



## Q4 2020 New York Small Group Plans | Long Island

Region 8: Nassau and Suffolk counties

The Whole Health Company

Plan Name	Empire Platinum PPO 20/0%/3500 80th Percentile FAIR Health	Empire Platinum PPO 5/0%/2500	Empire Platinum PPO 20/0%/2500	Empire Platinum PPO 500/10%/6500	Empire Platinum EPO 5/0%/2500	Empire Platinum EPO 20/0%/2500	Empire Platinum EPO 500/10%/4000	Empire Platinum Blue Access EPO 20/0%/4600
Contract Code	4GGG	4GMN	4GZE	4GJ4	4GN4	4GH6	4GZN	4GGY

Plan Name	Empire Platinum PPO 20/0%/3500 80th Percentile FAIR Health WH	Empire Platinum PPO 5/0%/2500 WH	Empire Platinum PPO 20/0%/2500 WH	Not Offered	Empire Platinum EPO 5/0%/2500 WH	Empire Platinum EPO 20/0%/2500 WH	Not Offered	Not Offered
Contract Code	4HJ0	4H6Y	4HEY	Not Offered	4HEQ	4HE8	Not Offered	Not Offered

Plan Name	Empire Platinum PPO 20/0%/3500 80th Percentile FAIR Health WH	Empire Platinum PPO 5/0%/2500 WH	Empire Platinum PPO 20/0%/2500 WH	Not Offered	Empire Platinum EPO 5/0%/2500 WH	Empire Platinum EPO 20/0%/2500 WH	Not Offered	Not Offered
Contract Code	4HJ0	4H6Y	4HEY	Not Offered	4HEQ	4HE8	Not Offered	Not Offered

### Enhanced Embedded Dental and Vision Premium

Individual	\$1,616.03	\$1,514.04	\$1,489.95	Not Offered	\$1,278.88	\$1,257.31	Not Offered	Not Offered
Individual + Spouse	\$3,232.06	\$3,028.08	\$2,979.90	Not Offered	\$2,557.76	\$2,514.62	Not Offered	Not Offered
Individual + Child(ren)	\$2,747.25	\$2,573.87	\$2,532.92	Not Offered	\$2,174.10	\$2,137.43	Not Offered	Not Offered
Family	\$4,605.69	\$4,315.01	\$4,246.36	Not Offered	\$3,644.81	\$3,583.33	Not Offered	Not Offered

### Plan Details

Network	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	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
Formulary	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)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$500 / \$1,500	\$0 / \$0	\$0 / \$0	\$500 / \$1,500	\$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	N/A	N/A
INN Coinsurance	0%	0%	0%	10%	0%	0%	10%	0%
OON Coinsurance	30%	30%	30%	30%	N/A	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$3,500 / \$7,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$6,500 / \$13,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$4,000 / \$8,000	\$4,600 / \$9,200
OON Out of Pocket Max (Ind / Fam)	\$10,500 / \$21,000	\$5,000 / \$10,000	\$7,500 / \$15,000	\$13,000 / \$26,000	N/A	N/A	N/A	N/A
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	\$20	\$5	\$20	\$10	\$5	\$20	\$10	\$20
Specialist Visit	\$40	\$15	\$40	\$20	\$15	\$40	\$30	\$40
Emergency Room	\$200	\$200	\$200	\$250	\$200	\$200	\$200	\$200
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Inpatient Facility	\$400	\$200	\$400	Ded / 10%	\$200	\$400	Ded / 10%	\$400
Outpatient Facility	\$300	\$100	\$300	Ded / 10%	\$100	\$300	Ded / \$300	\$300
Preferred Lab	\$0	\$0	\$0	\$10	\$0	\$0	\$10	\$0
INN Lab (Office; Outpatient)	\$0	\$0	\$0	Ded / 10%	\$0	\$0	Ded / 10%	\$0
INN X-Ray (Office; Outpatient)	O: \$0; OP: \$20	O: \$0; OP: \$20	O: \$0; OP: \$20	Ded / 10%	O: \$0; OP: \$20	O: \$0; OP: \$20	Ded / 10%	O: \$0; OP: \$20
INN Adv Diagnostic Imaging (Office; Outpatient)	O: \$40; OP: \$100	O: \$15; OP: \$100	O: \$40; OP: \$100	Ded / 10%	O: \$15; OP: \$100	O: \$40; OP: \$100	Ded / 10%	O: \$40; OP: \$100
Rx Deductible (Tier 2 / 3)	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100	\$50 / \$100
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$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.



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Region 8: Nassau and Suffolk counties

The Whole Health Company

Plan Name	Empire Platinum Connection EPO 15/0%/2500	Empire Platinum Connection EPO 20/0%/4600	Empire Platinum Blue Access GEPO 250/10%/3000	Empire Platinum Connection GEPO 15/0%/2500	Empire Platinum Connection GEPO 250/10%/3000	Empire Gold PPO 1000/20%/5500	Empire Gold PPO 1500/10%/4000 w/HSA	Empire Gold PPO 2000/30%/7900
Contract Code	4GYG	4H4L	4GEL	4GZ6	4H4U	4GQY	4GU8	4HOC

### Premium

Individual	\$1,006.80	\$1,002.63	\$1,033.81	\$976.79	\$946.00	\$1,227.20	\$1,178.54	\$1,156.39
Individual + Spouse	\$2,013.60	\$2,005.26	\$2,067.62	\$1,953.58	\$1,892.00	\$2,454.40	\$2,357.08	\$2,312.78
Individual + Child(ren)	\$1,711.56	\$1,704.47	\$1,757.48	\$1,660.54	\$1,608.20	\$2,086.24	\$2,003.52	\$1,965.86
Family	\$2,869.38	\$2,857.50	\$2,946.36	\$2,783.85	\$2,696.10	\$3,497.52	\$3,358.84	\$3,295.71

