatient Facility	Ded / \$200	Ded / \$250	Ded / 30%	Ded / \$250	Ded / 30%	Ded / 30%	Ded / \$200
Rx Deductible (Tier 2 / 3)	T1-3: Med ded	T1-3: Med ded	\$250 / \$500	T1-3: Med ded	\$250 / \$500	\$250 / \$500	T1-3: Med ded
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$40 / \$80	\$15 / \$50 / \$90	\$15 / \$50 / \$80	\$10 / \$40 / \$80	\$15 / \$50 / \$80	\$15 / \$50 / \$80	\$10 / \$40 / \$80

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Q1 2020 New York Small Group Plans | Mid-Hudson

Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

The Whole Health Company

Plan Name	Empire Silver EPO 2100/30%/6850 w/HSA	Empire Silver EPO 3000/0%/6850 w/HSA	Empire Silver Blue Access EPO 1600/30%/8150	Empire Silver Blue Access EPO 2000/20%/6000 w/HSA	Empire Silver Blue Access EPO 2500/30%/8150	Empire Silver Blue Access EPO 3000/0%/5250 w/HSA	Empire Silver Blue Access EPO 3000/40%/8000
Contract Code	4GYG	4H2G	4GWU	4H1A	4GJU	4GSU	4GLO

Premium	4GYG	4H2G	4GWU	4H1A	4GJU	4GSU	4GLO
Individual	\$826.01	\$819.24	\$787.81	\$778.31	\$772.85	\$772.57	\$766.08
Individual + Spouse	\$1,652.02	\$1,638.48	\$1,575.62	\$1,556.62	\$1,545.70	\$1,545.14	\$1,532.16
Individual + Child(ren)	\$1,404.22	\$1,392.71	\$1,339.28	\$1,323.13	\$1,313.85	\$1,313.37	\$1,302.34
Family	\$2,354.13	\$2,334.83	\$2,245.26	\$2,218.18	\$2,202.62	\$2,201.82	\$2,183.33

Plan Name	Empire Silver EPO 2100/30%/6850 w/HSA WH	Empire Silver EPO 3000/0%/6850 w/HSA WH	Not Offered	Empire Silver Blue Access EPO 2000/20%/6000 w/HSA WH	Not Offered	Not Offered	Not Offered
Contract Code	4HGC	4HGL	Not Offered	4HH2	Not Offered	Not Offered	Not Offered

Enhanced Embedded Dental and Vision Premium	4HGC	4HGL	Not Offered	4HH2	Not Offered	Not Offered	Not Offered
Individual	\$847.84	\$839.94	Not Offered	\$798.54	Not Offered	Not Offered	Not Offered
Individual + Spouse	\$1,695.68	\$1,679.88	Not Offered	\$1,597.08	Not Offered	Not Offered	Not Offered
Individual + Child(ren)	\$1,441.33	\$1,427.90	Not Offered	\$1,357.52	Not Offered	Not Offered	Not Offered
Family	\$2,416.34	\$2,393.83	Not Offered	\$2,275.84	Not Offered	Not Offered	Not Offered

Plan Details	4HGC	4HGL	Not Offered	4HH2	Not Offered	Not Offered	Not Offered
Network	PPO / EPO	PPO / EPO	Blue Access	Blue Access	Blue Access	Blue Access	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No	No	No	No
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Non-Embedded Ded and Embedded OOP	Non-Embedded Ded and Embedded OOP	Embedded	Non-Embedded Ded and Embedded OOP	Embedded	Embedded	Embedded

Plan Benefits	4HGC	4HGL	Not Offered	4HH2	Not Offered	Not Offered	Not Offered
INN Deductible (Ind / Fam)	\$2,100 / \$4,200	\$3,000 / \$6,000	\$1,600 / \$3,200	\$2,000 / \$4,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,000 / \$6,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	30%	0%	30%	20%	30%	0%	40%
OON Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$6,850 / \$13,700	\$6,850 / \$13,700	\$8,150 / \$16,300	\$6,000 / \$12,000	\$8,150 / \$16,300	\$5,250 / \$10,500	\$8,000 / \$16,000
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TeleHealth via LiveHealth Online	Ded / 0%	Ded / 0%	\$0	Ded / 0%	\$0	Ded / 0%	\$0
Primary Care Visit	Ded / 30%	Ded / \$25	3 at \$35, then ded / 30%	Ded / \$25	\$40	Ded / \$25	\$30
Specialist Visit	Ded / 30%	Ded / \$50	3 at \$35, then ded / 30%	Ded / \$50	\$70	Ded / \$50	\$75
Emergency Room	Ded / 30%	Ded / \$300	Ded / \$500	Ded / \$500	Ded / 30%	Ded / \$300	Ded / \$550
Urgent Care	Ded / 30%	Ded / \$75	Ded / \$75	Ded / \$75	\$75	Ded / \$50	\$80
Inpatient Facility	Ded / 30%	Ded / \$500	Ded / 30%	Ded / \$500, up to 4 days	Ded / 30%	Ded / \$500, up to 4 days	Ded / 40%
Outpatient Facility	Ded / 30%	Ded / \$200	Ded / 30%	Ded / \$250	Ded / 30%	Ded / \$200	Ded / 40%
Rx Deductible (Tier 2 / 3)	T1-3: Med ded	T1-3: Med ded	\$250 / \$500	T1-3: Med ded	\$250 / \$500	T1-3: Med ded	\$100 / \$200
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$50 / \$90	\$15 / \$50 / \$90	\$15 / \$50 / \$80	\$10 / \$40 / \$80	\$15 / \$50 / \$80	\$10 / \$40 / \$80	\$15 / \$50 / \$70 min or 30% to \$400

