Empire 💩 💭

An Anthem Company

Q2 2020 New York Small Group Plans | Mid-Hudson

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

FAIR Health 5/0%/2500 20/0%/2500 5/0%/2500 5/0%/2500 20/0%/2500 Contract Code 4GGG 4GM 4GZ 4GA 4GM 4GH Premium 5/0%/2500 51,370.66 51,469.89 51,446.09 51,347.05 51,237.16 51,215.95 Individual + Spouse 53,041.02 52,099.78 52,892.18 52,694.10 52,474.32 52,431.90 Individual + Chid(ren) 52,670.12 52,498.81 52,458.35 52,289.99 53,525.91 53,465.46 Plan Name Empire Platinum PPO 200%%/2500 WH Empire Platinum PPO 5/0%/2500 WH Empire Platinum PPO 200%/2500 WH Empire Platinum PPO 300%/2500 WH Empire Platinum PPO 300%/2500 WH Empire Platinum PPO 300%/2500 WH Remire Platinum PPO 300%/2500 WH Store of the plate Platinum PPO 300%/2500 WH Remire Platinum PPO 300%/2500 WH <th< th=""><th>The Whole Health Company</th><th>Region 3: Delaware, Dutchess, Orange, Pu</th><th>utnam, Sullivan and Ulster counties</th><th></th><th></th><th></th><th></th></th<>	The Whole Health Company	Region 3: Delaware, Dutchess, Orange, Pu	utnam, Sullivan and Ulster counties				
Pentani undelse - Sponse middles - Sponse middles - Of source indelse - Of source i	Plan Name	20/0%/3500 80th Percentile	•	•	•		•
moduli S.,2016 S.1,2019 S.1,2101 S.1,2101 S.1,2101 S.1,2101 mbHoll S.2,1213 S.2,037,37 S.2,027,37 S.2,027,37 S.2,027,37 S.2,027,37 S.2,027,37 S.2,027,37<	Contract Code	4GGG	4GMN	4GZE	4GJ4	4GN4	4GH6
whole A Source (who as A Source) 25,257.21 Q 3,387.91 Q 3,487.91 Q 3,497.91 Q	Premium						
riveral 54,270.2 52,383.8 52,275.3 52,289.9 52,289.9 52,289.9 52,089.2 rank 54,475.3 54,478.9 54,278.9 52,289.9 52,099.9 52,099.9 52,099.9 Pain Amer. 54,475.3 54,478.9 52,099.9 52,099.9 52,099.9 52,099.9 52,099.9 52,099.9 52,099.9 52,099.9 52,099.9 52,009.9 52,019.9 <td>Individual</td> <td>\$1,570.66</td> <td>\$1<i>,</i>469.89</td> <td>\$1,446.09</td> <td>\$1,347.05</td> <td>\$1,237.16</td> <td>\$1,215.95</td>	Individual	\$1,570.66	\$1 <i>,</i> 469.89	\$1,446.09	\$1,347.05	\$1,237.16	\$1,215.95
mm54.06.3054.18.0054.02.0054.02.0055.02.0155.02.0055.02.00Parting Parting Par	Individual + Spouse	\$3,141.32	\$2 <i>,</i> 939.78	\$2,892.18	\$2,694.10	\$2,474.32	\$2 <i>,</i> 431.90
Finance Engine Plantum PPO 200%/X500 WH Engine Plantum PPO 300%/2500 WH Engine Plantum PPO 200%/2500 WH EnginePlanum PPO 200%/2500 WH	Individual + Child(ren)	\$2,670.12	\$2 <i>,</i> 498.81	\$2,458.35	\$2,289.99	\$2,103.17	\$2,067.12
Hank Name Conversion Environ (inclusion) Proof Patholism Proof Patholism </td <td>Family</td> <td>\$4,476.38</td> <td>\$4,189.19</td> <td>\$4,121.36</td> <td>\$3,839.09</td> <td>\$3,525.91</td> <td>\$3,465.46</td>	Family	\$4,476.38	\$4,189.19	\$4,121.36	\$3,839.09	\$3,525.91	\$3,465.46
Instanced Embedded Denotal and Vision Prentium ST (2000 / 2000)	Plan Name	20/0%/3500 80th Percentile	•	•	Not Offered	•	•
Indexbane SL 1596 67 SL 1495.00 SL 172.10 Net Offend SL 253.56 SL 242.25 Indexbane - Sponse SL 198.24 SL 194.03 SL 24.03 SL 25.03 SL 25.	Contract Code	4HJO	4H6Y	4HEY	Not Offered	4HEQ	4HE8
Individual - Spanse SU/931-84 SU/931-84 SU/942-00 Nact Offered SU/2717 SU/244-35 Individual - Chiloper) SZ/2712-34	Enhanced Embedded Dental and Vision Premium						
Instrikula (- Child)(*ch) S2,74 - 54 S2,54 - 54 S2,54 - 54 S2,54 - 54 S2,51 - 55 S2,50 - 55,5	Individual	\$1,596.67	\$1 <i>,</i> 495.90	\$1,472.10	Not Offered	\$1,263.56	\$1,242.25
harry\$4550.51\$4250.52\$4250.52\$4250.52\$4250.52\$500.00PartPartDetailsAntonial Access via Subcard ProgramYesYesYesYesYesNotionial Access via Subcard ProgramYesYesYesYesYesCodebeeperNoNoNoNoNoNoNoFormalarySelectHird Itema OpenHadtenal OpenHadtenal OpenHadtenal OpenHadtenal OpenCodebedeerNoNoNoNoNoNoNoNoCodebadeerPasisPasisPasisPasisPasisPasisPasisCodebadeerNoSolo SoloSolo Solo Solo Solo Solo Solo Solo Solo	Individual + Spouse	\$3,193.34	\$2,991.80	\$2,944.20	Not Offered	\$2,527.12	\$2 <i>,</i> 484.50
Plan Datais Network PPO/EPO PO/EPO PO/EPO PO/EPO PO/EPO PPO/EPO PO/EPO Point Point End to P	Individual + Child(ren)	\$2,714.34	\$2 <i>,</i> 543.03	\$2,502.57	Not Offered	\$2,148.05	\$2,111.83
Network PPO / FPO PPO / FPO / FPO PPO / FPO / FPO / FPO PDO / FPO / FPO / FPO PDO / FPO	Family	\$4,550.51	\$4,263.32	\$4,195.49	Not Offered	\$3,601.15	\$3,540.41
