



Q2 2022 New York Small Group Plans | New York City

Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

The Whole Health Company

Plan Name	Empire Platinum EPO 5/0%/3500	Empire Platinum Blue Access EPO 5/0%/3500	Empire Platinum PPO 5/0%/4150	Empire Platinum Connection EPO 15/0%/3200	Empire Platinum PPO 20/0%/3150	Empire Platinum EPO 20/0%/3150	Empire Platinum Blue Access EPO 20/0%/3150	Empire Platinum Connection EPO 20/0%/3150
Contract Code	68V7	68W5	682P	688B	68AD	68A5	689F	683W

Premium								
Individual	\$1,358.98	\$1,250.34	\$1,690.75	\$1,121.75	\$1,693.85	\$1,346.19	\$1,238.51	\$1,126.88
Individual + Spouse	\$2,717.96	\$2,500.68	\$3,381.50	\$2,243.50	\$3,387.70	\$2,692.38	\$2,477.02	\$2,253.76
Individual + Child(ren)	\$2,310.27	\$2,125.58	\$2,874.28	\$1,906.98	\$2,879.55	\$2,288.52	\$2,105.47	\$1,915.70
Family	\$3,873.09	\$3,563.47	\$4,818.64	\$3,196.99	\$4,827.47	\$3,836.64	\$3,529.75	\$3,211.61

Plan Name	Empire Platinum EPO 5/0%/3500 WH	Not Offered	Empire Platinum PPO 5/0%/4150 WH	Empire Platinum Connection EPO 15/0%/3200 WH	Empire Platinum PPO 20/0%/3150 WH	Empire Platinum EPO 20/0%/3150 WH	Not Offered	Empire Platinum Connection EPO 20/0%/3150 WH
Contract Code	68VP		682X	688K	6883	68AV		6845

Enhanced Embedded Dental and Vision Premium								
Individual	\$1,386.82		\$1,718.59	\$1,146.01	\$1,721.70	\$1,374.04		\$1,151.15
Individual + Spouse	\$2,773.64		\$3,437.18	\$2,292.02	\$3,443.40	\$2,748.08		\$2,302.30
Individual + Child(ren)	\$2,357.59		\$2,921.60	\$1,948.22	\$2,926.89	\$2,335.87		\$1,956.96
Family	\$3,952.44		\$4,897.98	\$3,266.13	\$4,906.85	\$3,916.01		\$3,280.78

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

Plan Benefits								
INN Deductible (Ind / Fam)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
OON Deductible (Ind / Fam)	-	-	\$4,000/\$8000	-	\$4,000/\$8000	-	-	-
INN Coinsurance	0%	0%	0%	0%	0%	0%	0%	0%
OON Coinsurance	-	-	30%	-	30%	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3500/\$7000	\$3500/\$7000	\$4150/\$8300	\$3200/\$6400	\$3150/\$6300	\$3150/\$6300	\$3150/\$6300	\$3150/\$6300
OON Out of Pocket Max (Ind / Fam)	-	-	\$8,300/\$16600	-	\$6,300/\$12600	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5
Primary Care Visit	\$5	\$5	\$5	\$15	\$20	\$20	\$20	\$20
Specialist Visit	\$25	\$25	\$25	\$30	\$40	\$40	\$40	\$40
Emergency Room	\$250	\$250	\$250	\$300	\$250	\$250	\$250	\$250
Urgent Care	\$75	\$75	\$75	\$50	\$50	\$50	\$50	\$50
Inpatient Facility	\$400	\$400	\$400	\$1,000	\$500	\$500	\$500	\$500
Outpatient Facility	\$150	\$150	\$300	\$500	\$350	\$350	\$350	\$350
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$0 / \$10	\$0 / \$10	\$0 / \$10	\$0 / \$10	\$0 / \$10	\$0 / \$10	\$0 / \$10	\$0 / \$10
INN X-Ray (Office; Outpatient Hospital)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	\$150 / \$250	\$150 / \$250	\$150 / \$250	\$150 / \$250	\$150 / \$250	\$150 / \$250	\$150 / \$250	\$150 / \$250
Rx Deductible	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	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