Plan Name	Empire Platinum Connection EPO 15/0%/2500 WH	Empire Platinum Connection EPO 20/0%/4600 WH	Not Offered	Empire Platinum Connection GEPO 15/0%/2500 WH	Empire Platinum Connection GEPO 250/10%/3000 WH	Empire Gold PPO 1000/20%/5500 WH	Empire Gold PPO 1500/10%/4000 w/HSA WH	Not Offered
Contract Code	4H9S	4HA0	Not Offered	4HA8	4HAG	4HDJ	4HDS	Not Offered

### Enhanced Embedded Dental and Vision Premium

Individual	\$1,029.73	\$1,025.55	Not Offered	\$999.71	\$968.43	\$1,251.39	\$1,201.75	Not Offered
Individual + Spouse	\$2,059.46	\$2,051.10	Not Offered	\$1,999.42	\$1,936.86	\$2,502.78	\$2,403.50	Not Offered
Individual + Child(ren)	\$1,750.54	\$1,743.44	Not Offered	\$1,699.51	\$1,646.33	\$2,127.36	\$2,042.98	Not Offered
Family	\$2,934.73	\$2,922.82	Not Offered	\$2,849.17	\$2,760.03	\$3,566.46	\$3,424.99	Not Offered

### Plan Details

Network	Connection	Connection	Blue Access	Connection	Connection	PPO / EPO	PPO / EPO	PPO / EPO
National Access via Bluecard Program	Yes	Yes	Yes	Yes*	Yes*	Yes	Yes	Yes
Gatekeeper	No	No	Yes	Yes	Yes	No	No	No
Formulary	Select	Select	Traditional Open	Select	Select	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	Non-Embedded Ded and Embedded OOP	Embedded

### Plan Benefits

INN Deductible (Ind / Fam)	\$0 / \$0	\$0 / \$0	\$250 / \$750	\$0 / \$0	\$250 / \$750	\$1,000 / \$3,000	\$1,500 / \$3,000	\$2,000 / \$4,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	\$3,000 / \$6,000	\$3,000 / \$6,000	\$4,000 / \$8,000
INN Coinsurance	0%	0%	10%	0%	10%	20%	10%	30%
OON Coinsurance	N/A	N/A	N/A	N/A	N/A	40%	40%	50%
INN Out of Pocket Max (Ind / Fam)	\$2,500 / \$5,000	\$4,600 / \$9,200	\$3,000 / \$6,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$5,500 / \$11,000	\$4,000 / \$8,000	\$7,900 / \$15,800
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	\$11,000 / \$22,000	\$7,500 / \$15,000	\$10,000 / \$20,000
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	\$0	Ded / 0%	\$0
Primary Care Visit	\$15	\$20	\$15	\$15	\$15	\$25	Ded / 10%	\$30
Specialist Visit	\$30	\$40	\$35	\$30	\$35	\$40	Ded / 10%	\$60
Emergency Room	\$200	\$200	Ded / 10%	\$200	Ded / 10%	\$500	Ded / 10%	\$500
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$75	Ded / 10%	\$75
Inpatient Facility	\$200, up to 4 days	\$400	Ded / 10%	\$200, up to 4 days	Ded / 10%	Ded / 20%	Ded / 10%	Ded / 30%
Outpatient Facility	\$500	\$300	Ded / 10%	\$500	Ded / 10%	Ded / \$250	Ded / 10%	Ded / 30%
Preferred Lab	\$0	\$0	\$15	\$0	\$15	\$25	Ded / 10%	\$30
INN Lab (Office; Outpatient)	\$0	\$0	Ded / 10%	\$0	Ded / 10%	Ded / 20%	Ded / 10%	Ded / 30%
INN X-Ray (Office; Outpatient)	O: \$0; OP: \$20	O: \$0; OP: \$20	Ded / 10%	O: \$0; OP: \$20	Ded / 10%	Ded / 20%	Ded / 10%	Ded / 30%
INN Adv Diagnostic Imaging (Office; Outpatient)	O: \$30; OP: \$120	O: \$40; OP: \$100	Ded / 10%	O: \$30; OP: \$120	Ded / 10%	Ded / 20%	Ded / 10%	Ded / 30%
Rx Deductible (Tier 2 / 3)	\$100 / \$200	\$50 / \$100	\$100 / \$200	\$100 / \$200	\$100 / \$200	\$100 / \$200	T1-3: Med ded	\$100 / \$200
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$50 / \$90	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$50 / \$90	\$10 / \$35 / \$70	\$10 / \$50 / \$80	\$10 / \$40 / \$80	\$10 / \$35 / \$70

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Region 8: Nassau and Suffolk counties

The Whole Health Company

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

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

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

### Enhanced Embedded Dental and Vision Premium

Individual	Not Offered	Not Offered	\$1,088.78	\$1,072.76	\$1,061.68	\$1,028.37	Not Offered	Not Offered
Individual + Spouse	Not Offered	Not Offered	\$2,177.56	\$2,145.52	\$2,123.36	\$2,056.74	Not Offered	Not Offered
Individual + Child(ren)	Not Offered	Not Offered	\$1,850.93	\$1,823.69	\$1,804.86	\$1,748.23	Not Offered	Not Offered
Family	Not Offered	Not Offered	\$3,103.02	\$3,057.37	\$3,025.79	\$2,930.85	Not Offered	Not Offered

### Plan Details

Network	PPO / EPO	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					
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Non-Embedded Ded and Embedded OOP	Embedded	Embedded

