

	Empire Blue Access Platinum Blue Access EPO 15/0%/3500 (EPO) (UCR=N/A)		Empire Blue Access Platinum Blue Access GEPO 20/10%/5500 (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 25/0%/6000 (EPO) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 35/10%/5850 (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		15/60/50%to\$500		10/50/75		10/50/75	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		N/A		N/A	
Individual/Family OOP Limit	\$3,500/\$7,000		\$5,500/\$11,000 (incl ded)		\$6,000/\$12,000		\$5,850/\$11,700	
Co-Insurance	0%		10%		0%		10%	
Office Visits								
Primary Care	\$15		\$20		\$25		\$35	
Specialist	\$15		\$40		\$50		\$50	
Inpatient Services								
Inpatient Hospital	\$300/admit		10%		\$400/day; 4 days/admit		\$500/day; 4 days/admit	
Mental Health Inpatient	\$300/admit		10%		\$400/day; 4 days/admit		\$500/day; 4 days/admit	
Outpatient Services								
Outpatient Facility	\$200		10%		\$400		\$500	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-\$20		Office-No charge; OP-10%		Lab-No charge; X-ray: Office-No charge; OP-\$50		Lab-No charge; X-ray: Office-No charge; OP-\$100	
Mental Health Outpatient	\$15		10%		\$50		\$50	
Emergency Care								
Emergency Room	\$200		10%		\$400		\$400	
Urgent Care	\$25		\$50		\$75		\$100	
Single	1 x \$1,028.45		1 x \$964.53		1 x \$916.04		1 x \$905.24	
EE with Spouse	0 x \$2,056.90		0 x \$1,929.06		0 x \$1,832.08		0 x \$1,810.48	
EE with Child(ren)	0 x \$1,748.37		0 x \$1,639.70		0 x \$1,557.27		0 x \$1,538.91	
Family	1 x \$2,931.08		1 x \$2,748.91		1 x \$2,610.71		1 x \$2,579.93	
Monthly Cost	2 \$3,959.53		2 \$3,713.44		2 \$3,526.75		2 \$3,485.17	
Annual Cost	\$47,514.36		\$44,561.28		\$42,321.00		\$41,822.04	

	Empire Blue Access Gold Blue Access EPO 1250/20%/4000 (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 500/20%/7350 (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 1350/0%/3000 w/HSA (HSA) (UCR=N/A)		Empire Blue Access Gold Blue Access GEPO 40/30%/6000 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/75		10/50/75		10/50/80 IntDed		15/60/50%to\$500	
Cost Share Information								
Individual/Family Deductible	\$1,250/\$2,500 embedded		\$500/\$1,000 embedded		\$1,350/\$2,700 non-embedded		N/A	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$7,350/\$14,700 (incl ded)		\$3,000/\$6,000 (incl ded)		\$6,000/\$12,000 (incl ded)	
Co-Insurance	20%		20%		0%		30%	
Office Visits								
Primary Care	\$25 ded waived		\$25 ded waived		\$15 after ded		\$40	
Specialist	\$50 ded waived		\$50 ded waived		\$30 after ded		\$70	
Inpatient Services								
Inpatient Hospital	20% after ded		20% after ded		\$400/admit after ded		30%	
Mental Health Inpatient	20% after ded		20% after ded		\$400/admit after ded		30%	
Outpatient Services								
Outpatient Facility	20% after ded		20% after ded		\$300 after ded		30%	
Lab/X-Ray	20% after ded		20% after ded		Office-\$15 after ded; OP-\$300 after ded		Office-No charge; OP-30%	
Mental Health Outpatient	No charge		No charge		\$30 after ded		30%	
Emergency Care								
Emergency Room	\$400 ded waived		\$400 ded waived		\$300 after ded		30%	
Urgent Care	\$75 ded waived		\$75 ded waived		\$30 after ded		\$75	
Single	1 x \$898.40		1 x \$883.07		1 x \$852.32		1 x \$839.40	
EE with Spouse	0 x \$1,796.80		0 x \$1,766.14		0 x \$1,704.64		0 x \$1,678.80	
EE with Child(ren)	0 x \$1,527.28		0 x \$1,501.22		0 x \$1,448.94		0 x \$1,426.98	
Family	1 x \$2,560.44		1 x \$2,516.75		1 x \$2,429.11		1 x \$2,392.29	
Monthly Cost	2 \$3,458.84		2 \$3,399.82		2 \$3,281.43		2 \$3,231.69	
Annual Cost	\$41,506.08		\$40,797.84		\$39,377.16		\$38,780.28	

