



Q4 2021 New York Small Group Plans | Mid-Hudson

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

Plan Name	Empire Platinum EPO 5/0%/3000	Empire Platinum Blue Access EPO 5/0%/3000	Empire Platinum PPO 5/0%/4150	Empire Platinum EPO 20/0%/2750	Empire Platinum Blue Access EPO 20/0%/2750	Empire Platinum PPO 20/0%/2750	Empire Platinum Blue Access GEPO 250/10%/3000	Empire Gold EPO 25/0%/7000	Empire Gold Blue Access EPO 25/0%/7000
Contract Code	5RB3	5RT4	5RAM	5R01	5QQ5	5R09	5QZB	5RC1	5RCH
Premium									
Individual	\$1,331.55	\$1,198.43	\$1,614.12	\$1,319.48	\$1,187.63	\$1,626.07	\$1,126.81	\$1,190.62	\$1,071.75
Individual + Spouse	\$2,663.10	\$2,396.86	\$3,228.24	\$2,638.96	\$2,375.26	\$3,252.14	\$2,253.62	\$2,381.24	\$2,143.50
Individual + Child(ren)	\$2,263.64	\$2,037.33	\$2,744.00	\$2,243.12	\$2,018.97	\$2,764.32	\$1,915.58	\$2,024.05	\$1,821.98
Family	\$3,794.92	\$3,415.53	\$4,600.24	\$3,760.52	\$3,384.75	\$4,634.30	\$3,211.41	\$3,393.27	\$3,054.49

Plan Name	Empire Platinum EPO 5/0%/3000 WH	Not Offered	Empire Platinum PPO 5/0%/4150 WH	Empire Platinum EPO 20/0%/2750 WH	Not Offered	Empire Platinum PPO 20/0%/2750 WH	Not Offered	Not Offered	Not Offered
Contract Code	5RBT		5RBB	5R0R		5R0Z			

Enhanced Embedded Dental and Vision Premium

Individual	\$1,360.87		\$1,643.55	\$1,348.80		\$1,655.50			
Individual + Spouse	\$2,721.74		\$3,287.10	\$2,697.60		\$3,311.00			
Individual + Child(ren)	\$2,313.48		\$2,794.04	\$2,292.96		\$2,814.35			
Family	\$3,878.48		\$4,684.12	\$3,844.08		\$4,718.18			

Plan Details

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

Plan Benefits

INN Deductible (Ind / Fam)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$250/\$750	\$0/\$0	\$0/\$0
OON Deductible (Ind / Fam)	-	-	\$3000/\$6000	-	-	\$3000/\$6000	-	-	-
INN Coinsurance	0%	0%	0%	0%	0%	0%	10%	0%	0%
OON Coinsurance	-	-	20%	-	-	20%	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3000/\$6000	\$3000/\$6000	\$4150/\$8300	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$3000/\$6000	\$7000/\$14000	\$7000/\$14000
OON Out of Pocket Max (Ind / Fam)	-	-	\$10375/\$20750	-	-	\$6875/\$13750	-	-	-
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	\$5	\$5	\$5	\$20	\$20	\$20	\$15	\$25	\$25
Specialist Visit	\$25	\$25	\$25	\$40	\$40	\$40	\$35	\$50	\$50
Emergency Room	\$200	\$200	\$200	\$200	\$200	\$200	Ded, then \$250	\$750	\$750
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$100	\$100
Inpatient Facility	\$350	\$350	\$350	\$400	\$400	\$400	Ded, then 10%	\$400/day up to 4d	\$400/day up to 4d
Outpatient Facility	\$100	\$100	\$300	\$200	\$200	\$200	Ded, then \$100	\$250	\$250
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient)	\$0 / \$125	\$0 / \$125	\$0 / \$125	\$0 / \$125	\$0 / \$125	\$0 / \$125	Ded, 10% / Ded, 10%	\$0 / \$125	\$0 / \$125
INN X-Ray (Office; Outpatient)	\$5 / 25%	\$5 / 25%	\$5 / 25%	\$20 / 25%	\$20 / 25%	\$20 / 25%	Ded, \$15 / Ded, \$100	\$25 / 25%	\$25 / 25%
INN Adv Diagnostic Imaging (Office; Outpatient)	\$25 / 25%	\$25 / 25%	\$25 / 25%	\$40 / 25%	\$40 / 25%	\$40 / 25%	Ded, \$35 / Ded, \$100	\$50 / 25%	\$50 / 25%
Rx Deductible	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	NA	Tiers 2 & 3, \$100/\$200					
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	10/35/70	10/35/70