National Access via Billingand ProgramYesYesYesYesYesGackbeeperNoNoNoNoNoCenditability Giverage StatusPassPassPassPassPassEmbedded / Non-Embedded Med cal DeoucibleEmbeddedEmbeddedEmbeddedEmbeddedEmbeddedEmbeddedPassPassPassPassPassPassPassPassPassPast Deductible (nd / Farr)S0 / \$0\$0 / \$0\$0 / \$0\$0 / \$0\$0 / \$0\$0 / \$0\$0 / \$0OCN Gonzance0%0%\$00 / \$1,000\$0 / \$0\$0 / \$0\$0 / \$0\$0 / \$0\$0 / \$0OCN Gonzance0%0%\$00 / \$1,000\$2,500 / \$1,000\$0 / \$0\$0 / \$0\$0 / \$0\$0 / \$0OCN Gonzance0%0%0%0%\$0 / \$0\$0 / \$0\$0 / \$0\$0\$0\$0OCN Gonzance0%0%\$2,500 / \$5,000\$2,500 / \$5,000\$6,500 / \$13,000\$2,500 / \$5,000 <td>Plan Details</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Plan Details						
Gatekeeper FormularyNoNoNoNoNoFormularySelectTraditional Open Traditional OpenTraditional Open PassTraditional Open PassTraditional Open PassTraditional OpenTraditional Open PassTraditional OpenTraditional Open	Network	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO
Permulary Creditability Coverage StatusSelect: PassIraditional Open PassIraditional Open PassIraditional Open PassIraditional Open PassIraditional Open PassCreditability Coverage StatusPassPassPassPassPassPassPassEnbaceded / Non Embedieed Medical Deductible (Inf / Fam)EmbeddedEmbeddedEmbeddedEmbeddedEmbeddedEmbeddedINN Deductible (Inf / Fam)50 / 50\$0 / 50\$0 / 50\$0 / 50\$0 / 50\$0 / 50OON Deductible (Inf / Fam)50 / 50\$2,000 / 54,000\$2,000 / 54,000\$0 / 50\$0 / 50INN Obstance0%0%0%0%0%0%0%0%ONA Consurance30%3000 / 50,000\$2,500 / 53,000\$2,500 / 53,000\$2,500 / 53,000\$2,500 / 53,000\$2,500 / 53,000INN Obstance50\$0\$0 / 50\$2,500 / 53,000\$2,500 / 53,000\$2,500 / 53,000\$2,500 / 53,000\$2,500 / 53,000INN Obstance\$0\$0\$0\$0\$0\$0\$0\$2,500 / 53,000\$2,500 / 5	National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes
Crieditability Coverage StatusPassPa	Gatekeeper	No	No	No	No	No	No
Benedicity Non-Embedded Medical Deductible Embedded Embedded Embedded Embedded Embedded Embedded Planetts	Formulary	Select	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Planeberfits S0 / 50 S0 / 50 S00 / 50,000 S00 / 51,500 S0 / 50 S0 / 50 DON Deductible (ind / Fam) \$0 / 50 \$2,000 / 54,000 \$3,000 / 56,000 \$2,000 / 54,000 \$0,000	Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass
INN Deductible (ind / Fam) S0 / \$0 \$0 / \$0 \$0 / \$0 \$0 / \$0 \$0 / \$0 \$0 / \$0 OON Deductible (ind / Fam) \$3,000 / \$6,000 \$2,000 / \$4,000 \$3,000 / \$6,000 \$2,000 / \$4,000 N/A N/A INN Cainsurance 0%	Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
INN Deductible (ind / Fam) S0 / \$0 \$0 / \$0 \$0 / \$0 \$0 / \$0 \$0 / \$0 \$0 / \$0 OON Deductible (ind / Fam) \$3,000 / \$6,000 \$2,000 / \$4,000 \$3,000 / \$6,000 \$2,000 / \$4,000 N/A N/A INN Cainsurance 0%	Plan Benefits						
ON Deductible (ind / Fam) \$3,000 / \$6,000 \$2,000 / \$4,000 \$2,000 / \$4,000 \$2,000 / \$4,000 \$1/k N/A INN Coinsurance 0% 0% 0% 10% \$2,500 / \$5,000 \$2		\$0 / \$0	\$0 / \$0	\$0 / \$0	\$500 / \$1.500	\$0 / \$0	\$0 / \$0
NN Coinsurance0%0%0%10%0%0%0%OON Coinsurance30%30%30%30%30%N/AN/AINN Out of Pocket Max (Ind / Fam)\$3,500 / \$7,000\$2,500 / \$5,000\$2,500 / \$5,000\$6,500 / \$1,3000\$2,500 / \$5,000\$2,500 / \$5,000OON coin of Pocket Max (Ind / Fam)\$10,500 / \$21,000\$5,500 / \$1,000\$13,000 / \$2,500 / \$5,000N/AN/ATeleHeath Viai UveHeath Online\$0\$5,000 / \$1,000\$7,500 / \$1,000\$13,000 / \$2,600N/AN/ATeleHeath Viai UveHeath Online\$0\$5\$20\$10\$5\$20\$20\$20Primary Care Visit\$200\$200\$200\$200\$200\$200\$200\$200Specialist Visit\$400\$15\$400\$200\$200\$200\$200\$200Urgent Care\$50\$50\$50\$50\$50\$50\$50\$50Inpatient Facility\$400\$200\$200\$200\$200\$200\$200\$200Urgent Care\$50\$50\$50\$50\$50\$50\$50\$50\$50\$50Inpatient Facility\$400\$200\$200\$200\$200\$200\$200\$200\$200\$200Inpatient Facility\$50\$50\$50\$30\$0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
OON Coinsurance 30% 30% 30% 30% N/A N/A INN Dut of Pocket Max (Ind / Fam) \$3,500 / \$7,000 \$2,500 / \$5,000 \$6,500 / \$13,000 \$2,500 / \$5,000 \$2,500 / \$5,000 \$2,500 / \$5,000 \$2,500 / \$5,000 \$2,500 / \$5,000 \$2,500 / \$5,000 \$2,500 / \$5,000 \$0 \$0 \$0 \$0 \$0 \$13,000 / \$26,000 N/A N/A TeleHeatlh via LiveHealth Online \$0 <							
INN Out of Pocket Max (ind / Fam) \$3,500 / \$7,000 \$2,500 / \$5,000							
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 TeleHeatlh Via LiveHealth Online \$0<							
