

	Empire PPO/EPO Platinum PPO 5/25 0% 6SMP (PPO) (UCR=140mc%)		Empire PPO/EPO Platinum PPO 20/40 0% 6SML (PPO) (UCR=140mc%)		Empire PPO/EPO Gold PPO 25/40 1500 20% 6SQW (PPOc) (UCR=140mc%)		Empire PPO/EPO Gold PPO 20/50 1500 10% w/HSA 6SSQ (HSA) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/40/80/150 ded T2-3		10/40/80 IntDed	
Cost Share Information								
Individual/Family Deductible	N/A	\$4,000/\$8,000 embedded	N/A	\$4,000/\$8,000 embedded	\$1,500/\$3,000 embedded	\$4,000/\$8,000 embedded	\$1,500/\$3000 non-embedded	\$4,000/\$8,000 non-embedded
Individual/Family OOP Limit	\$3,500/\$7,000	\$10,375/\$20,750 (incl ded)	\$2,750/\$5,500	\$7,875/\$15,750 (incl ded)	\$7,000/\$14,000 (incl ded)	\$17,500/\$35,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$13,750/\$27,500 (incl ded)
Co-Insurance	0%	30%	0%	30%	20%	50%	10%	30%
Office Visits								
Primary Care	\$5	30% after ded	\$20	30% after ded	\$25 ded waived	50% after ded	\$20 after ded	30% after ded
Specialist	\$25	30% after ded	\$40	30% after ded	\$40 ded waived	50% after ded	\$50 after ded	30% after ded
Inpatient Services								
Inpatient Hospital	\$400/admit	30% after ded	\$500/admit	30% after ded	20% after ded	50% after ded	\$1,000/admit after ded	30% after ded
Mental Health Inpatient	\$400/admit	30% after ded	\$500/admit	30% after ded	20% after ded	50% after ded	\$1,000/admit after ded	30% after ded
Outpatient Services								
Outpatient Facility	\$300	30% after ded	\$500	30% after ded	\$250 after ded	50% after ded	\$500 after ded	30% after ded
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50; OP-\$150	30% after ded	Lab: No charge; X-ray: Office-\$50; OP-\$150	30% after ded	Lab: No charge; X-ray: Office-\$50 after ded; OP-\$150 after ded	50% after ded	Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded	30% after ded
Mental Health Outpatient	\$5	30% after ded	\$20	30% after ded	\$25 ded waived	50% after ded	\$20 after ded	30% after ded
Emergency Care								
Emergency Room	\$300	Paid as in-network	\$300	Paid as in-network	\$500 after ded	Paid as in-network	\$500 after ded	Paid as in-network
Urgent Care	\$50	Paid as in-network	\$50	Paid as in-network	\$60 ded waived	Paid as in-network	\$100 after ded	Paid as in-network
Single	2 x \$1,811.41		2 x \$1,804.84		2 x \$1,511.89		2 x \$1,466.43	
EE with Spouse	0 x \$3,622.82		0 x \$3,609.68		0 x \$3,023.78		0 x \$2,932.86	
EE with Child(ren)	0 x \$3,079.40		0 x \$3,068.23		0 x \$2,570.21		0 x \$2,492.93	
Family	0 x \$5,162.52		0 x \$5,143.79		0 x \$4,308.89		0 x \$4,179.33	
Monthly Cost	2 \$3,622.82		2 \$3,609.68		2 \$3,023.78		2 \$2,932.86	
Annual Cost	\$43,473.84		\$43,316.16		\$36,285.36		\$35,194.32	