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Plan Name	Empire Platinum Blue Access EPO 200/10%/3200	Empire Platinum Connection EPO 200/10%/3200	Empire Link Platinum Connection EPO 400/20%/2250	Empire Gold EPO 25/0%/8500	Empire Gold Blue Access EPO 25/0%/8500	Empire Gold Connection EPO 25/0%/8500	Empire Gold Healthy New York Blue Access GEPO 600/0%/4000	Empire Gold EPO 1000/10%/6750
Contract Code	68G1	68SE	67ZG	68WD	68WV	683E	68SV	687S

Premium								
Individual	\$1,223.81	\$1,113.50	\$1,102.15	\$1,210.66	\$1,113.86	\$1,013.23	\$929.45	\$1,167.64
Individual + Spouse	\$2,447.62	\$2,227.00	\$2,204.30	\$2,421.32	\$2,227.72	\$2,026.46	\$1,858.90	\$2,335.28
Individual + Child(ren)	\$2,080.48	\$1,892.95	\$1,873.66	\$2,058.12	\$1,893.56	\$1,722.49	\$1,580.07	\$1,984.99
Family	\$3,487.86	\$3,173.48	\$3,141.13	\$3,450.38	\$3,174.50	\$2,887.71	\$2,648.93	\$3,327.77

Plan Name	Not Offered	Empire Platinum Connection EPO 200/10%/3200 WH	Not Offered	Not Offered	Not Offered	Empire Gold Connection EPO 25/0%/8500 WH	Not Offered	Empire Gold EPO 1000/10%/6750 WH
Contract Code		685N				683N		688F

Enhanced Embedded Dental and Vision Premium								
Individual		\$1,138.00				\$1,037.49		\$1,195.72
Individual + Spouse		\$2,276.00				\$2,074.98		\$2,391.44
Individual + Child(ren)		\$1,934.60				\$1,763.73		\$2,032.72
Family		\$3,243.30				\$2,956.85		\$3,407.80

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

Plan Benefits								
INN Deductible (Ind / Fam)	\$200/\$400	\$200/\$400	\$400/\$800	\$0/\$0	\$0/\$0	\$0/\$0	\$600/\$1200	\$1000/\$2000
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	-
INN Coinsurance	10%	10%	20%	0%	0%	0%	0%	10%
OON Coinsurance	-	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3200/\$6400	\$3200/\$6400	\$2250/\$4500	\$8500/\$17000	\$8500/\$17000	\$8500/\$17000	\$4000/\$8000	\$6750/\$13500
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5
Primary Care Visit	\$15	\$15	\$10	\$25	\$25	\$25	Ded, then \$25	\$30
Specialist Visit	\$35	\$35	\$40	\$50	\$50	\$50	Ded, then \$40	\$55
Emergency Room	Ded, then 10%	Ded, then 10%	Ded, then \$500	\$750	\$750	\$750	Ded, then \$150	Ded, then \$500
Urgent Care	\$50	\$50	\$75	\$50	\$50	\$50	Ded, then \$60	\$60
Inpatient Facility	Ded, then 10%	Ded, then 10%	Ded, then \$500	\$500	\$500	\$500	Ded, then \$1,000	Ded, then 10%
Outpatient Facility	Ded, then 10%	Ded, then 10%	Ded, then \$400	\$500	\$500	\$500	Ded, then \$100	Ded, then \$300
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0	\$0	\$0	Ded then \$25	\$0
INN Lab (Office; Outpatient Hospital)	\$20 / \$25	\$20 / \$25	\$40 / Ded, \$25	\$0 / \$10	\$0 / \$10	\$0 / \$10	Ded, \$40 / Ded, \$40	\$0 / \$0
INN X-Ray (Office; Outpatient Hospital)	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	\$50 / Ded, \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	Ded, \$40 / Ded, \$40	Ded, \$50 / Ded, \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	\$150 / Ded, \$250	\$150 / \$250	\$150 / \$250	\$150 / \$250	Ded, \$40 / Ded, \$40	Ded, \$150 / Ded, \$250
Rx Deductible	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	NA	Tiers 2 & 3, \$150/\$300
Rx Copay (Tier 1 / 2 / 3)	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$50/\$90	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$35/\$70	\$10/\$40/\$80