TeleHeath Viai LiveHeath Online\$0\$0\$0\$0\$0\$0Primary Care Visit\$200\$50\$200\$10\$50\$200Specialist Visit\$400\$15\$400\$200\$200\$200\$200Emergency Room\$200\$200\$200\$200\$200\$200\$200Urgent Care\$50\$50\$50\$50\$50\$50Inpatient Facility\$400\$200\$400Ded / 10%\$200\$400Outpatient Facility\$300\$100\$300Ded / 10%\$100\$300Preferred Lab\$0\$0\$0\$0\$0\$0\$0INN Lab (Office; Outpatient)\$0\$0\$0\$0\$0\$0\$0INN X-Ray (Office; Outpatient)0: \$0; OP: \$200: \$0; OP: \$200: \$0; OP: \$200: \$0; OP: \$20\$0\$0, \$0\$0INN Adv Diagnostic Imaging (Office; Outpatient)0: \$0; OP: \$2000: \$0; OP: \$200Ded / 10%0: \$1; OP: \$100\$0; \$0, OP: \$200\$0; \$0, OP: \$100\$0; \$0, OP: \$							
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Specialis Visit\$40\$15\$40\$20\$15\$40Emergency Room\$200\$200\$200\$200\$200\$200\$200Urgent Care\$50\$50\$50\$50\$50\$50Inpatient Facility\$400\$200\$400Ded / 10%\$200\$400Outpatient Facility\$300\$100\$300Ded / 10%\$100\$300Prefered Lab\$0\$0\$0\$0\$0\$0INN Lab (Office; Outpatient)\$0; OP; \$20\$0; OP; \$20Ded / 10%\$0\$0INN X-Ray (Office; Outpatient)0; S0; OP; \$200; S0; OP; \$20Ded / 10%0; \$0; OP; \$200; \$0; OP; \$20INN Adv Diagnostic Imaging (Office; Outpatient)0; \$40; OP; \$1000; \$15; OP; \$1000; \$10; OP; \$1000; \$10; OP; \$1000; \$40; OP; \$100No Adv Diagnostic Imaging (Office; Outpatient)0; \$40; OP; \$1000; \$10; OP; \$1000; \$10; OP; \$1000; \$40; OP; \$100Urgent Care\$0\$0\$0; S0; OP; \$200; \$0; OP; \$20Ded / 10%0; \$15; OP; \$1000; \$40; OP; \$100NN Adv Diagnostic Imaging (Office; Outpatient)0; \$40; OP; \$1000; \$10; OP; \$1000; \$40; OP; \$1000; \$40; OP; \$1000; \$40; OP; \$100Urgent Care\$0\$0\$0\$0\$0\$0\$0\$0\$0Urgent Care\$0\$0; OP; \$100\$0; OP; \$100\$0; OP; \$100\$0; S0; OP; \$100\$0; S0; OP; \$100\$0; S0; OP; \$100Urgent Care\$0\$0\$0; OP; \$100\$0;					·		
Emergency Room \$200 \$200 \$200 \$200 \$200 Urgent Care \$50 \$400 \$400 \$400 \$400 \$400 \$400 \$400 \$400 \$400 \$400 \$400 \$400 \$300 \$400 \$300 \$400 \$300 \$300 \$50 \$300 \$50 \$300 \$50 <td>,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	,						
Urgent Care\$50\$50\$50\$50\$50\$50Inpatient Facility\$400\$200\$400Ded / 10%\$200\$400Outpatient Facility\$300\$100\$300Ded / 10%\$100\$300Prefered Lab\$0\$0\$0\$0\$0\$0\$0INN Lab (Office; Outpatient)\$0\$0\$0\$0\$0\$0INN X-Ray (Office; Outpatient)0: \$0; OP: \$200: \$0; OP: \$20Ded / 10%0: \$0; OP: \$200: \$0; OP: \$20INN Adv Diagnostic Imaging (Office; Outpatient)0: \$40; OP: \$100O: \$15; OP: \$100O: \$40; OP: \$100Ded / 10%0: \$15; OP: \$100O: \$40; OP: \$100R Deductible (Tier 2 / 3)\$50 / \$100\$50 / \$100\$50 / \$100\$50 / \$100\$50 / \$100\$50 / \$100\$50 / \$100	·			·			
Inpatient Facility \$400 \$200 \$400 Ded / 10% \$200 \$400 Outpatient Facility \$300 \$100 \$300 Ded / 10% \$100 \$300 Preferred Lab \$0 \$0 \$0 \$0 \$0 \$0 \$0 INN Lab (Office; Outpatient) \$0							
Outpatient Facility\$300\$100\$300Ded / 10%\$100\$300Preferred Lab\$0\$0\$0\$30\$0\$0INN Lab (Office; Outpatient)\$0\$0\$0\$0\$0INN X-Ray (Office; Outpatient)0: \$0; OP: \$200: \$0; OP: \$20Ded / 10%0: \$0; OP: \$200: \$0; OP: \$20INN Adv Diagnostic Imaging (Office; Outpatient)0: \$40; OP: \$1000: \$15; OP: \$100O: \$40; OP: \$100Ded / 10%0: \$15; OP: \$1000: \$40; OP: \$100Rx Deductible (Tier 2 / 3)550 / \$100\$50 / \$100\$50 / \$100\$50 / \$100\$50 / \$100\$50 / \$100\$50 / \$100							
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INN Lab (Office; Outpatient) \$0 \$0 \$0 \$0 \$0 INN X-Ray (Office; Outpatient) 0: \$0; OP: \$20 0: \$0; OP: \$20 Ded / 10% 0: \$0; OP: \$20 0: \$0; OP: \$20 INN Adv Diagnostic Imaging (Office; Outpatient) 0: \$40; OP: \$100 0: \$15; OP: \$100 0: \$40; OP: \$100 Ded / 10% 0: \$15; OP: \$100 0: \$40; OP: \$100 Rx Deductible (Tier 2 / 3) \$50 / \$100 \$50 / \$100 \$50 / \$100 \$50 / \$100 \$50 / \$100 \$50 / \$100							
INN X-Ray (Office; Outpatient) O: \$0; OP: \$20 O: \$0; OP: \$20 Ded / 10% O: \$0; OP: \$20 O: \$0; OP: \$20 INN Adv Diagnostic Imaging (Office; Outpatient) O: \$40; OP: \$100 O: \$15; OP: \$100 O: \$40; OP: \$100 S50 / \$100 \$50 / \$100 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
INN Adv Diagnostic Imaging (Office; Outpatient) O: \$40; OP: \$100 O: \$15; OP: \$100 Ded / 10% O: \$15; OP: \$100 O: \$40; OP: \$100 Rx Deductible (Tier 2 / 3) \$50 / \$100 \$50 / \$100 \$50 / \$100 \$50 / \$100 \$50 / \$100 \$50 / \$100 \$50 / \$100			·				
Rx Deductible (Tier 2 / 3) \$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	KX Deductible (Tier 2 / 3)	\$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