	Empire PPO/EPO Platinum EPO 5/25 0% 6SMH (EPO) (UCR=N/A)		Empire PPO/EPO Platinum EPO 20/40 0% 6SPX (EPO) (UCR=N/A)		Empire PPO/EPO Gold EPO 25/50 0% 6SR7 (EPO) (UCR=N/A)		Empire PPO/EPO Silver PPO 20/50 3000 30% w/HSA 6SPA (HSA) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/40/80/150 ded T2-3		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		N/A		\$3,000/\$6,000 embedded	\$7,000/\$14,000 embedded
Individual/Family OOP Limit	\$3,500/\$7,000		\$2,750/\$5,500		\$8,500/\$17,000		\$7,450/\$14,900 (incl ded)	\$18,625/\$37,250 (incl ded)
Co-Insurance	0%		0%		0%		30%	30%
Office Visits								
Primary Care	\$5		\$20		\$25		\$20 after ded	30% after ded
Specialist	\$25		\$40		\$50		\$50 after ded	30% after ded
Inpatient Services								
Inpatient Hospital	\$400/admit		\$500/admit		\$500/admit		\$1,500/admit after ded	30% after ded
Mental Health Inpatient	\$400/admit		\$500/admit		\$500/admit		\$1,500/admit after ded	30% after ded
Outpatient Services								
Outpatient Facility	\$300		\$500		\$500		\$500 after ded	30% after ded
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded	30% after ded
Mental Health Outpatient	\$5		\$20		\$25		\$20 after ded	30% after ded
Emergency Care								
Emergency Room	\$300		\$300		\$750		\$500 after ded	Paid as in-network
Urgent Care	\$75		\$50		\$50		\$100 after ded	Paid as in-network
Single	2 x \$1,451.02		2 x \$1,442.06		2 x \$1,307.57		2 x \$1,303.28	
EE with Spouse	0 x \$2,902.04		0 x \$2,884.12		0 x \$2,615.14		0 x \$2,606.56	
EE with Child(ren)	0 x \$2,466.73		0 x \$2,451.50		0 x \$2,222.87		0 x \$2,215.58	
Family	0 x \$4,135.41		0 x \$4,109.87		0 x \$3,726.57		0 x \$3,714.35	
Monthly Cost	2 \$2,902.04		2 \$2,884.12		2 \$2,615.14		2 \$2,606.56	
Annual Cost	\$34,824.48		\$34,609.44		\$31,381.68		\$31,278.72	

	Empire PPO/EPO Silver PPO 40/70 3000 50% 6SS0 (PPOc) (UCR=140mc%)		Empire PPO/EPO Gold EPO 30/55 1000 10% 6SS9 (EPOc) (UCR=N/A)		Empire PPO/EPO Gold EPO 15/35 1750 10% 6SLY (EPOc) (UCR=N/A)		Empire PPO/EPO Gold EPO 25/45 1750 20% 6SQY (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	25/75/90/200 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000 embedded	\$8,750/\$17,500 embedded	\$1,000/\$2,000 embedded		\$1,750/\$3,500 embedded		\$1,750/\$3,500 embedded	
Individual/Family OOP Limit	\$9,100/\$18,200 (incl ded)	\$22,750/\$45,500 (incl ded)	\$6,750/\$13,500 (incl ded)		\$8,500/\$17,000 (incl ded)		\$6,000/\$12,000 (incl ded)	
Co-Insurance	50%	50%	10%		10%		20%	
Office Visits								
Primary Care	\$40 ded waived	50% after ded	\$30 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$70 ded waived	50% after ded	\$55 ded waived		\$35 ded waived		\$45 ded waived	
Inpatient Services								
Inpatient Hospital	50% after ded	50% after ded	10% after ded		10% after ded		20% after ded	
Mental Health Inpatient	50% after ded	50% after ded	10% after ded		10% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	50% after ded	50% after ded	\$300 after ded		\$300 after ded		\$250 after ded	
Lab/X-Ray	Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% after ded	50% after ded	Lab: No charge; X-ray: Office-\$50 after ded; OP-\$150 after ded		Lab: No charge; X-ray: Office-\$50 after ded; OP-\$150 after ded		Lab: No charge; X-ray: Office-\$50 after ded; OP-\$150 after ded	
Mental Health Outpatient	\$40 ded waived	50% after ded	\$30 ded waived		\$15 ded waived		\$25 ded waived	
Emergency Care								
Emergency Room	50% after ded	Paid as in-network	\$500 after ded		\$500 after ded		\$500 after ded	
Urgent Care	\$75 ded waived	Paid as in-network	\$60 ded waived		\$60 ded waived		\$60 ded waived	
Single	2 x \$1,298.99		2 x \$1,256.69		2 x \$1,226.00		2 x \$1,224.36	
EE with Spouse	0 x \$2,597.98		0 x \$2,513.38		0 x \$2,452.00		0 x \$2,448.72	
EE with Child(ren)	0 x \$2,208.28		0 x \$2,136.37		0 x \$2,084.20		0 x \$2,081.41	
Family	0 x \$3,702.12		0 x \$3,581.57		0 x \$3,494.10		0 x \$3,489.43	
Monthly Cost	2 \$2,597.98		2 \$2,513.38		2 \$2,452.00		2 \$2,448.72	
Annual Cost	\$31,175.76		\$30,160.56		\$29,424.00		\$29,384.64	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