### Plan Benefits

INN Deductible (Ind / Fam)	\$0 / \$0	\$0 / \$0	\$750 / \$2,250	\$1,000 / \$3,000	\$1,250 / \$2,500	\$1,500 / \$3,000	\$0 / \$0	\$0 / \$0
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	0%	10%	10%	10%	20%	10%	0%	10%
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)	\$7,000 / \$14,000	\$7,000 / \$14,000	\$5,500 / \$11,000	\$7,000 / \$14,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$7,000 / \$14,000	\$7,000 / \$14,000
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	Ded / 0%	\$0	\$0
Primary Care Visit	\$25	\$35	\$50	\$15	\$25	Ded / 10%	\$25	\$35
Specialist Visit	\$50	\$50	\$50	\$35	\$40	Ded / 10%	\$50	\$50
Emergency Room	\$500	\$500	\$500	\$500	\$400	Ded / 10%	\$500	\$500
Urgent Care	\$100	\$100	\$75	\$75	\$75	Ded / 10%	\$100	\$100
Inpatient Facility	\$400, up to 4 days	\$500, up to 4 days	Ded / \$250, up to 10 days	Ded / 10%	Ded / 20%	Ded / 10%	\$400, up to 4 days	\$500, up to 4 days
Outpatient Facility	\$400	\$500	Ded / \$250	Ded / \$300	Ded / \$250	Ded / 10%	\$400	\$500
Preferred Lab	\$0	\$0	\$50	\$15	\$25	Ded / 10%	\$0	\$0
INN Lab (Office; Outpatient)	O: \$25; OP: \$0	O: \$35; OP: \$0	Ded / 10%	Ded / 10%	Ded / 20%	Ded / 10%	O: \$25; OP: \$0	O: \$35; OP: \$0
INN X-Ray (Office; Outpatient)	O: \$25; OP: \$50	O: \$35; OP: \$100	Ded / 10%	Ded / 10%	Ded / 20%	Ded / 10%	O: \$25; OP: \$50	O: \$35; OP: \$100
INN Adv Diagnostic Imaging (Office; Outpatient)	O: \$50; OP: \$150	O: \$50; OP: \$200	Ded / 10%	Ded / 10%	Ded / 20%	Ded / 10%	O: \$50; OP: \$150	O: \$50; OP: \$200
Rx Deductible (Tier 2 / 3)	\$100 / \$200	\$100 / \$200	\$100 / \$200	\$100 / \$200	\$100 / \$200	T1-3: Med ded	\$100 / \$200	\$100 / \$200
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$50 / \$80	\$10 / \$50 / \$80	\$10 / \$50 / \$80	\$15 / \$50 / \$90	\$10 / \$50 / \$80	\$10 / \$40 / \$80	\$10 / \$50 / \$80	\$10 / \$50 / \$80

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# Q4 2020 New York Small Group Plans | Long Island

Region 8: Nassau and Suffolk counties

The Whole Health Company

Plan Name	Empire Gold EPO 2000/30%/7900	Empire Gold Connection EPO 25/0%/7000	Empire Gold Blue Access EPO 1400/0%/3000 w/HSA	Empire Gold Connection EPO 35/10%/7000	Empire Gold Blue Access EPO 2000/30%/7900	Empire Gold Connection EPO 1400/0%/3000 w/HSA	Empire Gold Connection EPO 2000/30%/7900	Empire Gold Blue Access GEPO 1000/0%/4500
Contract Code	4GJC	4H5J	4GUG	4H5S	4GF2	4H52	4H5A	4GQ8

Plan Name	Empire Gold EPO 2000/30%/7900	Empire Gold Connection EPO 25/0%/7000	Empire Gold Blue Access EPO 1400/0%/3000 w/HSA	Empire Gold Connection EPO 35/10%/7000	Empire Gold Blue Access EPO 2000/30%/7900	Empire Gold Connection EPO 1400/0%/3000 w/HSA	Empire Gold Connection EPO 2000/30%/7900	Empire Gold Blue Access GEPO 1000/0%/4500
Individual	\$967.56	\$911.71	\$909.57	\$901.41	\$870.91	\$832.93	\$797.87	\$933.56
Individual + Spouse	\$1,935.12	\$1,823.42	\$1,819.14	\$1,802.82	\$1,741.82	\$1,665.86	\$1,595.74	\$1,867.12
Individual + Child(ren)	\$1,644.85	\$1,549.91	\$1,546.27	\$1,532.40	\$1,480.55	\$1,415.98	\$1,356.38	\$1,587.05
Family	\$2,757.55	\$2,598.37	\$2,592.27	\$2,569.02	\$2,482.09	\$2,373.85	\$2,273.93	\$2,660.65

Plan Name	Not Offered	Empire Gold Connection EPO 25/0%/7000 WH	Not Offered	Empire Gold Connection EPO 35/10%/7000 WH	Not Offered	Empire Gold Connection EPO 1400/0%/3000 w/HSA WH	Empire Gold Connection EPO 2000/30%/7900 WH	Not Offered
Contract Code	Not Offered	4H8C	Not Offered	4H8L	Not Offered	4H7W	4H84	Not Offered

## Enhanced Embedded Dental and Vision Premium

Individual	Not Offered	\$934.73	Not Offered	\$924.33	Not Offered	\$853.43	\$817.49	Not Offered
Individual + Spouse	Not Offered	\$1,869.46	Not Offered	\$1,848.66	Not Offered	\$1,706.86	\$1,634.98	Not Offered
Individual + Child(ren)	Not Offered	\$1,589.04	Not Offered	\$1,571.36	Not Offered	\$1,450.83	\$1,389.73	Not Offered
Family	Not Offered	\$2,663.98	Not Offered	\$2,634.34	Not Offered	\$2,432.28	\$2,329.85	Not Offered

## Plan Details

Network	PPO / EPO	Connection	Blue Access	Connection	Blue Access	Connection	Connection	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	Select	Traditional Open	Select	Traditional Open	Select	Select	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Non-Embedded Ded and Non-Embedded OOP	Embedded	Embedded	Non-Embedded Ded and Non-Embedded OOP	Embedded	Embedded