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** Empire's participating Freestanding (Preferred) Labs are Laboratory Corporation of America or Quest Diagnostics. Please check Provider Finder for additional participating Freestanding Labs in your area.

Rx Copay (Tier 1/2/3)*** Connection copayments cost shares for non preferred (NP) provider pharmacies are \$10 higher than copayments at preferred (P) pharmacies.

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

Plan Name	Empire Gold Blue Access EPO 25/10%/7000	Empire Gold Healthy New York Blue Access GEPO 600/0%/4000	Empire Gold EPO 750/10%/6250	Empire Gold Blue Access EPO 750/10%/6250	Empire Gold Blue Access GEPO 1000/0%/6000	Empire Gold EPO 1250/10%/8000	Empire Gold Blue Access EPO 1250/10%/8000	Empire Gold EPO 1250/20%/5000	Empire Gold Blue Access EPO 1250/20%/5000
Contract Code	5RDF	5R65	5QXF	5RR0	5RED	5RFB	5RP4	5RG9	5QSZ

Premium	5RDF	5R65	5QXF	5RR0	5RED	5RFB	5RP4	5RG9	5QSZ
Individual	\$1,070.25	\$888.85	\$1,135.67	\$1,022.20	\$994.04	\$1,120.03	\$1,008.06	\$1,124.40	\$1,012.09
Individual + Spouse	\$2,140.50	\$1,777.70	\$2,271.34	\$2,044.40	\$1,988.08	\$2,240.06	\$2,016.12	\$2,248.80	\$2,024.18
Individual + Child(ren)	\$1,819.43	\$1,511.05	\$1,930.64	\$1,737.74	\$1,689.87	\$1,904.05	\$1,713.70	\$1,911.48	\$1,720.55
Family	\$3,050.21	\$2,533.22	\$3,236.66	\$2,913.27	\$2,833.01	\$3,192.09	\$2,872.97	\$3,204.54	\$2,884.46

Plan Name	Not Offered	Not Offered	Empire Gold EPO 750/10%/6250 WH	Empire Gold Blue Access EPO 750/10%/6250 WH	Not Offered	Empire Gold EPO 1250/10%/8000 WH	Not Offered	Empire Gold EPO 1250/20%/5000 WH	Not Offered
Contract Code			5QXX	5RR8		5RFT		5RGR	

Enhanced Embedded Dental and Vision Premium	5QXX	5RR8	5RFT	5RGR
Individual	\$1,165.32	\$1,049.33	\$1,149.69	\$1,154.06
Individual + Spouse	\$2,330.64	\$2,098.66	\$2,299.38	\$2,308.12
Individual + Child(ren)	\$1,981.04	\$1,783.86	\$1,954.47	\$1,961.90
Family	\$3,321.16	\$2,990.59	\$3,276.62	\$3,289.07