* Gated EPO plans using Blue Access and Connection network are not intended for those residing outside of the New York service area, as PCP election needs to be in the Empire service area. The BlueCard Program is administered by the Blue Cross Blue Shield Association. ** 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. 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.

Empire Platinum EPO 500/10%/4000

4GZN

\$1,157.41 \$2,314.82 \$1,967.60 \$3,298.62

Not Offered

Not Offered

Not Offered Not Offered Not Offered Not Offered

PPO / EPO Yes No Traditional Open Pass Embedded

\$500 / \$1,500 N/A 10% N/A \$4,000 / \$8,000 N/A \$0 \$10 \$30 \$200 \$50 Ded / 10% Ded / \$300 \$30 Ded / 10% Ded / 10% Ded / 10% \$50 / \$100

\$10 / \$35 / \$70

Empire Platinum Blue Access EPO 20/0%/4600

4GGY

\$1,082.94 \$2,165.88 \$1,841.00 \$3*,*086.38

Not Offered

Not Offered

Not Offered Not Offered Not Offered Not Offered

Blue Access Yes No Traditional Open Pass

Embedded

\$0 / \$0 N/A 0% N/A \$4,600 / \$9,200 N/A \$0 \$20 \$40 \$200 \$50 \$400 \$300 \$0 \$0 O: \$0; OP: \$20 O: \$40; OP: \$100 \$50 / \$100

^{\$10 / \$35 / \$70}

The Whole Health Company

An Anthem Company

Q2 2020 New York Small Group Plans | Mid-Hudson

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

Plan Name	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	4GEL	4GQY	4GU8	4H0C	4GNC	4GPA
Premium						
Individual	\$1,021.42	\$1,212.50	\$1,164.42	\$1,142.54	\$1,093.40	\$1,080.92
Individual + Spouse	\$2,042.84	\$2,425.00	\$2,328.84	\$2,285.08	\$2,186.80	\$2,161.84
Individual + Child(ren)	\$1,736.41	\$2,061.25	\$1,979.51	\$1,942.32	\$1,858.78	\$1,837.56
Family	\$2,911.05	\$3,455.63	\$3,318.60	\$3,256.24	\$3,116.19	\$3,080.62
Plan Name	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	4HDJ	4HDS	Not Offered	Not Offered	Not Offered
Enhanced Embedded Dental and Vision Premium						
Individual	Not Offered	\$1,236.40	\$1,187.36	Not Offered	Not Offered	Not Offered
Individual + Spouse	Not Offered	\$2,472.80	\$2,374.72	Not Offered	Not Offered	Not Offered
Individual + Child(ren)	Not Offered	\$2,101.88	\$2,018.51	Not Offered	Not Offered	Not Offered
Family	Not Offered	\$3,523.74	\$3,383.98	Not Offered	Not Offered	Not Offered
Plan Details						
Network	Blue Access	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	Yes	No	No	No	No	No
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Non-Embedded Ded and Embedded OOP	Embedded	Embedded	Embedded
Plan Benefits						
INN Deductible (Ind / Fam)	\$250 / \$750	\$1,000 / \$3,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$0 / \$0	\$0 / \$0
OON Deductible (Ind / Fam)	N/A	\$3,000 / \$6,000	\$3,000 / \$6,000	\$4,000 / \$8,000	N/A	N/A
INN Coinsurance	10%	20%	10%	30%	0%	10%
OON Coinsurance	N/A	40%	40%	50%	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$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	\$11,000 / \$22,000	\$7,500 / \$15,000	\$10,000 / \$20,000	N/A	N/A
TeleHeatlh via LiveHealth Online	\$0	\$0	Ded / 0%	\$0	\$0	\$0
Primary Care Visit	\$15	\$25	Ded / 10%	\$30	\$25	\$35
Specialist Visit	\$35	\$40	Ded / 10%	\$60	\$50	\$50
Emergency Room	Ded / 10%	\$500	Ded / 10%	\$500	\$500	\$500
Urgent Care	\$50	\$75	Ded / 10%	\$75	\$100	\$100
Inpatient Facility	Ded / 10%	Ded / 20%	Ded / 10%	Ded / 30%	\$400, up to 4 days	\$500, up to 4 days
Outpatient Facility	Ded / 10%	Ded / \$250	Ded / 10%	Ded / 30%	\$400	\$500
Preferred Lab	\$30	\$30	Ded / 10%	\$30	\$0	\$0
INN Lab (Office; Outpatient)	Ded / 10%	Ded / 20%	Ded / 10%	Ded / 30%	O: \$25; OP: \$0	O: \$35; OP: \$0
INN X-Ray (Office; Outpatient)	Ded / 10%	Ded / 20%	Ded / 10%	Ded / 30%	O: \$25; OP: \$50	O: \$35; OP: \$100
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded / 10%	Ded / 20%	Ded / 10%	Ded / 30%	O: \$50; OP: \$150	O: \$50; OP: \$200
Rx Deductible (Tier 2 / 3)	\$100 / \$200	\$100 / \$200	T1-3: Med ded	\$100/\$200	\$100 / \$200	\$100/\$200
Rx Copay (Tier 1 / 2 / 3)	\$10/\$35/\$70	\$10 / \$50 / \$80	\$10/\$40/\$80	\$10/\$35/\$70	\$10 / \$50 / \$80	\$10 / \$50 / \$80

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Empire Gold EPO 750/10%/5500