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Plan Name	Empire Gold Blue Access EPO 1000/0%/6750	Empire Gold Connection EPO 1000/0%/6750	Empire Gold PPO 1500/10%/5500 w/HSA	Empire Gold EPO 1500/10%/5500 w/HSA	Empire Gold Blue Access EPO 1500/10%/5500 w/HSA	Empire Link Gold Connection EPO 1500/25%/6500	Empire Gold PPO 1500/20%/7000	Empire Gold EPO 1750/10%/8500
Contract Code	68KT	684E	68DP	68DX	68F3	67ZQ	68D7	68L9

Plan Name	Empire Gold Blue Access EPO 1000/0%/6750 WH	Empire Gold Connection EPO 1000/0%/6750 WH	Empire Gold PPO 1500/10%/5500 w/HSA WH	Empire Gold EPO 1500/10%/5500 w/HSA WH	Empire Gold Blue Access EPO 1500/10%/5500 w/HSA WH	Not Offered	Empire Gold PPO 1500/20%/7000 WH	Empire Gold EPO 1750/10%/8500 WH
Contract Code	688X	684N	68EV	68ED	68FB		68DF	68LR

Plan Name	Empire Gold Blue Access EPO 1000/0%/6750 WH	Empire Gold Connection EPO 1000/0%/6750 WH	Empire Gold PPO 1500/10%/5500 w/HSA WH	Empire Gold EPO 1500/10%/5500 w/HSA WH	Empire Gold Blue Access EPO 1500/10%/5500 w/HSA WH	Not Offered	Empire Gold PPO 1500/20%/7000 WH	Empire Gold EPO 1750/10%/8500 WH
Contract Code	688X	684N	68EV	68ED	68FB		68DF	68LR

Enhanced Embedded Dental and Vision Premium

Individual	\$1,108.84	\$1,009.28	\$1,403.80	\$1,136.57	\$1,045.97		\$1,447.54	\$1,167.76
Individual + Spouse	\$2,217.68	\$2,018.56	\$2,807.60	\$2,273.14	\$2,091.94		\$2,895.08	\$2,335.52
Individual + Child(ren)	\$1,885.03	\$1,715.78	\$2,386.46	\$1,932.17	\$1,778.15		\$2,460.82	\$1,985.19
Family	\$3,160.19	\$2,876.45	\$4,000.83	\$3,239.22	\$2,981.01		\$4,125.49	\$3,328.12

Plan Details

Network	Blue Access	Connection	PPO/EPO	PPO/EPO	Blue Access	Connection	PPO/EPO	PPO/EPO
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No	No	No	No	No
Rx Network	Base Rx	Advantage Rx	Base Rx	Base Rx	Base Rx	Advantage Rx	Base Rx	Base Rx
Formulary	Traditional Open	Select	Traditional Open	Traditional Open	Traditional Open	Select	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Not Embedded	Not Embedded	Not Embedded	Embedded	Embedded	Embedded

Plan Benefits

INN Deductible (Ind / Fam)	\$1000/\$2000	\$1000/\$2000	\$1500/\$3000	\$1500/\$3000	\$1500/\$3000	\$1500/\$3000	\$1500/\$3000	\$1750/\$3500
OON Deductible (Ind / Fam)	-	-	\$4,000/\$8000	-	-	-	\$4,000/\$8000	-
INN Coinsurance	0%	0%	10%	10%	10%	25%	20%	10%
OON Coinsurance	-	-	30%	-	-	-	50%	-
INN Out of Pocket Max (Ind / Fam)	\$6750/\$13500	\$6750/\$13500	\$5500/\$11000	\$5500/\$11000	\$5500/\$11000	\$6500/\$13000	\$7000/\$14000	\$8500/\$17000
OON Out of Pocket Max (Ind / Fam)	-	-	\$11,000/\$22000	-	-	-	\$14,000/\$28000	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0/\$5	\$0/\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	\$0/\$5	\$0/\$5	\$0/\$5
Primary Care Visit	\$30	\$30	Ded, then \$10	Ded, then \$10	Ded, then \$10	\$10	\$25	\$15
Specialist Visit	\$55	\$55	Ded, then \$50	Ded, then \$50	Ded, then \$50	\$50	\$40	\$35
Emergency Room	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500
Urgent Care	\$60	\$60	Ded, then \$100	Ded, then \$100	Ded, then \$100	\$75	\$60	\$60
Inpatient Facility	Ded, then 10%	Ded, then 10%	Ded, then \$1,000	Ded, then \$1,000	Ded, then \$1,000	Ded, then \$1,500	Ded, then 20%	Ded, then 10%
Outpatient Facility	Ded, then \$250	Ded, then \$250	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$250	Ded, then \$300
Preferred Lab / Preferred Office Lab	\$0	\$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$0 / \$0	\$0 / \$0	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	\$50 / Ded, \$25	\$0 / \$0	\$0 / \$0
INN X-Ray (Office; Outpatient Hospital)	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	\$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	\$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250
Rx Deductible	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Med Ded	Med Ded	Med Ded	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300
Rx Copay (Tier 1 / 2 / 3)	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$50/\$90	\$10/\$40/\$80	\$10/\$40/\$80