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	Empire Blue Access Gold Blue Access GEPO 1500/20%/6000 (EPOc) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 2750/30%/7350 (EPOc) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 2500/30%/7500 (EPOc) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 1500/30%/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	15/60/50%to\$500 IntDed T2-3		15/50/80/250 ded T2-3		15/50/80/250 ded T2-3		15/50/80/250 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000 embedded		\$2,750/\$5,500 embedded		\$2,500/\$5,000 embedded		\$1,500/\$3,000 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$7,350/\$14,700 (incl ded)		\$7,500/\$15,000 (incl ded)		\$7,350/\$14,700 (incl ded)	
Co-Insurance	20%		30%		30%		30%	
Office Visits								
Primary Care	\$30 ded waived		\$40 ded waived		\$40 ded waived		\$35 ded waived visits 1-3; 30% after ded visits 4+	
Specialist	\$60 ded waived		\$80 ded waived		\$70 ded waived		\$35 ded waived visits 1-3; 30% after ded visits 4+	
Inpatient Services								
Inpatient Hospital	20% after ded		30% after ded		30% after ded		30% after ded	
Mental Health Inpatient	20% after ded		30% after ded		30% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	20% after ded		30% after ded		30% after ded		30% after ded	
Lab/X-Ray	20% after ded		30% after ded		30% after ded		30% after ded	
Mental Health Outpatient	20% after ded		No charge		No charge		30% after ded	
Emergency Care								
Emergency Room	20% after ded		\$700 ded waived		\$700 after ded		\$500 after ded	
Urgent Care	\$100 ded waived		\$80 ded waived		\$75 ded waived		\$75 after ded	
Single	1 x \$808.65		1 x \$788.79		1 x \$776.64		1 x \$769.31	
EE with Spouse	0 x \$1,617.30		0 x \$1,577.58		0 x \$1,553.28		0 x \$1,538.62	
EE with Child(ren)	0 x \$1,374.71		0 x \$1,340.94		0 x \$1,320.29		0 x \$1,307.83	
Family	1 x \$2,304.65		1 x \$2,248.05		1 x \$2,213.42		1 x \$2,192.53	
Monthly Cost	2 \$3,113.30		2 \$3,036.84		2 \$2,990.06		2 \$2,961.84	
Annual Cost	\$37,359.60		\$36,442.08		\$35,880.72		\$35,542.08	

	Empire Blue Access Silver Blue Access EPO 3000/0%/5250 w/HSA (HSA) (UCR=N/A)		Empire Blue Access Silver Blue Access GEPO 4000/40%/7350 (EPOc) (UCR=N/A)		Empire Blue Access Bronze Blue Access GEPO 6500/40%/7900 (EPOc) (UCR=N/A)		Empire Blue Access Bronze Blue Access EPO 5500/20%/6700 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		15/60/50%to\$500 IntDed T2-3		15/60/50%to\$500 IntDed T2-3		15/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000 embedded		\$4,000/\$8,000 embedded		\$6,500/\$13,000 embedded		\$5,500/\$11,000 non-embedded	
Individual/Family OOP Limit	\$5,250/\$10,500 (incl ded)		\$7,350/\$14,700 (incl ded)		\$7,900/\$15,800 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	0%		40%		40%		20%	
Office Visits								
Primary Care	\$25 after ded		\$40 ded waived		\$50 ded waived		\$50 after ded	
Specialist	\$50 after ded		\$70 ded waived		\$80 ded waived		\$75 after ded	
Inpatient Services								
Inpatient Hospital	\$500/day after ded; 4 days/admit		40% after ded		40% after ded		\$500/day; 4 days/admit	
Mental Health Inpatient	\$500/day after ded; 4 days/admit		40% after ded		40% after ded		\$500/day; 4 days/admit	
Outpatient Services								
Outpatient Facility Lab/X-Ray	\$200 after ded Office-\$25 after ded; OP- \$200 after ded		40% after ded 40% after ded		40% after ded 40% after ded		\$350 after ded Office-\$50 after ded; OP- \$350 after ded	
Mental Health Outpatient	\$50 after ded		40% after ded		40% after ded		\$75 after ded	
Emergency Care								
Emergency Room Urgent Care	\$300 after ded \$50 after ded		40% after ded \$75 ded waived		40% after ded \$100 ded waived		\$350 after ded \$75 after ded	
Single	1 x \$745.11		1 x \$697.59		1 x \$653.14		1 x \$624.42	
EE with Spouse	0 x \$1,490.22		0 x \$1,395.18		0 x \$1,306.28		0 x \$1,248.84	
EE with Child(ren)	0 x \$1,266.69		0 x \$1,185.90		0 x \$1,110.34		0 x \$1,061.51	
Family	1 x \$2,123.56		1 x \$1,988.13		1 x \$1,861.45		1 x \$1,779.60	
Monthly Cost	2 \$2,868.67		2 \$2,685.72		2 \$2,514.59		2 \$2,404.02	
Annual Cost	\$34,424.04		\$32,228.64		\$30,175.08		\$28,848.24	

Prepared For: **Empire 2019 2nd qtr Mid Hudson Valley Blue**

Delaware County, NY 12167

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Health Plan Comparison Report (4L)

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	Empire Blue Access Bronze Blue Access EPO 5500/35%/6700 w/HSA (HSA) (UCR=N/A)		Empire Blue Access Bronze Blue Access EPO 7900/0%/7900 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	15/50/90 IntDed		0%/0%/0% IntDed	
Cost Share Information				
Individual/Family Deductible	\$5,500/\$11,000 non-embedded		\$7,900/\$15,800 embedded	
Individual/Family OOP Limit	\$6,700/\$13,400 (incl ded)		\$7,900/\$15,800 (incl ded)	
Co-Insurance	35%		0%	
Office Visits				
Primary Care	35% after ded		0% after ded	
Specialist	35% after ded		0% after ded	
Inpatient Services				
Inpatient Hospital	35% after ded		0% after ded	
Mental Health Inpatient	35% after ded		0% after ded	
Outpatient Services				
Outpatient Facility	35% after ded		0% after ded	
Lab/X-Ray	35% after ded		0% after ded	
Mental Health Outpatient	35% after ded		0% after ded	
Emergency Care				
Emergency Room	35% after ded		0% after ded	
Urgent Care	35% after ded		0% after ded	
Single	1 x \$622.78		1 x \$602.24	
EE with Spouse	0 x \$1,245.56		0 x \$1,204.48	
EE with Child(ren)	0 x \$1,058.73		0 x \$1,023.81	
Family	1 x \$1,774.92		1 x \$1,716.38	
Monthly Cost	2 \$2,397.70		2 \$2,318.62	
Annual Cost	\$28,772.40		\$27,823.44	

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