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

Plan Benefits	5RDF	5R65	5QXF	5RR0	5RED	5RFB	5RP4	5RG9	5QSZ
INN Deductible (Ind / Fam)	\$0/\$0	\$600/\$1200	\$750/\$2250	\$750/\$2250	\$1000/\$3000	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	-	-
INN Coinsurance	10%	0%	10%	10%	0%	10%	10%	20%	20%
OON Coinsurance	-	-	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7000/\$14000	\$4000/\$8000	\$6250/\$12500	\$6250/\$12500	\$6000/\$12000	\$8000/\$16000	\$8000/\$16000	\$5000/\$10000	\$5000/\$10000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-	-	-
TeleHealth via LiveHealth Online	\$0	Ded, then \$25	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	\$25	Ded, then \$25	\$50	\$50	\$30	\$15	\$15	\$25	\$25
Specialist Visit	\$50	Ded, then \$40	\$50	\$50	\$60	\$35	\$35	\$40	\$40
Emergency Room	\$750	Ded, then \$150	Ded, then \$500	Ded, then \$400	Ded, then \$400				
Urgent Care	\$100	Ded, then \$60	\$100	\$100	\$75	\$75	\$75	\$75	\$75
Inpatient Facility	\$400/day up to 4d	Ded, then 1000	Ded, then 10%	Ded, then 10%	Ded, then 0%	Ded, then 10%	Ded, then 10%	Ded, then 20%	Ded, then 20%
Outpatient Facility	\$250	Ded, then \$100	Ded, then \$300	Ded, then \$300	Ded, then \$250	Ded, then \$300	Ded, then \$300	Ded, then \$250	Ded, then \$250
Preferred Lab / Preferred Office Lab	\$0	Ded then \$25	\$0	\$0	\$0	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient)	\$0 / \$125	Ded, \$25 / Ded, \$40	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 0% / Ded, 0%	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 20% / Ded, 20%	Ded, 20% / Ded, 20%
INN X-Ray (Office; Outpatient)	\$25 / 25%	Ded, \$25 / Ded, \$40	Ded, \$50 / Ded, \$300	Ded, \$50 / Ded, \$300	Ded, \$30 / Ded, \$250	Ded, \$15 / Ded, \$300	Ded, \$15 / Ded, \$300	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250
INN Adv Diagnostic Imaging (Office; Outpatient)	\$50 / 25%	Ded, \$40 / Ded, \$40	Ded, \$50 / Ded, \$300	Ded, \$50 / Ded, \$300	Ded, \$60 / Ded, \$250	Ded, \$35 / Ded, \$300	Ded, \$35 / Ded, \$300	Ded, \$40 / Ded, \$250	Ded, \$40 / Ded, \$250
Rx Deductible	Tiers 2 & 3, \$100/\$200	NA	Tiers 2 & 3, \$100/\$200						
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	10/35/70	10/35/70

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

Plan Name	Empire Gold PPO 1250/20%/7000	Empire Gold Blue Access EPO 1400/0%/3300 w/HSA	Empire Gold EPO 1750/10%/4500 w/HSA	Empire Gold Blue Access EPO 1750/10%/4500 w/HSA	Empire Gold PPO 1750/10%/4500 w/HSA	Empire Gold EPO 2000/30%/7500	Empire Gold Blue Access EPO 2000/30%/7500	Empire Silver EPO 2000/20%/6600 w/HSA	Empire Silver Blue Access EPO 2000/20%/6600 w/HSA
Contract Code	5QTP	5RKK	5QUD	5RRY	5QU5	5R25	5R1P	5QRT	5QS1
Premium									
Individual	\$1,344.43	\$988.17	\$1,067.27	\$960.59	\$1,294.77	\$1,063.47	\$957.25	\$964.38	\$868.04
Individual + Spouse	\$2,688.86	\$1,976.34	\$2,134.54	\$1,921.18	\$2,589.54	\$2,126.94	\$1,914.50	\$1,928.76	\$1,736.08
Individual + Child(ren)	\$2,285.53	\$1,679.89	\$1,814.36	\$1,633.00	\$2,201.11	\$1,807.90	\$1,627.33	\$1,639.45	\$1,475.67
Family	\$3,831.63	\$2,816.28	\$3,041.72	\$2,737.68	\$3,690.09	\$3,030.89	\$2,728.16	\$2,748.48	\$2,473.91

Plan Name	Empire Gold PPO 1250/20%/7000 WH	Not Offered	Empire Gold EPO 1750/10%/4500 w/HSA WH	Empire Gold Blue Access EPO 1750/10%/4500 w/HSA WH	Empire Gold PPO 1750/10%/4500 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Silver Blue Access EPO 2000/20%/6600 w/HSA WH
Contract Code	5QTX		5QUV	5RS6	5QVB				5QSH
Enhanced Embedded Dental and Vision Premium									
Individual	\$1,374.09		\$1,096.92	\$987.83	\$1,324.43				\$895.29
Individual + Spouse	\$2,748.18		\$2,193.84	\$1,975.66	\$2,648.86				\$1,790.58
Individual + Child(ren)	\$2,335.95		\$1,864.76	\$1,679.31	\$2,251.53				\$1,521.99
Family	\$3,916.16		\$3,126.22	\$2,815.32	\$3,774.63				\$2,551.58