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The Whole Health Company

Plan Name	Empire Gold Blue Access EPO 1750/10%/8500	Empire Gold EPO 1750/20%/6000	Empire Gold Blue Access EPO 1750/20%/6000	Empire Gold Connection EPO 1750/20%/6000	Empire Link Gold Connection EPO 2000/20%/4000 w/HSA	Empire Link Gold Connection EPO 2250/20%/6250	Empire Gold EPO 2250/30%/8500	Empire Gold Blue Access EPO 2250/30%/8500
Contract Code	68MF	68N5	68MP	684W	6819	67ZY	68GZ	68GH

Premium	68MF	68N5	68MP	684W	6819	67ZY	68GZ	68GH
Individual	\$1,048.60	\$1,143.14	\$1,051.83	\$956.70	\$906.98	\$955.03	\$1,100.59	\$1,012.63
Individual + Spouse	\$2,097.20	\$2,286.28	\$2,103.66	\$1,913.40	\$1,813.96	\$1,910.06	\$2,201.18	\$2,025.26
Individual + Child(ren)	\$1,782.62	\$1,943.34	\$1,788.11	\$1,626.39	\$1,541.87	\$1,623.55	\$1,871.00	\$1,721.47
Family	\$2,988.51	\$3,257.95	\$2,997.72	\$2,726.60	\$2,584.89	\$2,721.84	\$3,136.68	\$2,886.00

Plan Name	Not Offered	Empire Gold EPO 1750/20%/6000 WH	Not Offered	Empire Gold Connection EPO 1750/20%/6000 WH	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code		68NM		6855				

Enhanced Embedded Dental and Vision Premium	68NM	6855
Individual	\$1,171.34	\$981.20
Individual + Spouse	\$2,342.68	\$1,962.40
Individual + Child(ren)	\$1,991.28	\$1,668.04
Family	\$3,338.32	\$2,796.42

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

Plan Benefits	68MF	68N5	68MP	684W	6819	67ZY	68GZ	68GH
INN Deductible (Ind / Fam)	\$1750/\$3500	\$1750/\$3500	\$1750/\$3500	\$1750/\$3500	\$2000/\$4000	\$2250/\$4500	\$2250/\$4500	\$2250/\$4500
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	-
INN Coinsurance	10%	20%	20%	20%	20%	20%	30%	30%
OON Coinsurance	-	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8500/\$17000	\$6000/\$12000	\$6000/\$12000	\$6000/\$12000	\$4000/\$8000	\$6250/\$12500	\$8500/\$17000	\$8500/\$17000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	Ded, \$0/Ded,\$5	\$0/\$5	\$0/\$5	\$0/\$5
Primary Care Visit	\$15	\$25	\$25	\$25	Ded, then \$25	\$10	\$25	\$25
Specialist Visit	\$35	\$45	\$45	\$45	Ded, then \$75	\$50	\$55	\$55
Emergency Room	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500
Urgent Care	\$60	\$60	\$60	\$60	Ded, then \$75	\$75	\$55	\$55
Inpatient Facility	Ded, then 10%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then \$750	Ded, then \$1,250	Ded, then 30%	Ded, then 30%
Outpatient Facility	Ded, then \$300	Ded, then \$250	Ded, then \$250	Ded, then \$250	Ded, then \$500	Ded, then \$500	Ded, then \$200	Ded, then \$200
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0	Ded, then \$0	\$0	\$0	\$0
INN Lab (Office; Outpatient Hospital)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	Ded, \$25 / Ded, \$25	\$50 / Ded, \$25	\$0 / \$0	\$0 / \$0
INN X-Ray (Office; Outpatient Hospital)	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	\$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	\$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250
Rx Deductible	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Med Ded	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300
Rx Copay (Tier 1 / 2 / 3)	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$40/\$80	\$10/\$40/\$80