4H44

\$1,051.08 \$2,102.16 \$1,786.84 \$2*,*995.58

Empire Gold EPO 750/10%/5500 WH

4HC4

\$1,075.74 \$2,151.48 \$1,828.76 \$3*,*065.86

PPO / EPO Yes No Traditional Open Pass Embedded

\$750 / \$2,250 N/A 10% N/A \$5,500 / \$11,000 N/A \$0 \$50 \$50 \$500 \$75 Ded / \$250, up to 10 days Ded / \$250 \$30 Ded / 10% Ded / 10% Ded / 10% \$100 / \$200 \$10 / \$50 / \$80

Empire Gold EPO 1000/10%/7000

4GQQ

\$1,035.72 \$2,071.44 \$1,760.72 \$2,951.80

Empire Gold EPO 1000/10%/7000 WH

4HD2

\$1,059.91 \$2,119.82 \$1,801.85 \$3,020.74

PPO / EPO Yes No Traditional Open Pass

Embedded

\$1,000 / \$3,000 N/A 10% N/A \$7,000 / \$14,000 N/A \$0 \$15 \$35 \$500 \$75 Ded / 10% Ded / \$300 \$30 Ded / 10% Ded / 10% Ded / 10% \$100 / \$200

\$15 / \$50 / \$90

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Q2 2020 New York Small Group Plans | Mid-Hudson

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

Plan Name	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	Empire Gold Blue Access EPO 1400/0%/3000 w/HSA	Empire Gold Blue Access EPO 2000/30%/7900	Empire Gold Blue Acces GEPO 1000/0%/4500
Contract Code	4GRE	4H1S	4GNU	4GPJ	4GJC	4GUG	4GF2	4GQ8
remium								
Individual	\$1,025.26	\$992.82	\$984.18	\$972.96	\$955.97	\$898.67	\$860.48	\$922.38
ndividual + Spouse	\$2,050.52	\$1,985.64	\$1,968.36	\$1,945.92	\$1,911.94	\$1,797.34	\$1,720.96	\$1,844.76
Individual + Child(ren)	\$1,742.94	\$1,687.79	\$1,673.11	\$1,654.03	\$1,625.15	\$1,527.74	\$1,462.82	\$1,568.05
Family	\$2,921.99	\$2 <i>,</i> 829.54	\$2,804.91	\$2,772.94	\$2,724.51	\$2,561.21	\$2,452.37	\$2 <i>,</i> 628.78
vlan Name	Empire Gold EPO 1250/20%/5000 WH	Empire Gold EPO 1500/10%/4000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code	4HBN	4HCL	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
nhanced Embedded Dental and Vision Premium								
Individual	\$1,048.96	\$1,016.05	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Individual + Spouse	\$2,097.92	\$2,032.10	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Individual + Child(ren)	\$1,783.23	\$1,727.29	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Family	\$2 <i>,</i> 989.54	\$2,895.74	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Plan Details								
Network	PPO / EPO	PPO / EPO	Blue Access	Blue Access	PPO / EPO	Blue Access	Blue Access	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*
Gatekeeper	No	No	No	No	No	No	No	Yes
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	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	Non-Embedded Ded and Embedded OOP	Embedded	Embedded	Embedded	Non-Embedded Ded and Non-Embedded OOP	Embedded	Embedded
lan Benefits								
INN Deductible (Ind / Fam)	\$1,250 / \$2,500	\$1,500 / \$3,000	\$0 / \$0	\$0 / \$0	\$2,000 / \$4,000	\$1,400 / \$2,800	\$2,000 / \$4,000	\$1,000 / \$3,000
DON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NN Coinsurance	20%	10%	0%	10%	30%	0%	30%	0%
DON Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NN Out of Pocket Max (Ind / Fam)	\$5,000 / \$10,000	\$4,000 / \$8,000	\$7,000 / \$14,000	\$7,000 / \$14,000	\$7,900 / \$15,800	\$3,000 / \$6,000	\$7,900 / \$15,800	\$4,500 / \$9,000
DON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
eleHeatlh via LiveHealth Online	\$0	Ded / 0%	\$0	\$0	\$0	Ded / 0%	\$0	\$0
Primary Care Visit	\$25	Ded / 10%	\$25	\$35	\$30	Ded / \$15	\$30	\$30
Specialist Visit	\$40	Ded / 10%	\$50	\$50	\$60	Ded / \$30	\$60	\$60
Emergency Room	\$400	Ded / 10%	\$500	\$500	\$500	Ded / \$300	\$500	\$500
Jrgent Care	\$75	Ded / 10%	\$100	\$100	\$75	Ded / \$30	\$75	\$75
npatient Facility	Ded / 20%	Ded / 10%	\$400, up to 4 days	\$500, up to 4 days	Ded / 30%	Ded / \$400	Ded / 30%	Ded / \$500, up to 4 day
Dutpatient Facility	Ded / \$250	Ded / 10%	\$400	\$500	Ded / 30%	Ded / \$300	Ded / 30%	Ded / \$250
Preferred Lab	\$30	Ded / 10%	\$0	\$0	\$30	Ded / \$15	\$30	\$30
NN Lab (Office; Outpatient)	Ded / 20%	Ded / 10%	O: \$25; OP: \$0	O: \$35; OP: \$0	Ded / 30%	O: Ded / \$15; OP: Ded / \$300	Ded / 30%	Ded / 0%
NN X-Ray (Office; Outpatient)	Ded / 20%	Ded / 10%	O: \$25; OP: \$50	O: \$35; OP: \$100	Ded / 30%	O: Ded / \$15; OP: Ded / \$300	Ded / 30%	Ded / 0%
NN Adv Diagnostic Imaging (Office; Outpatient)	Ded / 20%	Ded / 10%	O: \$50; OP: \$150	O: \$50; OP: \$200	Ded / 30%	O: Ded / \$30; OP: Ded / \$300	Ded / 30%	O: Ded / 0%; OP: Ded / \$1
Rx Deductible (Tier 2 / 3)	\$100 / \$200	T1-3: Med ded	\$100 / \$200	\$100 / \$200	\$100/\$200	T1-3: Med ded	\$100 / \$200	\$100 / \$200
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$50 / \$80	\$10 / \$40 / \$80	\$10 / \$50 / \$80	\$10 / \$50 / \$80	\$10 / \$35 / \$70	\$10 / \$50 / \$80	\$10 / \$35 / \$70	\$15 / \$50 / \$90