Plan Details	PPO / EPO	Blue Access	PPO / EPO	Blue Access	PPO / EPO	PPO / EPO	Blue Access	PPO / EPO	Blue Access
Network	PPO / EPO	Blue Access	PPO / EPO	Blue Access	PPO / EPO	PPO / EPO	Blue Access	PPO / EPO	Blue Access
National Access via Bluecard Program	Yes								
Gatekeeper	No								
Formulary	Traditional Open								
Creditability Coverage Status	Pass								
Embedded / Non-Embedded Medical Deductible	Embedded	Not Embedded	Not Embedded	Not Embedded	Not Embedded	Embedded	Embedded	Not Embedded	Not Embedded

Plan Benefits	Empire Gold PPO 1250/20%/7000	Empire Gold Blue Access EPO 1400/0%/3300 w/HSA	Empire Gold EPO 1750/10%/4500 w/HSA	Empire Gold Blue Access EPO 1750/10%/4500 w/HSA	Empire Gold PPO 1750/10%/4500 w/HSA	Empire Gold EPO 2000/30%/7500	Empire Gold Blue Access EPO 2000/30%/7500	Empire Silver EPO 2000/20%/6600 w/HSA	Empire Silver Blue Access EPO 2000/20%/6600 w/HSA
INN Deductible (Ind / Fam)	\$1250/\$2500	\$1400/\$2800	\$1750/\$3500	\$1750/\$3500	\$1750/\$3500	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000
OON Deductible (Ind / Fam)	\$3125/\$6250	-	-	-	\$4375/\$8750	-	-	-	-
INN Coinsurance	20%	0%	10%	10%	10%	30%	30%	20%	20%
OON Coinsurance	40%	-	-	-	40%	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7000/\$14000	\$3300/\$6600	\$4500/\$9000	\$4500/\$9000	\$4500/\$9000	\$7500/\$15000	\$7500/\$15000	\$6600/\$13200	\$6600/\$13200
OON Out of Pocket Max (Ind / Fam)	\$17500/\$35000	-	-	-	\$11250/\$22500	-	-	-	-
TeleHealth via LiveHealth Online	\$0	Ded/0%	Ded/0%	Ded/0%	Ded/0%	\$0	\$0	Ded/0%	Ded/0%
Primary Care Visit	\$25	Ded, then \$15	Ded, then 10%	Ded, then 10%	Ded, then 10%	\$25	\$25	Ded, then \$25	Ded, then \$25
Specialist Visit	\$40	Ded, then \$30	Ded, then 10%	Ded, then 10%	Ded, then 10%	\$55	\$55	Ded, then \$50	Ded, then \$50
Emergency Room	Ded, then \$500	Ded, then \$300	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500
Urgent Care	\$80	Ded, then \$30	Ded, then 10%	Ded, then 10%	Ded, then 10%	\$75	\$75	Ded, then \$75	Ded, then \$75
Inpatient Facility	Ded, then 20%	Ded, then \$800	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 30%	Ded, then 30%	Ded, \$500/day till 4d	Ded, \$500/day till 4d
Outpatient Facility	Ded, then \$250	Ded, then \$300	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then \$145	Ded, then \$145	Ded, then \$250	Ded, then \$250
Preferred Lab / Preferred Office Lab	\$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	\$0	\$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient)	Ded, 20% / Ded, 20%	Ded, \$15 / Ded, \$300	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250
INN X-Ray (Office; Outpatient)	Ded, \$25 / Ded, \$250	Ded, \$15 / Ded, \$300	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, \$25 / Ded, \$145	Ded, \$25 / Ded, \$145	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, \$40 / Ded, \$250	Ded, \$30 / Ded, \$300	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, \$55 / Ded, \$145	Ded, \$55 / Ded, \$145	Ded, \$50 / Ded, \$250	Ded, \$50 / Ded, \$250
Rx Deductible	Tiers 2 & 3, \$100/\$200	Med Ded	Med Ded	Med Ded	Med Ded	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Med Ded	Med Ded
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	10/35/90	10/35/90