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Q2 2022 New York Small Group Plans | New York City

Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

The Whole Health Company

Plan Name	Empire Gold Connection EPO 2250/30%/8500	Empire Link Gold Connection EPO 3000/25%/6000	Empire Silver Blue Access EPO 60/0%/8700	Empire Link Silver Connection EPO 60/0%/8700	Empire Silver PPO 2800/30%/7050 w/HSA	Empire Silver PPO 2800/30%/7050 w/HSA 80th Percentile Fair Health	Empire Silver EPO 2800/30%/7050 w/HSA	Empire Silver Blue Access EPO 2800/30%/7050 w/HSA
Contract Code	685W	6809	68ZG	6836	68P3	68PT	68RF	68SD

Premium	685W	6809	68ZG	6836	68P3	68PT	68RF	68SD
Individual	\$921.08	\$947.50	\$985.62	\$887.38	\$1,253.57	\$1,501.20	\$1,004.74	\$924.43
Individual + Spouse	\$1,842.16	\$1,895.00	\$1,971.24	\$1,774.76	\$2,507.14	\$3,002.40	\$2,009.48	\$1,848.86
Individual + Child(ren)	\$1,565.84	\$1,610.75	\$1,675.55	\$1,508.55	\$2,131.07	\$2,552.04	\$1,708.06	\$1,571.53
Family	\$2,625.08	\$2,700.38	\$2,809.02	\$2,529.03	\$3,572.67	\$4,278.42	\$2,863.51	\$2,634.63

Plan Name	Empire Gold Connection EPO 2250/30%/8500 WH	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Empire Silver EPO 2800/30%/7050 w/HSA WH	Not Offered
Contract Code	6865						68RX	

Enhanced Embedded Dental and Vision Premium	6865	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	68RX	Not Offered
Individual	\$945.58						\$1,032.95	
Individual + Spouse	\$1,891.16						\$2,065.90	
Individual + Child(ren)	\$1,607.49						\$1,756.02	
Family	\$2,694.90						\$2,943.91	

Plan Details	685W	6809	68ZG	6836	68P3	68PT	68RF	68SD
Network	Connection	Connection	Blue Access	Connection	PPO/EPO	PPO/EPO	PPO/EPO	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No	No	No	No	No
Rx Network	Advantage Rx	Advantage Rx	Base Rx	Advantage Rx	Base Rx	Base Rx	Base Rx	Base Rx
Formulary	Select	Select	Traditional Open	Select	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded

Plan Benefits	685W	6809	68ZG	6836	68P3	68PT	68RF	68SD
INN Deductible (Ind / Fam)	\$2250/\$4500	\$3000/\$6000	\$0/\$0	\$0/\$0	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600
OON Deductible (Ind / Fam)	-	-	-	-	\$5,600/\$11200	\$5,600/\$11200	-	-
INN Coinsurance	30%	25%	0%	0%	30%	30%	30%	30%
OON Coinsurance	-	-	-	-	30%	30%	-	-
INN Out of Pocket Max (Ind / Fam)	\$8500/\$17000	\$6000/\$12000	\$8700/\$17400	\$8700/\$17400	\$7050/\$14100	\$7050/\$14100	\$7050/\$14100	\$7050/\$14100
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	\$14,100/\$28200	\$14,100/\$28200	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5
Primary Care Visit	\$25	\$10	\$60	\$60	Ded, then \$10	Ded, then \$10	Ded, then \$10	Ded, then \$10
Specialist Visit	\$55	\$50	\$125	\$125	Ded, then \$50	Ded, then \$50	Ded, then \$50	Ded, then \$50
Emergency Room	Ded, then \$500	Ded, then \$500	\$2,500	\$2,500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500
Urgent Care	\$55	\$75	\$125	\$125	Ded, then \$100	Ded, then \$100	Ded, then \$100	Ded, then \$100
Inpatient Facility	Ded, then 30%	Ded, then \$1,000	\$2,500	\$2,500	Ded, then \$1,500	Ded, then \$1,500	Ded, then \$1,500	Ded, then \$1,500
Outpatient Facility	Ded, then \$200	Ded, then \$500	\$1,000	\$1,000	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	\$0 / \$0	\$50 / Ded, \$25	\$125 / \$20	\$125 / \$20	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25
INN X-Ray (Office; Outpatient Hospital)	Ded, \$50 / Ded, \$150	\$50 / Ded, \$150	\$150 / \$150	\$150 / \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, \$150 / Ded, \$250	\$150 / Ded, \$250	\$250 / \$250	\$250 / \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250
Rx Deductible	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	NA	NA	Med Ded	Med Ded	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$40/\$80	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90