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The Whole Health Company

Q2 2020 New York Small Group Plans | Mid-Hudson

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

Plan Name	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	Empire Silver PPO 3000/0%/5250 w/HSA	Empire Silver PPO 3000/20%/6850 w/HSA
Contract Code	4GE4	4GRW	4J1N	4H6G	4GSC	4GYQ
Premium						
Individual	\$885.05	\$865.37	\$784.66	\$1,050.21	\$1,030.63	\$966.43
Individual + Spouse	\$1,770.10	\$1,730.74	\$1,569.32	\$2,100.42	\$2,061.26	\$1,932.86
	\$1,770.10	\$1,471.13		\$1,785.36	\$2,001.20	\$1,642.93
Individual + Child(ren)			\$1,333.92			
Family	\$2,522.39	\$2 <i>,</i> 466.30	\$2,236.28	\$2,993.10	\$2,937.30	\$2,754.33
Plan Name	Not Offered	Not Offered	Not Offered	Empire Silver PPO 2500/30%/8150 WH	Not Offered	Empire Silver PPO 3000/20%/6850 w/HSA WH
Contract Code	Not Offered	Not Offered	Not Offered	4HHJ	Not Offered	4HHS
Enhanced Embedded Dental and Vision Premium						
Individual	Not Offered	Not Offered	Not Offered	\$1,071.61	Not Offered	\$987.35
Individual + Spouse	Not Offered	Not Offered	Not Offered	\$2,143.22	Not Offered	\$1,974.70
Individual + Child(ren)	Not Offered	Not Offered	Not Offered	\$1,821.74	Not Offered	\$1,678.50
Family	Not Offered	Not Offered	Not Offered	\$3,054.09	Not Offered	\$2,813.95
Plan Details						
Network	Blue Access	Blue Access	Blue Access	PPO / EPO	PPO / EPO	PPO / EPO
National Access via Bluecard Program	Yes*	Yes*	Yes*	Yes	Yes	Yes
Gatekeeper	Yes	Yes	Yes	No	No	No
Formulary	Traditional Open	Traditional Open	Select	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Non-Embedded Ded and Embedded OOP
Plan Benefits						
INN Deductible (Ind / Fam)	\$0 / \$0	\$1,500 / \$3,000	\$600 / \$1,200	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,000 / \$6,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	\$4,000 / \$8,000	\$6,000 / \$12,000	\$6,000 / \$12,000
INN Coinsurance	30%	20%	0%	30%	0%	20%
OON Coinsurance	N/A	N/A	N/A	50%	30%	50%
INN Out of Pocket Max (Ind / Fam)	, \$6,000 / \$12,000	, \$6,000 / \$12,000	, \$4,000 / \$8,000	\$8,150 / \$16,300	\$5,250 / \$10,500	\$6,850 / \$13,700
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	\$10,000 / \$20,000	\$10,500 / \$21,000	\$13,700 / \$27,400
TeleHeatlh via LiveHealth Online	\$0	\$0	Ded / \$25	\$0	Ded / 0%	Ded / 0%
Primary Care Visit	\$40	\$25	Ded / \$25	\$40	Ded / \$25	Ded / \$30
Specialist Visit	\$70	\$45	Ded / \$40	\$70	Ded / \$50	Ded / \$60
Emergency Room	30%	Ded / 20%	Ded / \$150	Ded / 30%	Ded / \$300	Ded / \$500
Urgent Care	\$75	\$50	Ded / \$60	\$75	Ded / \$50	Ded / \$75
Inpatient Facility	30%	Ded / 20%	Ded / \$1,000	Ded / 30%	Ded / \$500, up to 4 days	Ded / \$500, up to 4 days
Outpatient Facility	30%	Ded / 20%	Ded / \$100	Ded / 30%	Ded / \$200 Ded / \$200	Ded / \$250
Preferred Lab	\$0	\$30	Ded / \$100	\$30	Ded / \$25	Ded / \$200
INN Lab (Office; Outpatient)	O: \$0; OP: 30%	Ded / 20%	O: Ded / \$25; OP: Ded / \$40	Ded / 30%		0 O: Ded / \$30; OP: Ded / \$250
INN X-Ray (Office; Outpatient)	O: \$0; OP: 30%	Ded / 20%	O: Ded / \$25; OP: Ded / \$40	Ded / 30%		0 O: Ded / $$30$; OP: Ded / $$250$
INN Adv Diagnostic Imaging (Office; Outpatient)	O: \$100; OP: 30%	Ded / 20%	O: Ded / \$40; OP: Ded / \$40	Ded / 30%		0 O: Ded / \$60; OP: Ded / \$250
Rx Deductible (Tier 2 / 3)	\$100 / \$200	\$150 / \$300	\$0 / \$0	\$250 / \$500	T1-3: Med ded	T1-3: Med ded
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$50 / \$70 min or 30% to \$400	\$10 / \$50 / \$80	\$10 / \$35 / \$70	\$15 / \$50 / \$80	\$10 / \$40 / \$80	\$15 / \$50 / \$90

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4	Empire Silver EPO 1600/30%/8150	Empire Silver EPO 2000/20%/6000 w/HSA
	4GWC	4H12
	\$892.72	\$881.98
	\$1,785.44	\$1,763.96
	\$1,517.62	\$1,499.37
	\$2,544.25	\$2,513.64
NН	Not Offered	Not Offered
	Not Offered	Not Offered
	Not Offered	Not Offered
	PPO / EPO	PPO / EPO
	Yes	Yes
	No	No
	Traditional Open	Traditional Open
	Pass	Pass
d	Embedded	Non-Embedded Ded and Embedded OOP
	\$1,600 / \$3,200	\$2,000 / \$4,000
	91,000 / 93,200 N/A	ν/Α
	30%	20%
	N/A	20% N/A
	\$8,150 / \$16,300	\$6,000 / \$12,000
	90,1907 910,900 N/A	90,0007 912,000 N/A
	\$0	Ded / 0%
	3 at \$35, then ded / 30%	Ded / \$25
	3 at \$35, then ded / 30%	Ded / \$50
	Ded / \$500	Ded / \$500
	Ded / \$75	Ded / \$75
'S	Ded / 30%	Ded / \$500, up to 4 days
	Ded / 30%	Ded / \$250
	Ded / 30%	Ded / \$25