## Plan Benefits

INN Deductible (Ind / Fam)	\$2,000 / \$4,000	\$0 / \$0	\$1,400 / \$2,800	\$0 / \$0	\$2,000 / \$4,000	\$1,400 / \$2,800	\$2,000 / \$4,000	\$1,000 / \$3,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	30%	0%	0%	10%	30%	0%	30%	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)	\$7,900 / \$15,800	\$7,000 / \$14,000	\$3,000 / \$6,000	\$7,000 / \$14,000	\$7,900 / \$15,800	\$3,000 / \$6,000	\$7,900 / \$15,800	\$4,500 / \$9,000
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TeleHealth via LiveHealth Online	\$0	\$0	Ded / 0%	\$0	\$0	Ded / 0%	\$0	\$0
Primary Care Visit	\$30	\$25	Ded / \$15	\$35	\$30	Ded / \$15	\$30	\$30
Specialist Visit	\$60	\$50	Ded / \$30	\$50	\$60	Ded / \$30	\$60	\$60
Emergency Room	\$500	\$500	Ded / \$300	\$500	\$500	Ded / \$300	\$500	\$500
Urgent Care	\$75	\$100	Ded / \$30	\$100	\$75	Ded / \$30	\$75	\$75
Inpatient Facility	Ded / 30%	\$400, up to 4 days	Ded / \$400	\$500, up to 4 days	Ded / 30%	Ded / \$400	Ded / 30%	Ded / \$500, up to 4 days
Outpatient Facility	Ded / 30%	\$400	Ded / \$300	\$500	Ded / 30%	Ded / \$300	Ded / 30%	Ded / \$250
Preferred Lab	\$30	\$0	Ded / \$15	\$0	\$30	Ded / \$15	\$30	\$30
INN Lab (Office; Outpatient)	Ded / 30%	O: \$25; OP: \$0	O: Ded / \$15; OP: Ded / \$300	O: \$35; OP: \$0	Ded / 30%	O: Ded / \$15; OP: Ded / \$300	Ded / 30%	Ded / 0%
INN X-Ray (Office; Outpatient)	Ded / 30%	O: \$25; OP: \$50	O: Ded / \$15; OP: Ded / \$300	O: \$35; OP: \$100	Ded / 30%	O: Ded / \$15; OP: Ded / \$300	Ded / 30%	Ded / 0%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded / 30%	O: \$50; OP: \$150	O: Ded / \$30; OP: Ded / \$300	O: \$50; OP: \$200	Ded / 30%	O: Ded / \$30; OP: Ded / \$300	Ded / 30%	O: Ded / 0%; OP: Ded / \$100
Rx Deductible (Tier 2 / 3)	\$100 / \$200	\$100 / \$200	T1-3: Med ded	\$100 / \$200	\$100 / \$200	T1-3: Med ded	\$100 / \$200	\$100 / \$200
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$35 / \$70	\$10 / \$50 / \$80	\$10 / \$50 / \$80	\$10 / \$50 / \$80	\$10 / \$35 / \$70	\$10 / \$50 / \$80	\$10 / \$35 / \$70	\$15 / \$50 / \$90

\* 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.



## Q4 2020 New York Small Group Plans | Long Island

Region 8: Nassau and Suffolk counties

The Whole Health Company

Plan Name	Empire Gold Blue Access GEPO 40/30%/6000	Empire Gold Blue Access GEPO 1500/20%/6000	Empire Gold Connection GEPO 1000/0%/4500	Empire Gold Connection GEPO 1250/20%/5500	Empire Gold Connection GEPO 40/30%/6000	Empire Gold Connection GEPO 1500/20%/6000	Empire Gold Healthy New York Blue Access GEPO 600/0%/4000	Empire Silver PPO 2500/30%/8150
Contract Code	4GE4	4GRW	4H60	4H0L	4H04	4H68	4J1N	4H6G

Plan Name	Not Offered	Not Offered	Empire Gold Connection GEPO 1000/0%/4500 WH	Empire Gold Connection GEPO 1250/20%/5500 WH	Empire Gold Connection GEPO 40/30%/6000 WH	Empire Gold Connection GEPO 1500/20%/6000 WH	Not Offered	Empire Silver PPO 2500/30%/8150 WH
Contract Code	Not Offered	Not Offered	4H8U	4H92	4H9J	4H9A	Not Offered	4HHJ

Plan Name	Not Offered	Not Offered	Empire Gold Connection GEPO 1000/0%/4500 WH	Empire Gold Connection GEPO 1250/20%/5500 WH	Empire Gold Connection GEPO 40/30%/6000 WH	Empire Gold Connection GEPO 1500/20%/6000 WH	Not Offered	Empire Silver PPO 2500/30%/8150 WH
Contract Code	Not Offered	Not Offered	4H8U	4H92	4H9J	4H9A	Not Offered	4HHJ

### Enhanced Embedded Dental and Vision Premium

Individual	Not Offered	Not Offered	\$875.96	\$844.49	\$843.32	\$822.63	Not Offered	\$1,084.61
Individual + Spouse	Not Offered	Not Offered	\$1,751.92	\$1,688.98	\$1,686.64	\$1,645.26	Not Offered	\$2,169.22
Individual + Child(ren)	Not Offered	Not Offered	\$1,489.13	\$1,435.63	\$1,433.64	\$1,398.47	Not Offered	\$1,843.84
Family	Not Offered	Not Offered	\$2,496.49	\$2,406.80	\$2,403.46	\$2,344.50	Not Offered	\$3,091.14

