

	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 \$1,853.19		2 x \$1,846.48		2 x \$1,546.76		2 x \$1,500.25	
EE with Spouse	0 x \$3,706.38		0 x \$3,692.96		0 x \$3,093.52		0 x \$3,000.50	
EE with Child(ren)	0 x \$3,150.42		0 x \$3,139.02		0 x \$2,629.49		0 x \$2,550.43	
Family	0 x \$5,281.59		0 x \$5,262.47		0 x \$4,408.27		0 x \$4,275.71	
Monthly Cost	2 \$3,706.38		2 \$3,692.96		2 \$3,093.52		2 \$3,000.50	
Annual Cost	\$44,476.56		\$44,315.52		\$37,122.24		\$36,006.00	

	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 \$1,484.49		2 x \$1,475.32		2 x \$1,337.74		2 x \$1,333.34	
EE with Spouse	0 x \$2,968.98		0 x \$2,950.64		0 x \$2,675.48		0 x \$2,666.68	
EE with Child(ren)	0 x \$2,523.63		0 x \$2,508.04		0 x \$2,274.16		0 x \$2,266.68	
Family	0 x \$4,230.80		0 x \$4,204.66		0 x \$3,812.56		0 x \$3,800.02	
Monthly Cost	2 \$2,968.98		2 \$2,950.64		2 \$2,675.48		2 \$2,666.68	
Annual Cost	\$35,627.76		\$35,407.68		\$32,105.76		\$32,000.16	

	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 \$1,328.95		2 x \$1,285.67		2 x \$1,254.28		2 x \$1,252.60	
EE with Spouse	0 x \$2,657.90		0 x \$2,571.34		0 x \$2,508.56		0 x \$2,505.20	
EE with Child(ren)	0 x \$2,259.22		0 x \$2,185.64		0 x \$2,132.28		0 x \$2,129.42	
Family	0 x \$3,787.51		0 x \$3,664.16		0 x \$3,574.70		0 x \$3,569.91	
Monthly Cost	2 \$2,657.90		2 \$2,571.34		2 \$2,508.56		2 \$2,505.20	
Annual Cost	\$31,894.80		\$30,856.08		\$30,102.72		\$30,062.40	

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	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 \$1,240.20		2 x \$1,214.49		2 x \$1,213.20		2 x \$1,077.29	
EE with Spouse	0 x \$2,480.40		0 x \$2,428.98		0 x \$2,426.40		0 x \$2,154.58	
EE with Child(ren)	0 x \$2,108.34		0 x \$2,064.63		0 x \$2,062.44		0 x \$1,831.39	
Family	0 x \$3,534.57		0 x \$3,461.30		0 x \$3,457.62		0 x \$3,070.28	
Monthly Cost	2 \$2,480.40		2 \$2,428.98		2 \$2,426.40		2 \$2,154.58	
Annual Cost	\$29,764.80		\$29,147.76		\$29,116.80		\$25,854.96	

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	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 \$1,075.10		2 x \$1,056.75		2 x \$956.63	
EE with Spouse	0 x \$2,150.20		0 x \$2,113.50		0 x \$1,913.26	
EE with Child(ren)	0 x \$1,827.67		0 x \$1,796.48		0 x \$1,626.27	
Family	0 x \$3,064.04		0 x \$3,011.74		0 x \$2,726.40	
Monthly Cost	2 \$2,150.20		2 \$2,113.50		2 \$1,913.26	
Annual Cost	\$25,802.40		\$25,362.00		\$22,959.12	