- 250
- 250

\$15 / \$50 / \$80

\$250 / \$500

Ded / 30%

Ded / 30%

Ded / 30%

\$10 / \$40 / \$80

O: Ded / \$25; OP: Ded / \$250

O: Ded / \$25; OP: Ded / \$250

O: Ded / \$50; OP: Ded / \$250

T1-3: Med ded

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Q2 2020 New York Small Group Plans | Mid-Hudson

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

Plan Name	Empire Silver EPO 2500/30%/8150	Empire Silver EPO 3000/30%/8150	Empire Silver EPO 3000/0%/5250 w/HSA	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 Acc EPO 2500/30%/815
Contract Code	4GKS	4GG0	4GSL	4GYG	4H2G	4GWU	4H1A	4GJU
	401(3	4000	4031	4010	41120	4000	411174	40,0
Premium							6700.07	6700.04
Individual	\$875.74	\$875.45	\$875.35	\$842.53	\$835.62	\$803.57	\$793.87	\$788.31
Individual + Spouse	\$1,751.48	\$1,750.90	\$1,750.70	\$1,685.06	\$1,671.24	\$1,607.14	\$1,587.74	\$1,576.62
Individual + Child(ren)	\$1,488.76	\$1,488.27	\$1,488.10	\$1,432.30	\$1,420.55	\$1,366.07	\$1,349.58	\$1,340.13
Family	\$2,495.86	\$2,495.03	\$2,494.75	\$2,401.21	\$2,381.52	\$2,290.17	\$2,262.53	\$2,246.68
Plan Name	Empire Silver EPO 2500/30%/8150 WH	Not Offered	Empire Silver EPO 3000/0%/5250 w/HSA WH	Empire Silver EPO 2100/30%/6850 w/HSA WH	Empire Silver EPO I 3000/0%/6850 w/HSA WH	Not Offered	Empire Silver Blue Access EPO 2000/20%/6000 w/HSA WH	Not Offered
Contract Code	4HF6	Not Offered	4HFN	4HGC	4HGL	Not Offered	4HH2	Not Offered
Enhanced Embedded Dental and Vision Premium								
Individual	\$897.33	Not Offered	\$896.47	\$864.80	\$856.73	Not Offered	\$814.51	Not Offered
Individual + Spouse	\$1,794.66	Not Offered	\$1,792.94	\$1,729.60	\$1,713.46	Not Offered	\$1,629.02	Not Offered
Individual + Child(ren)	\$1,525.46	Not Offered	\$1,524.00	\$1,470.16	\$1,456.44	Not Offered	\$1,384.67	Not Offered
Family	\$2,557.39	Not Offered	\$2,554.94	\$2,464.68	\$2,441.68	Not Offered	\$2,321.35	Not Offered
Plan Details								
Network	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	Blue Access	Blue Access	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No	No	No	No	No
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	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	Non-Embedded Ded and	Non-Embedded Ded and	Embedded	Non-Embedded Ded and	Embedded
				Embedded OOP	Embedded OOP		Embedded OOP	
Plan Benefits								
INN Deductible (Ind / Fam)	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$2,100 / \$4,200	\$3,000 / \$6,000	\$1,600 / \$3,200	\$2,000 / \$4,000	\$2,500 / \$5,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	30%	30%	0%	30%	0%	30%	20%	30%
OON Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$8,150 / \$16,300	\$8,150 / \$16,300	\$5,250 / \$10,500	\$6,850 / \$13,700	\$6,850 / \$13,700	\$8,150 / \$16,300	\$6,000 / \$12,000	\$8,150 / \$16,300
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TeleHeatlh via LiveHealth Online	\$0	\$0	Ded / 0%	Ded / 0%	Ded / 0%	\$0	Ded / 0%	\$0
Primary Care Visit	\$40	\$30	Ded / \$25	Ded / 30%	Ded / \$25	3 at \$35, then ded / 30%	Ded / \$25	\$40
Specialist Visit	\$70	\$60	Ded / \$50	Ded / 30%	Ded / \$50	3 at \$35, then ded / 30%	Ded / \$50	\$70
Emergency Room	Ded / 30%	Ded / \$700	Ded / \$300	Ded / 30%	Ded / \$300	Ded / \$500	Ded / \$500	Ded / 30%
Urgent Care	\$75	\$75	Ded / \$50	Ded / 30%	Ded / \$75	Ded / \$75	Ded / \$75	\$75
Inpatient Facility	Ded / 30%	Ded / 30%	Ded / \$500, up to 4 days	Ded / 30%	Ded / \$500	Ded / 30%	Ded / \$500, up to 4 days	Ded / 30%
Outpatient Facility	Ded / 30%	Ded / 30%	Ded / \$200	Ded / 30%	Ded / \$200	Ded / 30%	Ded / \$250	Ded / 30%
Preferred Lab	\$30	\$30	Ded / \$25	Ded / 30%	Ded / \$25	Ded / 30%	Ded / \$25	\$30
INN Lab (Office; Outpatient)	Ded / 30%	Ded / 30%	O: Ded / \$25; OP: Ded / \$200	Ded / 30%	O: Ded / \$25; OP: Ded / \$200		O: Ded / \$25; OP: Ded / \$250	Ded / 30%
INN X-Ray (Office; Outpatient)	Ded / 30%	Ded / 30%	O: Ded / \$25; OP: Ded / \$200	Ded / 30%	O: Ded / \$25; OP: Ded / \$200		O: Ded / \$25; OP: Ded / \$250	Ded / 30%
INN Adv Diagnostic Imaging (Office; Outpatient)	, Ded / 30%	, Ded / 30%	O: Ded / \$50; OP: Ded / \$200	, Ded / 30%	O: Ded / \$50; OP: Ded / \$200		O: Ded / \$50; OP: Ded / \$250	, Ded / 30%
Rx Deductible (Tier 2 / 3)	\$250 / \$500	\$250 / \$500	T1-3: Med ded	T1-3: Med ded	T1-3: Med ded	\$250 / \$500	T1-3: Med ded	\$250 / \$500

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Q2 2020 New York Small Group Plans | Mid-Hudson