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Q2 2022 New York Small Group Plans | New York City

Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

Plan Name	Empire Silver EPO 2800/25%/7050 w/HSA	Empire Silver Blue Access EPO 2800/25%/7050 w/HSA	Empire Silver Connection EPO 2800/25%/7050 w/HSA	Empire Silver PPO 3000/50%/8700	Empire Silver EPO 3000/50%/8700	Empire Silver Blue Access EPO 3000/50%/8700	Empire Silver Connection EPO 3000/50%/8700	Empire Link Silver Connection EPO 3000/20%/6500 w/HSA
Contract Code	68C1	68C9	686V	68JD	68HX	68HF	686M	681H

Premium	68C1	68C9	686V	68JD	68HX	68HF	686M	681H
Individual	\$1,004.86	\$924.55	\$840.77	\$1,249.86	\$1,000.56	\$920.61	\$837.19	\$825.95
Individual + Spouse	\$2,009.72	\$1,849.10	\$1,681.54	\$2,499.72	\$2,001.12	\$1,841.22	\$1,674.38	\$1,651.90
Individual + Child(ren)	\$1,708.26	\$1,571.74	\$1,429.31	\$2,124.76	\$1,700.95	\$1,565.04	\$1,423.22	\$1,404.12
Family	\$2,863.85	\$2,634.97	\$2,396.19	\$3,562.10	\$2,851.60	\$2,623.74	\$2,385.99	\$2,353.96

Plan Name	Not Offered	Empire Silver Blue Access EPO 2800/25%/7050 w/HSA WH	Not Offered	Empire Silver PPO 3000/50%/8700 WH	Empire Silver EPO 3000/50%/8700 WH	Not Offered	Empire Silver Connection EPO 3000/50%/8700 WH	Empire Link Silver Connection EPO 3000/20%/6500 w/HSA WH
Contract Code		68CR		68K3	68JM		686D	681R

Enhanced Embedded Dental and Vision Premium	68CR	68K3	68JM	686D	681R
Individual	\$950.84	\$1,278.07	\$1,028.76	\$861.81	\$850.57
Individual + Spouse	\$1,901.68	\$2,556.14	\$2,057.52	\$1,723.62	\$1,701.14
Individual + Child(ren)	\$1,616.43	\$2,172.72	\$1,748.89	\$1,465.08	\$1,445.97
Family	\$2,709.89	\$3,642.50	\$2,931.97	\$2,456.16	\$2,424.12

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

Plan Benefits	68C1	68C9	686V	68JD	68HX	68HF	686M	681H
INN Deductible (Ind / Fam)	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
OON Deductible (Ind / Fam)	-	-	-	\$6,000/\$12000	-	-	-	-
INN Coinsurance	25%	25%	25%	50%	50%	50%	50%	20%
OON Coinsurance	-	-	-	50%	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7050/\$14100	\$7050/\$14100	\$7050/\$14100	\$8700/\$17400	\$8700/\$17400	\$8700/\$17400	\$8700/\$17400	\$6500/\$13000
OON Out of Pocket Max (Ind / Fam)	-	-	-	\$17,400/\$34800	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	Ded, \$0/Ded,\$5
Primary Care Visit	Ded, then \$10	Ded, then \$10	Ded, then \$10	\$40	\$40	\$40	\$40	Ded, then \$50
Specialist Visit	Ded, then \$50	Ded, then \$50	Ded, then \$50	\$70	\$70	\$70	\$70	Ded, then \$100
Emergency Room	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then \$500
Urgent Care	Ded, then \$100	Ded, then \$100	Ded, then \$100	\$75	\$75	\$75	\$75	Ded, then \$100
Inpatient Facility	Ded, then \$1,500	Ded, then \$1,500	Ded, then \$1,500	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then \$750
Outpatient Facility	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then \$500
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	Ded, then \$0	\$0	\$0	\$0	\$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	\$20 / \$25	\$20 / \$25	\$20 / \$25	\$20 / \$25	Ded, \$25 / Ded, \$25
INN X-Ray (Office; Outpatient Hospital)	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%	Ded, \$50 / Ded, \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%	Ded, \$150 / Ded, \$250
Rx Deductible	Med Ded	Med Ded	Med Ded	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90