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Plan Name	Empire Silver EPO 2000/30%/8400	Empire Silver Blue Access EPO 2000/30%/8400	Empire Silver EPO 2500/50%/8500	Empire Silver Blue Access EPO 2500/50%/8500	Empire Silver PPO 2500/50%/8500	Empire Silver EPO 2800/30%/7000 w/HSA	Empire Silver EPO 2800/0%/7000 w/HSA	Empire Silver Blue Access EPO 2800/0%/7000 w/HSA	Empire Silver Blue Access EPO 2800/30%/7000 w/HSA
Contract Code	5R6V	5R7B	5R3K	5R33	5R41	5R8H	5RHF	5RHP	5RTL

Premium									
Individual	\$971.51	\$874.48	\$967.02	\$870.34	\$1,176.36	\$923.68	\$956.56	\$861.03	\$831.49
Individual + Spouse	\$1,943.02	\$1,748.96	\$1,934.04	\$1,740.68	\$2,352.72	\$1,847.36	\$1,913.12	\$1,722.06	\$1,662.98
Individual + Child(ren)	\$1,651.57	\$1,486.62	\$1,643.93	\$1,479.58	\$1,999.81	\$1,570.26	\$1,626.15	\$1,463.75	\$1,413.53
Family	\$2,768.80	\$2,492.27	\$2,756.01	\$2,480.47	\$3,352.63	\$2,632.49	\$2,726.20	\$2,453.94	\$2,369.75

Plan Name	Not Offered	Not Offered	Empire Silver EPO 2500/50%/8500 WH	Not Offered	Empire Silver PPO 2500/50%/8500 WH	Empire Silver EPO 2800/30%/7000 w/HSA WH	Empire Silver EPO 2800/0%/7000 w/HSA WH	Not Offered	Not Offered
Contract Code			5R49		5R4R	5R8Z	5R33		

Enhanced Embedded Dental and Vision Premium									
Individual			\$996.68		\$1,206.02	\$953.46	\$986.22		
Individual + Spouse			\$1,993.36		\$2,412.04	\$1,906.92	\$1,972.44		
Individual + Child(ren)			\$1,694.36		\$2,050.23	\$1,620.88	\$1,676.57		
Family			\$2,840.54		\$3,437.16	\$2,717.36	\$2,810.73		

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

Plan Benefits									
INN Deductible (Ind / Fam)	\$2000/\$4000	\$2000/\$4000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600
OON Deductible (Ind / Fam)	-	-	-	-	\$6250/\$12500	-	-	-	-
INN Coinsurance	30%	30%	50%	50%	50%	30%	0%	0%	30%
OON Coinsurance	-	-	-	-	50%	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8400/\$16800	\$8400/\$16800	\$8500/\$17000	\$8500/\$17000	\$8500/\$17000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	\$21250/\$42500	-	-	-	-
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	Ded/0%	Ded/0%	Ded/0%	Ded/0%
Primary Care Visit	\$35/3vis; Ded; 30%	\$35/3vis; Ded; 30%	\$40	\$40	\$40	Ded, then 30%	Ded, then \$30	Ded, then \$30	Ded, then 30%
Specialist Visit	\$35/3vis; Ded; 30%	\$35/3vis; Ded; 30%	\$70	\$70	\$70	Ded, then 30%	Ded, then \$60	Ded, then \$60	Ded, then 30%
Emergency Room	Ded, then \$1000	Ded, then \$1000	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then 30%	Ded, then \$300	Ded, then \$300	Ded, then 30%
Urgent Care	Ded, then \$75	Ded, then \$75	\$75	\$75	\$75	Ded, then 30%	Ded, then \$50	Ded, then \$50	Ded, then 30%
Inpatient Facility	Ded, then 30%	Ded, then 30%	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 30%	Ded, then 1000	Ded, then 1000	Ded, then 30%
Outpatient Facility	Ded, then 30%	Ded, then 30%	Ded, then \$350	Ded, then \$350	Ded, then \$350	Ded, then 30%	Ded, then \$200	Ded, then \$200	Ded, then 30%
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0	\$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient)	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%	Ded, 30% / Ded, 30%	Ded, \$30 / Ded, \$200	Ded, \$30 / Ded, \$200	Ded, 30% / Ded, 30%
INN X-Ray (Office; Outpatient)	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, \$40 / Ded, \$350	Ded, \$40 / Ded, \$350	Ded, \$40 / Ded, \$350	Ded, 30% / Ded, 30%	Ded, \$30 / Ded, \$200	Ded, \$30 / Ded, \$200	Ded, 30% / Ded, 30%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, \$70 / Ded, \$350	Ded, \$70 / Ded, \$350	Ded, \$70 / Ded, \$350	Ded, 30% / Ded, 30%	Ded, \$60 / Ded, \$200	Ded, \$60 / Ded, \$200	Ded, 30% / Ded, 30%
Rx Deductible	Tiers 2 & 3, \$100/\$200	Med Ded	Med Ded	Med Ded	Med Ded				
Rx Copay (Tier 1 / 2 / 3)***	10/50/90	10/50/90	10/35/90	10/35/90	10/35/90	10/35/90	10/35/90	10/35/90	10/35/90