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

Plan Name	Empire Silver Blue Access EPO 3000/0%/5250 w/HSA	Empire Silver Blue Access EPO 3000/40%/8000	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 6850/0%/6850 w/HSA	Empire Bronze Blue Acc EPO 8150/0%/8150
	EPO 5000/0%/5250 W/HSA	EPO 3000/40%/8000	GEPO 4000/40%/7550	5100/50%/0850 W/HSA	5500/50%/6800 W/HSA	EPO 5500/50%/6800 W/HSA	EPO 0850/0%/0850 W/HSA	EPO 8130/0%/8130
Contract Code	4GSU	4GL0	4GHN	4GXA	4GV6	4GVN	4GXJ	4GKA
Premium								
Individual	\$788.02	\$781.40	\$753.09	\$733.32	\$730.53	\$657.59	\$650.11	\$639.74
Individual + Spouse	\$1,576.04	\$1,562.80	\$1,506.18	\$1,466.64	\$1,461.06	\$1,315.18	\$1,300.22	\$1,279.48
Individual + Child(ren)	\$1,339.63	\$1,328.38	\$1,280.25	\$1,246.64	\$1,241.90	\$1,117.90	\$1,105.19	\$1,087.56
Family	\$2,245.86	\$2,226.99	\$2,146.31	\$2,089.96	\$2,082.01	\$1,874.13	\$1,852.81	\$1,823.26
Plan Name	Not Offered	Not Offered	Not Offered	Not Offered	Empire Bronze EPO 5500/30%/6800 w/HSA WH	Not Offered	Not Offered	Not Offered
Contract Code	Not Offered	Not Offered	Not Offered	Not Offered	4HBE	Not Offered	Not Offered	Not Offered
Enhanced Embedded Dental and Vision Premium								
Individual	Not Offered	Not Offered	Not Offered	Not Offered	\$749.63	Not Offered	Not Offered	Not Offered
Individual + Spouse	Not Offered	Not Offered	Not Offered	Not Offered	\$1,499.26	Not Offered	Not Offered	Not Offered
Individual + Child(ren)	Not Offered	Not Offered	Not Offered	Not Offered	\$1,274.37	Not Offered	Not Offered	Not Offered
Family	Not Offered	Not Offered	Not Offered	Not Offered	\$2,136.45	Not Offered	Not Offered	Not Offered
Plan Details								
Network	Blue Access	Blue Access	Blue Access	PPO / EPO	PPO / EPO	Blue Access	Blue Access	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes*	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	Yes	No	No	No	No	No
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Fail	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Non-Embedded Ded and Embedded OOP	Non-Embedded Ded and Embedded OOP	Non-Embedded Ded and Embedded OOP	Non-Embedded Ded and Embedded OOP	Embedded
Plan Benefits								
INN Deductible (Ind / Fam)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,100 / \$10,200	\$5,500 / \$11,000	\$5,500 / \$11,000	\$6,850 / \$13,700	\$8,150 / \$16,300
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	0%	40%	40%	30%	30%	30%	0%	0%
OON Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$5,250 / \$10,500	\$8,000 / \$16,000	\$7,350 / \$14,700	\$6,850 / \$13,700	\$6,800 / \$13,600	\$6,800 / \$13,600	\$6,850 / \$13,700	\$8,150 / \$16,300
OON Out of Pocket Max (Ind / Fam)	ν/Α	N/A	ν/Α	N/A	ν/Α	ν/A	ν/Α	N/A
TeleHeatlh via LiveHealth Online	Ded / 0%	\$0	\$0	Ded / 0%	Ded / 0%	Ded / 0%	Ded / 0%	Ded / 0%
Primary Care Visit	Ded / \$25	\$30	\$30	Ded / \$25	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
Specialist Visit	Ded / \$50	\$75	\$30 \$70	Ded / \$75	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
Emergency Room	Ded / \$300	Ded / \$550	Ded / 40%	Ded / 30%	Ded / 50%	Ded / 50%	Ded / 0%	Ded / 0%
Urgent Care	Ded / \$50	\$80	\$70	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
Inpatient Facility	Ded / \$500, up to 4 days	Ded / 40%	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
Outpatient Facility	Ded / \$200 Ded / \$200	Ded / 40%	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
Preferred Lab	Ded / \$200	\$30	\$30	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
INN Lab (Office; Outpatient)	O: Ded / \$25; OP: Ded / \$200	530 Ded / 40%	530 Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
			Ded / 40% Ded / 40%		Ded / 30%			
INN X-Ray (Office; Outpatient)	O: Ded / \$25; OP: Ded / \$200	Ded / 40%		Ded / 30%		Ded / 30%	Ded / 0%	Ded / 0%
INN Adv Diagnostic Imaging (Office; Outpatient)	O: Ded / \$50; OP: Ded / \$200	Ded / 40%	Ded / 40%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%
Rx Deductible (Tier 2 / 3)	T1-3: Med ded	\$100 / \$200	\$250 / \$500	T1-3: Med ded	T1-3: Med ded	T1-3: Med ded	T1-3: Med ded	T1-3: Med ded
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$40 / \$80	\$15 / \$50 / \$70 min or 30% to \$400	\$15 / \$50 / \$80	\$15 / \$50 / \$90	\$10 / \$40 / \$80	\$10 / \$40 / \$80	0% / 0% / 0%	0% / 0% / 0%

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The Whole Health Company

Q2 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 Bronze Blue Access GEPO 6500/40%/8150
Contract Code	4GFJ
Premium	
Individual	\$672.95
Individual + Spouse	\$1,345.90
Individual + Child(ren)	\$1,144.02
Family	\$1,917.91
, 	
Plan Name	Not Offered
	Not Offered
Contract Code	Not Offered
Enhanced Embedded Dental and Vision Premium	
Individual	Not Offered
Individual + Spouse	Not Offered
Individual + Child(ren)	Not Offered
Family	Not Offered
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)	\$6,500 / \$13,000
OON Deductible (Ind / Fam)	N/A
INN Coinsurance	40%
OON Coinsurance	N/A
INN Out of Pocket Max (Ind / Fam)	\$8,150 / \$16,300
OON Out of Pocket Max (Ind / Fam)	N/A
TeleHeatlh via LiveHealth Online	\$0
Primary Care Visit	\$50
Specialist Visit	\$80
Emergency Room	Ded / 40%
Urgent Care	\$100
Inpatient Facility	Ded / 40%
Outpatient Facility	Ded / 40%
Preferred Lab	\$30
INN Lab (Office; Outpatient)	Ded / 40%
INN X-Ray (Office; Outpatient)	Ded / 40%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded / 40%
Rx Deductible (Tier 2 / 3)	T2-3: Med ded
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$60 / 50% to \$500

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