### Plan Details

Network	Blue Access	Blue Access	Connection	Connection	Connection	Connection	Blue Access	PPO / EPO
National Access via Bluecard Program	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes
Gatekeeper	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Formulary	Traditional Open	Traditional Open	Select	Select	Select	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)	\$0 / \$0	\$1,500 / \$3,000	\$1,000 / \$3,000	\$1,250 / \$2,500	\$0 / \$0	\$1,500 / \$3,000	\$600 / \$1,200	\$2,500 / \$5,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$4,000 / \$8,000
INN Coinsurance	30%	20%	0%	20%	30%	20%	0%	30%
OON Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
INN Out of Pocket Max (Ind / Fam)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$4,500 / \$9,000	\$5,500 / \$11,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,150 / \$16,300
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$10,000 / \$20,000
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	\$0	Ded / \$25	\$0
Primary Care Visit	\$40	\$25	\$30	\$25	\$40	\$25	Ded / \$25	\$40
Specialist Visit	\$70	\$45	\$60	\$40	\$70	\$45	Ded / \$40	\$70
Emergency Room	30%	Ded / 20%	\$500	\$500	30%	Ded / 20%	Ded / \$150	Ded / 30%
Urgent Care	\$75	\$50	\$75	\$65	\$75	\$50	Ded / \$60	\$75
Inpatient Facility	30%	Ded / 20%	Ded / \$500, up to 4 days	Ded / 20%	30%	Ded / 20%	Ded / \$1,000	Ded / 30%
Outpatient Facility	30%	Ded / 20%	Ded / \$250	Ded / \$500	30%	Ded / 20%	Ded / \$100	Ded / 30%
Preferred Lab	\$0	\$25	\$30	\$25	\$0	\$25	Ded / \$25	\$40
INN Lab (Office; Outpatient)	O: \$0; OP: 30%	Ded / 20%	Ded / 0%	Ded / 20%	O: \$0; OP: 30%	Ded / 20%	O: Ded / \$25; OP: Ded / \$40	Ded / 30%
INN X-Ray (Office; Outpatient)	O: \$0; OP: 30%	Ded / 20%	Ded / 0%	Ded / 20%	O: \$0; OP: 30%	Ded / 20%	O: Ded / \$25; OP: Ded / \$40	Ded / 30%
INN Adv Diagnostic Imaging (Office; Outpatient)	O: \$100; OP: 30%	Ded / 20%	O: Ded / 0%; OP: Ded / \$100	Ded / 20%	O: \$100; OP: 30%	Ded / 20%	O: Ded / \$40; OP: Ded / \$40	Ded / 30%
Rx Deductible (Tier 2 / 3)	\$100 / \$200	\$150 / \$300	\$100 / \$200	\$100 / \$200	\$100 / \$200	\$150 / \$300	\$0 / \$0	\$250 / \$500
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$50 / \$70 min or 30% to \$400	\$10 / \$50 / \$80	\$15 / \$50 / \$90	\$10 / \$50 / \$80	\$15 / \$50 / \$70 min or 30% to \$400	\$10 / \$50 / \$80	\$10 / \$35 / \$70	\$15 / \$50 / \$80

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## Q4 2020 New York Small Group Plans | Long Island

Region 8: Nassau and Suffolk counties

The Whole Health Company

Plan Name	Empire Silver PPO 3000/0%/5250 w/HSA	Empire Silver PPO 3000/20%/6850 w/HSA	Empire Silver EPO 1600/30%/8150	Empire Silver EPO 2000/20%/6000 w/HSA	Empire Silver EPO 2500/30%/8150	Empire Silver EPO 3000/30%/8150	Empire Silver EPO 3000/0%/5250 w/HSA	Empire Silver EPO 2100/30%/6850 w/HSA
Contract Code	4GSC	4GYQ	4GWC	4H12	4GKS	4GG0	4GSL	4GYG

Plan Name	Not Offered	Empire Silver PPO 3000/20%/6850 w/HSA WH	Not Offered	Not Offered	Empire Silver EPO 2500/30%/8150 WH	Not Offered	Empire Silver EPO 3000/0%/5250 w/HSA WH	Empire Silver EPO 2100/30%/6850 w/HSA WH
Contract Code	Not Offered	4HHS	Not Offered	Not Offered	4HF6	Not Offered	4HFN	4HGC

Plan Name	Not Offered	Empire Silver PPO 3000/20%/6850 w/HSA WH	Not Offered	Not Offered	Empire Silver EPO 2500/30%/8150 WH	Not Offered	Empire Silver EPO 3000/0%/5250 w/HSA WH	Empire Silver EPO 2100/30%/6850 w/HSA WH
Contract Code	Not Offered	4HHS	Not Offered	Not Offered	4HF6	Not Offered	4HFN	4HGC

### Enhanced Embedded Dental and Vision Premium

Individual	Not Offered	\$999.32	Not Offered	Not Offered	\$908.21	Not Offered	\$907.34	\$875.28
Individual + Spouse	Not Offered	\$1,998.64	Not Offered	Not Offered	\$1,816.42	Not Offered	\$1,814.68	\$1,750.56
Individual + Child(ren)	Not Offered	\$1,698.84	Not Offered	Not Offered	\$1,543.96	Not Offered	\$1,542.48	\$1,487.98
Family	Not Offered	\$2,848.06	Not Offered	Not Offered	\$2,588.40	Not Offered	\$2,585.92	\$2,494.55

### Plan Details

Network	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO	PPO / EPO
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	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	Non-Embedded Ded and Embedded OOP	Embedded	Non-Embedded Ded and Embedded OOP	Embedded	Embedded	Embedded	Non-Embedded Ded and Embedded OOP