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Rx Copay (Tier 1/2/3)*** Connection copayments cost shares for non preferred (NP) provider pharmacies are \$10 higher than copayments at preferred (P) pharmacies.

Services provided by Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of Independent Blue Cross and Blue Shield plans.



Q4 2021 New York Small Group Plans | Mid-Hudson

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

Plan Name	Empire Silver PPO 2800/0%/7000 w/HSA	Empire Silver PPO 2800/0%/7000 w/HSA 80th Percentile Fair Health	Empire Silver Blue Access EPO 3000/45%/8550	Empire Silver EPO 3250/40%/8550	Empire Silver Blue Access GEPO 4000/50%/8500	Empire Bronze EPO 6600/35%/7000 w/HSA	Empire Bronze Blue Access EPO 6600/35%/7000 w/HSA	Empire Bronze Blue Access EPO 7000/0%/7000 w/HSA	Empire Bronze Blue Access EPO 8500/0%/8500
Contract Code	5RH7	5T1W	5QW1	5QWH	5R17	5R9F	5R9X	5R7T	5R5F

Premium									
Individual	\$1,165.44	\$1,347.19	\$869.77	\$966.10	\$837.24	\$828.73	\$745.96	\$742.28	\$705.38
Individual + Spouse	\$2,330.88	\$2,694.38	\$1,739.54	\$1,932.20	\$1,674.48	\$1,657.46	\$1,491.92	\$1,484.56	\$1,410.76
Individual + Child(ren)	\$1,981.25	\$2,290.22	\$1,478.61	\$1,642.37	\$1,423.31	\$1,408.84	\$1,268.13	\$1,261.88	\$1,199.15
Family	\$3,321.50	\$3,839.49	\$2,478.84	\$2,753.39	\$2,386.13	\$2,361.88	\$2,125.99	\$2,115.50	\$2,010.33

Plan Name	Not Offered	Empire Bronze EPO 6600/35%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered				
Contract Code						SRAD			

Enhanced Embedded Dental and Vision Premium									
Individual						\$858.85			
Individual + Spouse						\$1,717.70			
Individual + Child(ren)						\$1,460.05			
Family						\$2,447.72			