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The Whole Health Company

Plan Name	Empire Link Silver Connection EPO 4000/30%/8700	Empire Link Silver Connection EPO 4000/20%/7000 w/HSA	Empire Silver Blue Access EPO 4500/50%/8700	Empire Link Silver Connection EPO 6000/50%/8700	Empire Bronze EPO 6100/50%/7050 w/HSA	Empire Bronze Blue Access EPO 6100/50%/7050 w/HSA	Empire Bronze Connection EPO 6100/50%/7050 w/HSA	Empire Link Bronze Connection EPO 6250/30%/7050 w/HSA
Contract Code	680R	681Z	68Q9	680Z	68TT	68U9	687A	6827

Premium								
Individual	\$870.89	\$797.39	\$919.05	\$854.28	\$895.63	\$824.04	\$749.11	\$738.83
Individual + Spouse	\$1,741.78	\$1,594.78	\$1,838.10	\$1,708.56	\$1,791.26	\$1,648.08	\$1,498.22	\$1,477.66
Individual + Child(ren)	\$1,480.51	\$1,355.56	\$1,562.39	\$1,452.28	\$1,522.57	\$1,400.87	\$1,273.49	\$1,256.01
Family	\$2,482.04	\$2,272.56	\$2,619.29	\$2,434.70	\$2,552.55	\$2,348.51	\$2,134.96	\$2,105.67

Plan Name	Empire Link Silver Connection EPO 4000/30%/8700 WH	Not Offered	Not Offered	Not Offered	Empire Bronze EPO 6100/50%/7050 w/HSA WH	Not Offered	Empire Bronze Connection EPO 6100/50%/7050 w/HSA WH	Empire Link Bronze Connection EPO 6250/30%/7050 w/HSA WH
Contract Code	680H				68UR		687J	682F

Enhanced Embedded Dental and Vision Premium								
Individual	\$895.51				\$924.07		\$773.84	\$763.57
Individual + Spouse	\$1,791.02				\$1,848.14		\$1,547.68	\$1,527.14
Individual + Child(ren)	\$1,522.37				\$1,570.92		\$1,315.53	\$1,298.07
Family	\$2,552.20				\$2,633.60		\$2,205.44	\$2,176.17

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

Plan Benefits								
INN Deductible (Ind / Fam)	\$4000/\$8000	\$4000/\$8000	\$4500/\$9000	\$6000/\$12000	\$6100/\$12200	\$6100/\$12200	\$6100/\$12200	\$6250/\$12500
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	-
INN Coinsurance	30%	20%	50%	50%	50%	50%	50%	30%
OON Coinsurance	-	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8700/\$17400	\$7000/\$14000	\$8700/\$17400	\$8700/\$17400	\$7050/\$14100	\$7050/\$14100	\$7050/\$14100	\$7050/\$14100
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	\$0/\$5	Ded, \$0/Ded,\$5	\$0/\$5	\$0/\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5
Primary Care Visit	\$10	Ded, then \$50	\$25	\$10	Ded, then \$10	Ded, then \$10	Ded, then \$10	Ded, then \$50
Specialist Visit	\$50	Ded, then \$100	\$50	\$50	Ded, then \$50	Ded, then \$50	Ded, then \$50	Ded, then \$100
Emergency Room	Ded, then \$500	Ded, then \$500	Ded, then 50%	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$450
Urgent Care	\$125	Ded, then \$100	\$50	\$125	Ded, then \$100	Ded, then \$100	Ded, then \$100	Ded, then \$100
Inpatient Facility	Ded, then \$1,500	Ded, then \$750	Ded, then 50%	Ded, then \$1,500	Ded, then \$950	Ded, then \$950	Ded, then \$950	Ded, then \$450
Outpatient Facility	Ded, then \$500	Ded, then \$500	Ded, then 50%	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$450
Preferred Lab / Preferred Office Lab	\$0	Ded, then \$0	\$0	\$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	\$50 / Ded, \$25	Ded, \$25 / Ded, \$25	\$20 / \$25	\$50 / Ded, \$25	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25
INN X-Ray (Office; Outpatient Hospital)	\$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, 50% / Ded, 50%	\$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	\$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, 50% / Ded, 50%	\$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250
Rx Deductible	Tiers 2 & 3, \$150/\$300	Med Ded	Tiers 2 & 3, \$150/\$300	Tiers 2 & 3, \$150/\$300	Med Ded	Med Ded	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	\$10/\$50/\$90	50%/50%/50%	50%/50%/50%	50%/50%/50%	\$10/\$50/\$90