### Plan Benefits

INN Deductible (Ind / Fam)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,600 / \$3,200	\$2,000 / \$4,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$2,100 / \$4,200
OON Deductible (Ind / Fam)	\$6,000 / \$12,000	\$6,000 / \$12,000	N/A	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	0%	20%	30%	20%	30%	30%	0%	30%
OON Coinsurance	30%	50%	N/A	N/A	N/A	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$5,250 / \$10,500	\$6,850 / \$13,700	\$8,150 / \$16,300	\$6,000 / \$12,000	\$8,150 / \$16,300	\$8,150 / \$16,300	\$5,250 / \$10,500	\$6,850 / \$13,700
OON Out of Pocket Max (Ind / Fam)	\$10,500 / \$21,000	\$13,700 / \$27,400	N/A	N/A	N/A	N/A	N/A	N/A
TeleHealth via LiveHealth Online	Ded / 0%	Ded / 0%	\$0	Ded / 0%	\$0	\$0	Ded / 0%	Ded / 0%
Primary Care Visit	Ded / \$25	Ded / \$30	3 at \$35, then ded / 30%	Ded / \$25	\$40	\$30	Ded / \$25	Ded / 30%
Specialist Visit	Ded / \$50	Ded / \$60	3 at \$35, then ded / 30%	Ded / \$50	\$70	\$60	Ded / \$50	Ded / 30%
Emergency Room	Ded / \$300	Ded / \$500	Ded / \$500	Ded / \$500	Ded / 30%	Ded / \$700	Ded / \$300	Ded / 30%
Urgent Care	Ded / \$50	Ded / \$75	Ded / \$75	Ded / \$75	\$75	\$75	Ded / \$50	Ded / 30%
Inpatient Facility	Ded / \$500, up to 4 days	Ded / \$500, up to 4 days	Ded / 30%	Ded / \$500, up to 4 days	Ded / 30%	Ded / 30%	Ded / \$500, up to 4 days	Ded / 30%
Outpatient Facility	Ded / \$200	Ded / \$250	Ded / 30%	Ded / \$250	Ded / 30%	Ded / 30%	Ded / \$200	Ded / 30%
Preferred Lab	Ded / \$25	Ded / \$30	Ded / 30%	Ded / \$25	\$40	\$30	Ded / \$25	Ded / 30%
INN Lab (Office; Outpatient)	O: Ded / \$25; OP: Ded / \$200	O: Ded / \$30; OP: Ded / \$250	Ded / 30%	O: Ded / \$25; OP: Ded / \$250	Ded / 30%	Ded / 30%	O: Ded / \$25; OP: Ded / \$200	Ded / 30%
INN X-Ray (Office; Outpatient)	O: Ded / \$25; OP: Ded / \$200	O: Ded / \$30; OP: Ded / \$250	Ded / 30%	O: Ded / \$25; OP: Ded / \$250	Ded / 30%	Ded / 30%	O: Ded / \$25; OP: Ded / \$200	Ded / 30%
INN Adv Diagnostic Imaging (Office; Outpatient)	O: Ded / \$50; OP: Ded / \$200	O: Ded / \$60; OP: Ded / \$250	Ded / 30%	O: Ded / \$50; OP: Ded / \$250	Ded / 30%	Ded / 30%	O: Ded / \$50; OP: Ded / \$200	Ded / 30%
Rx Deductible (Tier 2 / 3)	T1-3: Med ded	T1-3: Med ded	\$250 / \$500	T1-3: Med ded	\$250 / \$500	\$250 / \$500	T1-3: Med ded	T1-3: Med ded
Rx Copay (Tier 1 / 2 / 3)	\$10 / \$40 / \$80	\$15 / \$50 / \$90	\$15 / \$50 / \$80	\$10 / \$40 / \$80	\$15 / \$50 / \$80	\$15 / \$50 / \$80	\$10 / \$40 / \$80	\$15 / \$50 / \$90

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# Q4 2020 New York Small Group Plans | Long Island

Region 8: Nassau and Suffolk counties

The Whole Health Company

Plan Name	Empire Silver EPO 3000/0%/6850 w/HSA	Empire Silver Blue Access EPO 1600/30%/8150	Empire Silver Blue Access EPO 2000/20%/6000 w/HSA	Empire Silver Blue Access EPO 2500/30%/8150	Empire Silver Blue Access EPO 3000/0%/5250 w/HSA	Empire Silver Blue Access EPO 3000/40%/8000	Empire Silver Connection EPO 2500/30%/8150	Empire Silver Connection EPO 3000/0%/6850 w/HSA
Contract Code	4H2G	4GWU	4H1A	4GJU	4GSU	4GL0	523N	4H2Y

Plan Name	Empire Silver EPO 3000/0%/6850 w/HSA	Empire Silver Blue Access EPO 1600/30%/8150	Empire Silver Blue Access EPO 2000/20%/6000 w/HSA	Empire Silver Blue Access EPO 2500/30%/8150	Empire Silver Blue Access EPO 3000/0%/5250 w/HSA	Empire Silver Blue Access EPO 3000/40%/8000	Empire Silver Connection EPO 2500/30%/8150	Empire Silver Connection EPO 3000/0%/6850 w/HSA
Individual	\$845.75	\$813.31	\$803.50	\$797.87	\$797.57	\$790.87	\$729.77	\$698.01
Individual + Spouse	\$1,691.50	\$1,626.62	\$1,607.00	\$1,595.74	\$1,595.14	\$1,581.74	\$1,459.54	\$1,396.02
Individual + Child(ren)	\$1,437.78	\$1,382.63	\$1,365.95	\$1,356.38	\$1,355.87	\$1,344.48	\$1,240.61	\$1,186.62
Family	\$2,410.39	\$2,317.93	\$2,289.98	\$2,273.93	\$2,273.07	\$2,253.98	\$2,079.84	\$1,989.33

Plan Name	Empire Silver EPO 3000/0%/6850 w/HSA WH	Not Offered	Empire Silver Blue Access EPO 2000/20%/6000 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Silver Connection EPO 2500/30%/8150 WH	Empire Silver Connection EPO 3000/0%/6850 w/HSA WH
Contract Code	4HGL	Not Offered	4HH2	Not Offered	Not Offered	Not Offered	523E	4HAQ

### Enhanced Embedded Dental and Vision Premium

Individual	\$867.12	Not Offered	\$824.38	Not Offered	Not Offered	Not Offered	\$748.72	\$716.56
Individual + Spouse	\$1,734.24	Not Offered	\$1,648.76	Not Offered	Not Offered	Not Offered	\$1,497.44	\$1,433.12
Individual + Child(ren)	\$1,474.10	Not Offered	\$1,401.45	Not Offered	Not Offered	Not Offered	\$1,272.82	\$1,218.15
Family	\$2,471.29	Not Offered	\$2,349.48	Not Offered	Not Offered	Not Offered	\$2,133.85	\$2,042.20

### Plan Details

Network	PPO / EPO	Blue Access	Blue Access	Blue Access	Blue Access	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
Formulary	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Select	Select
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Non-Embedded Ded and Embedded OOP	Embedded	Non-Embedded Ded and Embedded OOP	Embedded	Embedded	Embedded	Embedded	Non-Embedded Ded and Embedded OOP