	Empire PPO/EPO Gold EPO 20/50 1500 10% w/HSA WH 6SS3 (HSA) (UCR=N/A)		Empire PPO/EPO Gold EPO 35/60 2250 30% 6SNF (EPOc) (UCR=N/A)		Empire PPO/EPO Gold EPO 20/50 1500 10% w/HSA 6SRH (HSA) (UCR=N/A)		Empire PPO/EPO Silver EPO 20/50 3000 25% w/HSA 6SS1 (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		10/40/80/150 ded T2-3		10/40/80 IntDed		10/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000 non-embedded		\$2,250/\$4,500 embedded		\$1,500/\$3,000 non-embedded		\$3,000/\$6,000 embedded	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$7,000/\$14,000 (incl ded)		\$5,000/\$10,000 (incl ded)		\$7,450/\$14,900 (incl ded)	
Co-Insurance	10%		30%		10%		25%	
Office Visits								
Primary Care	\$20 after ded		\$35 ded waived		\$20 after ded		\$20 after ded	
Specialist	\$50 after ded		\$60 ded waived		\$50 after ded		\$50 after ded	
Inpatient Services								
Inpatient Hospital	\$1,000/admit after ded		30% after ded		\$1,000/admit after ded		\$1,500/admit after ded	
Mental Health Inpatient	\$1,000/admit after ded		30% after ded		\$1,000/admit after ded		\$1,500/admit after ded	
Outpatient Services								
Outpatient Facility	\$500 after ded		\$300 after ded		\$500 after ded		\$500 after ded	
Lab/X-Ray	Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$20 after ded		\$35 ded waived		\$20 after ded		\$20 after ded	
Emergency Care								
Emergency Room	\$500 after ded		\$500 after ded		\$500 after ded		\$500 after ded	
Urgent Care	\$100 after ded		\$75 ded waived		\$100 after ded		\$100 after ded	
Single	2 x \$1,212.24		2 x \$1,187.11		2 x \$1,185.85		2 x \$1,053.00	
EE with Spouse	0 x \$2,424.48		0 x \$2,374.22		0 x \$2,371.70		0 x \$2,106.00	
EE with Child(ren)	0 x \$2,060.81		0 x \$2,018.09		0 x \$2,015.95		0 x \$1,790.10	
Family	0 x \$3,454.88		0 x \$3,383.26		0 x \$3,379.67		0 x \$3,001.05	
Monthly Cost	2 \$2,424.48		2 \$2,374.22		2 \$2,371.70		2 \$2,106.00	
Annual Cost	\$29,093.76		\$28,490.64		\$28,460.40		\$25,272.00	

	Empire PPO/EPO Silver EPO 40/70 3000 50% 6SMY (EPOc) (UCR=N/A)		Empire PPO/EPO Silver EPO 20/50 3500 30% w/HSA 6SP0 (HSA) (UCR=N/A)		Empire PPO/EPO Bronze EPO 20/50 6100 50% w/HSA 6SSS (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	25/75/90/200 ded T2-3		10/50/90 IntDed		50%/50%/50% IntDed	
Cost Share Information						
Individual/Family Deductible	\$3,000/\$6,000 embedded		\$3,500/\$7,000 embedded		\$6,100/\$12,200 embedded	
Individual/Family OOP Limit	\$9,100/\$18,200 (incl ded)		\$7,450/\$14,900 (incl ded)		\$7,450/\$14,900 (incl ded)	
Co-Insurance	50%		30%		50%	
Office Visits						
Primary Care	\$40 ded waived		\$20 after ded		\$20 after ded	
Specialist	\$70 ded waived		\$50 after ded		\$50 after ded	
Inpatient Services						
Inpatient Hospital	50% after ded		\$1,500/admit after ded		\$1,000/admit after ded	
Mental Health Inpatient	50% after ded		\$1,500/admit after ded		\$1,000/admit after ded	
Outpatient Services						
Outpatient Facility	50% after ded		\$500 after ded		\$500 after ded	
Lab/X-Ray	Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% after ded		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded	
Mental Health Outpatient	\$40 ded waived		\$20 after ded		\$20 after ded	
Emergency Care						
Emergency Room	50% after ded		\$500 after ded		\$500 after ded	
Urgent Care	\$75 ded waived		\$100 after ded		\$100 after ded	
Single	2 x \$1,050.86		2 x \$1,032.93		2 x \$935.06	
EE with Spouse	0 x \$2,101.72		0 x \$2,065.86		0 x \$1,870.12	
EE with Child(ren)	0 x \$1,786.46		0 x \$1,755.98		0 x \$1,589.60	
Family	0 x \$2,994.95		0 x \$2,943.85		0 x \$2,664.92	
Monthly Cost	2 \$2,101.72		2 \$2,065.86		2 \$1,870.12	
Annual Cost	\$25,220.64		\$24,790.32		\$22,441.44	