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The Whole Health Company

Plan Name	Empire Bronze Blue Access EPO 6800/50%/7050 w/HSA	Empire Bronze Connection EPO 6800/50%/7050 w/HSA	Empire Bronze Blue Access EPO 8450/50%/8700	Empire Bronze Connection EPO 8450/50%/8700
Contract Code	68QR	67Z0	68KB	67YJ
Premium				
Individual	\$822.25	\$747.55	\$782.81	\$711.58
Individual + Spouse	\$1,644.50	\$1,495.10	\$1,565.62	\$1,423.16
Individual + Child(ren)	\$1,397.83	\$1,270.84	\$1,330.78	\$1,209.69
Family	\$2,343.41	\$2,130.52	\$2,231.01	\$2,028.00

Plan Name	Not Offered	Empire Bronze Connection EPO 6800/50%/7050 w/HSA WH	Not Offered	Empire Bronze Connection EPO 8450/50%/8700 WH
Contract Code		67Z8		67YS
Enhanced Embedded Dental and Vision Premium				
Individual		\$772.17		\$736.32
Individual + Spouse		\$1,544.34		\$1,472.64
Individual + Child(ren)		\$1,312.69		\$1,251.74
Family		\$2,200.68		\$2,098.51

Plan Details	Blue Access	Connection	Blue Access	Connection
Network	Blue Access	Connection	Blue Access	Connection
National Access via Bluecard Program	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No
Rx Network	Base Rx	Advantage Rx	Base Rx	Advantage Rx
Formulary	Traditional Open	Select	Traditional Open	Select
Creditability Coverage Status	Fail	Fail	Fail	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded

Plan Benefits	6800/50%/7050	6800/50%/7050	8450/50%/8700	8450/50%/8700
INN Deductible (Ind / Fam)	\$6800/\$13600	\$6800/\$13600	\$8450/\$16900	\$8450/\$16900
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	50%	50%	50%	50%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7050/\$14100	\$7050/\$14100	\$8700/\$17400	\$8700/\$17400
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
Preferred Virtual PCP: TeleHealth & Medical Chat via KHealth/LHO	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5	Ded, \$0/Ded,\$5
Primary Care Visit	Ded, then \$10	Ded, then \$10	Ded, then \$10	Ded, then \$10
Specialist Visit	Ded, then \$50	Ded, then \$50	Ded, then \$50	Ded, then \$50
Emergency Room	Ded, then \$250	Ded, then \$250	Ded, then \$250	Ded, then \$250
Urgent Care	Ded, then \$100	Ded, then \$100	Ded, then \$100	Ded, then \$100
Inpatient Facility	Ded, then \$250	Ded, then \$250	Ded, then \$250	Ded, then \$250
Outpatient Facility	Ded, then \$250	Ded, then \$250	Ded, then \$250	Ded, then \$250
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient Hospital)	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25	Ded, \$25 / Ded, \$25
INN X-Ray (Office; Outpatient Hospital)	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150	Ded, \$50 / Ded, \$150
INN Adv Diagnostic Imaging (Office; Outpatient Hospital)	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250	Ded, \$150 / Ded, \$250
Rx Deductible	Med Ded	Med Ded	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)	50%/50%/50%	50%/50%/50%	50%/50%/50%	50%/50%/50%