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Q1 2020 New York Small Group Plans | Mid-Hudson

Region 3: Delaware, Dutchess, Orange, Putnam, Sullivan and Ulster counties

Plan Name	Empire Silver Blue Access GEPO 4000/40%/7350	Empire Bronze EPO 5100/30%/6850 w/HSA	Empire Bronze EPO 5500/30%/6800 w/HSA	Empire Bronze Blue Access EPO 5500/30%/6800 w/HSA	Empire Bronze Blue Access EPO 6850/0%/6850 w/HSA	Empire Bronze Blue Access EPO 8150/0%/8150	Empire Bronze Blue Access GEPO 6500/40%/8150
Contract Code	4GHN	4GXA	4GV6	4GVN	4GXJ	4GKA	4GFJ

Premium	4GHN	4GXA	4GV6	4GVN	4GXJ	4GKA	4GFJ
Individual	\$738.32	\$718.94	\$716.21	\$644.70	\$637.36	\$627.20	\$659.75
Individual + Spouse	\$1,476.64	\$1,437.88	\$1,432.42	\$1,289.40	\$1,274.72	\$1,254.40	\$1,319.50
Individual + Child(ren)	\$1,255.14	\$1,222.20	\$1,217.56	\$1,095.99	\$1,083.51	\$1,066.24	\$1,121.58
Family	\$2,104.21	\$2,048.98	\$2,041.20	\$1,837.40	\$1,816.48	\$1,787.52	\$1,880.29

Plan Name	Not Offered	Not Offered	Empire Bronze EPO 5500/30%/6800 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code	Not Offered	Not Offered	4HBE	Not Offered	Not Offered	Not Offered	Not Offered

Enhanced Embedded Dental and Vision Premium	Not Offered	Not Offered	4HBE	Not Offered	Not Offered	Not Offered	Not Offered
Individual	Not Offered	Not Offered	\$734.93	Not Offered	Not Offered	Not Offered	Not Offered
Individual + Spouse	Not Offered	Not Offered	\$1,469.86	Not Offered	Not Offered	Not Offered	Not Offered
Individual + Child(ren)	Not Offered	Not Offered	\$1,249.38	Not Offered	Not Offered	Not Offered	Not Offered
Family	Not Offered	Not Offered	\$2,094.55	Not Offered	Not Offered	Not Offered	Not Offered

Plan Details	Blue Access	PPO / EPO	PPO / EPO	Blue Access	Blue Access	Blue Access	Blue Access
Network	Blue Access	PPO / EPO	PPO / EPO	Blue Access	Blue Access	Blue Access	Blue Access
National Access via Bluecard Program	Yes*	Yes	Yes	Yes	Yes	Yes	Yes*
Gatekeeper	Yes	No	No	No	No	No	Yes
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Fail	Fail	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	Non-Embedded Ded and Embedded OOP	Embedded	Embedded			

Plan Benefits	4GHN	4GXA	4GV6	4GVN	4GXJ	4GKA	4GFJ
INN Deductible (Ind / Fam)	\$4,000 / \$8,000	\$5,100 / \$10,200	\$5,500 / \$11,000	\$5,500 / \$11,000	\$6,850 / \$13,700	\$8,150 / \$16,300	\$6,500 / \$13,000
OON Deductible (Ind / Fam)	N/A						
INN Coinsurance	40%	30%	30%	30%	0%	0%	40%
OON Coinsurance	N/A						
INN Out of Pocket Max (Ind / Fam)	\$7,350 / \$14,700	\$6,850 / \$13,700	\$6,800 / \$13,600	\$6,800 / \$13,600	\$6,850 / \$13,700	\$8,150 / \$16,300	\$8,150 / \$16,300
OON Out of Pocket Max (Ind / Fam)	N/A						
TeleHealth via LiveHealth Online	\$0	Ded / 0%	\$0				
Primary Care Visit	\$30	Ded / \$25	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	\$50
Specialist Visit	\$70	Ded / \$75	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	\$80
Emergency Room	Ded / 40%	Ded / 30%	Ded / 50%	Ded / 50%	Ded / 0%	Ded / 0%	Ded / 40%
Urgent Care	\$70	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	\$100
Inpatient Facility	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	Ded / 40%
Outpatient Facility	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	Ded / 40%
Rx Deductible (Tier 2 / 3)	\$250 / \$500	T1-3: Med ded	T2-3: Med ded				
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$50 / \$80	\$15 / \$50 / \$90	\$10 / \$40 / \$80	\$10 / \$40 / \$80	0% / 0% / 0%	0% / 0% / 0%	\$15 / \$60 / 50% to \$500

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