### Plan Benefits

INN Deductible (Ind / Fam)	\$3,000 / \$6,000	\$1,600 / \$3,200	\$2,000 / \$4,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$2,500 / \$5,000	\$3,000 / \$6,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INN Coinsurance	0%	30%	20%	30%	0%	40%	30%	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)	\$6,850 / \$13,700	\$8,150 / \$16,300	\$6,000 / \$12,000	\$8,150 / \$16,300	\$5,250 / \$10,500	\$8,000 / \$16,000	\$8,150 / \$16,300	\$6,850 / \$13,700
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TeleHealth via LiveHealth Online	Ded / 0%	\$0	Ded / 0%	\$0	Ded / 0%	\$0	\$0	Ded / 0%
Primary Care Visit	Ded / \$25	3 at \$35, then ded / 30%	Ded / \$25	\$40	Ded / \$25	\$30	\$40	Ded / \$25
Specialist Visit	Ded / \$50	3 at \$35, then ded / 30%	Ded / \$50	\$70	Ded / \$50	\$75	\$70	Ded / \$50
Emergency Room	Ded / \$300	Ded / \$500	Ded / \$500	Ded / 30%	Ded / \$300	Ded / \$550	Ded / 30%	Ded / \$300
Urgent Care	Ded / \$75	Ded / \$75	Ded / \$75	\$75	Ded / \$50	\$80	\$75	Ded / \$75
Inpatient Facility	Ded / \$500	Ded / 30%	Ded / \$500, up to 4 days	Ded / 30%	Ded / \$500, up to 4 days	Ded / 40%	Ded / 30%	Ded / \$500
Outpatient Facility	Ded / \$200	Ded / 30%	Ded / \$250	Ded / 30%	Ded / \$200	Ded / 40%	Ded / 30%	Ded / \$200
Preferred Lab	Ded / \$25	Ded / 30%	Ded / \$25	\$40	Ded / \$25	\$30	\$40	Ded / \$25
INN Lab (Office; Outpatient)	O: Ded / \$25; OP: Ded / \$200	Ded / 30%	O: Ded / \$25; OP: Ded / \$250	Ded / 30%	O: Ded / \$25; OP: Ded / \$200	Ded / 40%	Ded / 30%	O: Ded / \$25; OP: Ded / \$200
INN X-Ray (Office; Outpatient)	O: Ded / \$25; OP: Ded / \$200	Ded / 30%	O: Ded / \$25; OP: Ded / \$250	Ded / 30%	O: Ded / \$25; OP: Ded / \$200	Ded / 40%	Ded / 30%	O: Ded / \$25; OP: Ded / \$200
INN Adv Diagnostic Imaging (Office; Outpatient)	O: Ded / \$50; OP: Ded / \$200	Ded / 30%	O: Ded / \$50; OP: Ded / \$250	Ded / 30%	O: Ded / \$50; OP: Ded / \$200	Ded / 40%	Ded / 30%	O: Ded / \$50; OP: Ded / \$200
Rx Deductible (Tier 2 / 3)	T1-3: Med ded	\$250 / \$500	T1-3: Med ded	\$250 / \$500	T1-3: Med ded	\$100 / \$200	\$250 / \$500	T1-3: Med ded
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$50 / \$90	\$15 / \$50 / \$80	\$10 / \$40 / \$80	\$15 / \$50 / \$80	\$10 / \$40 / \$80	\$15 / \$50 / \$70 min or 30% to \$400	\$15 / \$50 / \$80	\$15 / \$50 / \$90

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# Q4 2020 New York Small Group Plans | Long Island

Region 8: Nassau and Suffolk counties

The Whole Health Company

Plan Name	Empire Silver Blue Access GEPO 4000/40%/7350	Empire Silver Connection GEPO 3500/50%/7900	Empire Bronze EPO 5100/30%/6850 w/HSA	Empire Bronze EPO 5500/30%/6800 w/HSA	Empire Bronze Blue Access EPO 5500/30%/6800 w/HSA	Empire Bronze Blue Access EPO 6850/0%/6850 w/HSA	Empire Bronze Blue Access EPO 8150/0%/8150	Empire Bronze Connection EPO 5750/50%/6700 w/HSA
Contract Code	4GHN	4H28	4GXA	4GV6	4GVN	4GXJ	4GKA	4H3E

Plan Name	Not Offered	Empire Silver Connection GEPO 3500/50%/7900 WH	Not Offered	Empire Bronze EPO 5500/30%/6800 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Bronze Connection EPO 5750/50%/6700 w/HSA WH
Contract Code	Not Offered	4HAY	Not Offered	4HBE	Not Offered	Not Offered	Not Offered	4H6Q

Plan Name	Not Offered	Empire Silver Connection GEPO 3500/50%/7900 WH	Not Offered	Empire Bronze EPO 5500/30%/6800 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Bronze Connection EPO 5750/50%/6700 w/HSA WH
Contract Code	Not Offered	4HAY	Not Offered	4HBE	Not Offered	Not Offered	Not Offered	4H6Q

### Enhanced Embedded Dental and Vision Premium

Individual	Not Offered	\$715.79	Not Offered	\$758.72	Not Offered	Not Offered	Not Offered	\$627.59
Individual + Spouse	Not Offered	\$1,431.58	Not Offered	\$1,517.44	Not Offered	Not Offered	Not Offered	\$1,255.18
Individual + Child(ren)	Not Offered	\$1,216.84	Not Offered	\$1,289.82	Not Offered	Not Offered	Not Offered	\$1,066.90
Family	Not Offered	\$2,040.00	Not Offered	\$2,162.35	Not Offered	Not Offered	Not Offered	\$1,788.63