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

Plan Benefits									
INN Deductible (Ind / Fam)	\$2800/\$5600	\$2800/\$5600	\$3000/\$6000	\$3250/\$6500	\$4000/\$8000	\$6600/\$13200	\$6600/\$13200	\$7000/\$14000	\$8500/\$17000
OON Deductible (Ind / Fam)	\$7000/\$14000	\$7000/\$14000	-	-	-	-	-	-	-
INN Coinsurance	0%	0%	45%	40%	50%	35%	35%	0%	0%
OON Coinsurance	30%	30%	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7000/\$14000	\$7000/\$14000	\$8550/\$17100	\$8550/\$17100	\$8500/\$17000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$8500/\$17000
OON Out of Pocket Max (Ind / Fam)	\$17500/\$35000	\$17500/\$35000	-	-	-	-	-	-	-
TeleHealth via LiveHealth Online	Ded/0%	Ded/0%	\$0	\$0	\$0	Ded/0%	Ded/0%	Ded/0%	Ded/0%
Primary Care Visit	Ded, then \$30	Ded, then \$30	\$25	\$25	\$25	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%
Specialist Visit	Ded, then \$60	Ded, then \$60	\$75	\$75	\$50	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%
Emergency Room	Ded, then \$300	Ded, then \$300	Ded, then \$550	Ded, then \$550	Ded, then \$500	Ded, then 50%	Ded, then 50%	Ded, then 0%	Ded, then 0%
Urgent Care	Ded, then \$50	Ded, then \$50	\$80	\$80	\$80	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%
Inpatient Facility	Ded, then 1000	Ded, then 1000	Ded, then 45%	Ded, then 40%	Ded, then 50%	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%
Outpatient Facility	Ded, then \$200	Ded, then \$200	Ded, then \$250	Ded, then \$250	Ded, then \$250	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	\$0	\$0	\$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient)	Ded, \$30 / Ded, \$200	Ded, \$30 / Ded, \$200	Ded, 45% / Ded, 45%	Ded, 40% / Ded, 40%	Ded, 50% / Ded, 50%	Ded, 35% / Ded, 35%	Ded, 35% / Ded, 35%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%
INN X-Ray (Office; Outpatient)	Ded, \$30 / Ded, \$200	Ded, \$30 / Ded, \$200	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, 35% / Ded, 35%	Ded, 35% / Ded, 35%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, \$60 / Ded, \$200	Ded, \$60 / Ded, \$200	Ded, \$75 / Ded, \$250	Ded, \$75 / Ded, \$250	Ded, \$50 / Ded, \$250	Ded, 35% / Ded, 35%	Ded, 35% / Ded, 35%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%
Rx Deductible	Med Ded	Med Ded	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Med Ded	Med Ded	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)***	10/35/90	10/35/90	10/35/90	10/35/90	10/35/90	35/50/90	35/50/90	0/0/0	0/0/0

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Rx Copay (Tier 1/2/3)*** Connection copayments cost shares for non preferred (NP) provider pharmacies are \$10 higher than copayments at preferred (P) pharmacies.

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The Whole Health Company

Plan Name	Empire Bronze Blue Access GEPO 8550/0%/8550 50
Contract Code	5525

Premium

Individual	\$711.93
Individual + Spouse	\$1,423.86
Individual + Child(ren)	\$1,210.28
Family	\$2,029.00

Plan Name	Not Offered
Contract Code	

Enhanced Embedded Dental and Vision Premium

Individual	
Individual + Spouse	
Individual + Child(ren)	
Family	

Plan Details

Network	Blue Access
National Access via Bluecard Program	Yes*
Gatekeeper	Yes
Formulary	Traditional Open
Creditability Coverage Status	Fail
Embedded / Non-Embedded Medical Deductible	Embedded

Plan Benefits

INN Deductible (Ind / Fam)	\$8550/\$17100
OON Deductible (Ind / Fam)	-
INN Coinsurance	0%
OON Coinsurance	-
INN Out of Pocket Max (Ind / Fam)	\$8550/\$17100
OON Out of Pocket Max (Ind / Fam)	-
TeleHealth via LiveHealth Online	\$0
Primary Care Visit	\$50
Specialist Visit	\$100
Emergency Room	Ded, then 0%
Urgent Care	Ded, then 0%
Inpatient Facility	Ded, then 0%
Outpatient Facility	Ded, then 0%
Preferred Lab / Preferred Office Lab	\$0
INN Lab (Office; Outpatient)	Ded, 0% / Ded, 0%
INN X-Ray (Office; Outpatient)	Ded, 0% / Ded, 0%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, 0% / Ded, 0%
Rx Deductible	Med Ded
Rx Copay (Tier 1 / 2 / 3)***	0/0/0