### Plan Details

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

### Plan Benefits

INN Deductible (Ind / Fam)	\$4,000 / \$8,000	\$3,500 / \$7,000	\$5,100 / \$10,200	\$5,500 / \$11,000	\$5,500 / \$11,000	\$6,850 / \$13,700	\$8,150 / \$16,300	\$5,750 / \$11,500
OON Deductible (Ind / Fam)	N/A							
INN Coinsurance	40%	50%	30%	30%	30%	0%	0%	50%
OON Coinsurance	N/A							
INN Out of Pocket Max (Ind / Fam)	\$7,350 / \$14,700	\$7,900 / \$15,800	\$6,850 / \$13,700	\$6,800 / \$13,600	\$6,800 / \$13,600	\$6,850 / \$13,700	\$8,150 / \$16,300	\$6,700 / \$13,400
OON Out of Pocket Max (Ind / Fam)	N/A							
TeleHealth via LiveHealth Online	\$0	\$0	Ded / 0%					
Primary Care Visit	\$30	\$25	Ded / \$25	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	Ded / \$40
Specialist Visit	\$70	\$50	Ded / \$75	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	Ded / \$75
Emergency Room	Ded / 40%	Ded / 50%	Ded / 30%	Ded / 50%	Ded / 50%	Ded / 0%	Ded / 0%	Ded / \$500
Urgent Care	\$70	\$80	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	Ded / \$80
Inpatient Facility	Ded / 40%	Ded / 50%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	Ded / \$500, up to 4 days
Outpatient Facility	Ded / 40%	Ded / 50%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	Ded / \$350
Preferred Lab	\$30	\$25	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	Ded / \$40
INN Lab (Office; Outpatient)	Ded / 40%	Ded / 50%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	O: Ded / \$40; OP: Ded / \$350
INN X-Ray (Office; Outpatient)	Ded / 40%	Ded / 50%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	O: Ded / \$40; OP: Ded / \$350
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded / 40%	Ded / 50%	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 0%	Ded / 0%	O: Ded / \$75; OP: Ded / \$350
Rx Deductible (Tier 2 / 3)	\$250 / \$500	\$100 / \$200	T1-3: Med ded					
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$50 / \$80	\$15 / \$50 / \$90	\$15 / \$50 / \$90	\$10 / \$40 / \$80	\$10 / \$40 / \$80	0% / 0% / 0%	0% / 0% / 0%	\$15 / \$50 / \$90

\* 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.



## Q4 2020 New York Small Group Plans | Long Island

Region 8: Nassau and Suffolk counties

The Whole Health Company

Plan Name	Empire Bronze Blue Access GEPO 6500/40%/8150	Empire Bronze Connection GEPO 8150/0%/8150 50	Empire Bronze Connection GEPO 5750/50%/6700 w/HSA	Empire Bronze Connection GEPO 5500/30%/6800 w/HSA
<b>Contract Code</b>	4GFJ	4H3W	4H3N	4H36

Premium				
Individual	\$681.11	\$619.33	\$592.62	\$592.13
Individual + Spouse	\$1,362.22	\$1,238.66	\$1,185.24	\$1,184.26
Individual + Child(ren)	\$1,157.89	\$1,052.86	\$1,007.45	\$1,006.62
Family	\$1,941.16	\$1,765.09	\$1,688.97	\$1,687.57

Plan Name	Not Offered	Empire Bronze Connection GEPO 8150/0%/8150 50 WH	Empire Bronze Connection GEPO 5750/50%/6700 w/HSA WH	Empire Bronze Connection GEPO 5500/30%/6800 w/HSA WH
<b>Contract Code</b>	Not Offered	4H7N	4H7E	4H76

Enhanced Embedded Dental and Vision Premium				
Individual	Not Offered	\$635.55	\$609.33	\$609.04
Individual + Spouse	Not Offered	\$1,271.10	\$1,218.66	\$1,218.08
Individual + Child(ren)	Not Offered	\$1,080.44	\$1,035.86	\$1,035.37
Family	Not Offered	\$1,811.32	\$1,736.59	\$1,735.76

Plan Details				
Network	Blue Access	Connection	Connection	Connection
National Access via Bluecard Program	Yes*	Yes*	Yes*	Yes*
Gatekeeper	Yes	Yes	Yes	Yes
Formulary	Traditional Open	Select	Select	Select
Creditability Coverage Status	Fail	Fail	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Non-Embedded Ded and Embedded OOP	Non-Embedded Ded and Embedded OOP

Plan Benefits				
INN Deductible (Ind / Fam)	\$6,500 / \$13,000	\$8,150 / \$16,300	\$5,750 / \$11,500	\$5,500 / \$11,000
OON Deductible (Ind / Fam)	N/A	N/A	N/A	N/A
INN Coinsurance	40%	0%	50%	30%
OON Coinsurance	N/A	N/A	N/A	N/A
INN Out of Pocket Max (Ind / Fam)	\$8,150 / \$16,300	\$8,150 / \$16,300	\$6,700 / \$13,400	\$6,800 / \$13,600
OON Out of Pocket Max (Ind / Fam)	N/A	N/A	N/A	N/A
TeleHealth via LiveHealth Online	\$0	\$0	Ded / 0%	Ded / 0%
Primary Care Visit	\$50	\$50	Ded / \$40	Ded / 30%
Specialist Visit	\$80	\$80	Ded / \$75	Ded / 30%
Emergency Room	Ded / 40%	Ded / 0%	Ded / \$500	Ded / 50%
Urgent Care	\$100	Ded / 0%	Ded / \$80	Ded / 30%
Inpatient Facility	Ded / 40%	Ded / 0%	Ded / \$500, up to 4 days	Ded / 30%
Outpatient Facility	Ded / 40%	Ded / 0%	Ded / \$350	Ded / 30%
Preferred Lab	\$50	Ded / 0%	Ded / \$40	Ded / 30%
INN Lab (Office; Outpatient)	Ded / 40%	Ded / 0%	O: Ded / \$40; OP: Ded / \$350	Ded / 30%
INN X-Ray (Office; Outpatient)	Ded / 40%	Ded / 0%	O: Ded / \$40; OP: Ded / \$350	Ded / 30%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded / 40%	Ded / 0%	O: Ded / \$75; OP: Ded / \$350	Ded / 30%
Rx Deductible (Tier 2 / 3)	T2-3: Med ded	T2-3: Med ded	T1-3: Med ded	T1-3: Med ded
Rx Copay (Tier 1 / 2 / 3)	\$15 / \$60 / 50% to \$500	\$25 / 0% / 0%	\$15 / \$50 / \$90	\$15 / \$50 / \$90

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