

	Empire Blue Access Platinum Blue Access EPO 5/25 0% 6SLM (EPO) (UCR=N/A)		Empire Blue Access Platinum Blue Access EPO 20/40 0% 6SNR (EPO) (UCR=N/A)		Empire Blue Access Platinum Blue Access EPO 15/35 300 10% 6SQL (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 25/50 0% 6SLT (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/40/80/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$300/\$600 embedded		N/A	
Individual/Family OOP Limit	\$3,500/\$7,000		\$2,750/\$5,500		\$3,200/\$6,400 (incl ded)		\$8,500/\$17,000	
Co-Insurance	0%		0%		10%		0%	
Office Visits								
Primary Care	\$5		\$20		\$15 ded waived		\$25	
Specialist	\$25		\$40		\$35 ded waived		\$50	
Inpatient Services								
Inpatient Hospital	\$400/admit		\$500/admit		10% after ded		\$500/admit	
Mental Health Inpatient	\$400/admit		\$500/admit		10% after ded		\$500/admit	
Outpatient Services								
Outpatient Facility	\$300		\$500		10% after ded		\$500	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-10% after ded		Lab: No charge; X-ray: Office-\$50; OP-\$150	
Mental Health Outpatient	\$5		\$20		\$15 ded waived		\$25	
Emergency Care								
Emergency Room	\$300		\$300		10% after ded		\$750	
Urgent Care	\$75		\$50		\$50 ded waived		\$50	
Single	2 x \$1,402.14		2 x \$1,393.52		2 x \$1,365.00		2 x \$1,263.54	
EE with Spouse	0 x \$2,804.28		0 x \$2,787.04		0 x \$2,730.00		0 x \$2,527.08	
EE with Child(ren)	0 x \$2,383.64		0 x \$2,368.98		0 x \$2,320.50		0 x \$2,148.02	
Family	0 x \$3,996.10		0 x \$3,971.53		0 x \$3,890.25		0 x \$3,601.09	
Monthly Cost	2 \$2,804.28		2 \$2,787.04		2 \$2,730.00		2 \$2,527.08	
Annual Cost	\$33,651.36		\$33,444.48		\$32,760.00		\$30,324.96	

	Empire Blue Access Gold Blue Access EPO 30/55 1000 0% 6SMF (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 15/35 1750 10% 6SNH (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 25/45 1750 20% 6SQF (EPOc) (UCR=N/A)		Empire Blue Access Gold Blue Access EPO 35/60 2250 30% 6SR4 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/40/80/150 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	\$1,000/\$2,000 embedded		\$1,750/\$3,500 embedded		\$1,750/\$3,500 embedded		\$2,250/\$4,500 embedded	
Individual/Family OOP Limit	\$6,750/\$13,500 (incl ded)		\$8,500/\$17,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	0%		10%		20%		30%	
Office Visits								
Primary Care	\$30 ded waived		\$15 ded waived		\$25 ded waived		\$35 ded waived	
Specialist	\$55 ded waived		\$35 ded waived		\$45 ded waived		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit after ded		10% after ded		20% after ded		30% after ded	
Mental Health Inpatient	\$500/admit after ded		10% after ded		20% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		\$300 after ded		\$250 after ded		\$300 after ded	
Lab/X-Ray	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		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$30 ded waived		\$15 ded waived		\$25 ded waived		\$35 ded waived	
Emergency Care								
Emergency Room	\$500 after ded		\$500 after ded		\$500 after ded		\$500 after ded	
Urgent Care	\$60 ded waived		\$60 ded waived		\$60 ded waived		\$75 ded waived	
Single	2 x \$1,232.90		2 x \$1,184.76		2 x \$1,183.17		2 x \$1,147.23	
EE with Spouse	0 x \$2,465.80		0 x \$2,369.52		0 x \$2,366.34		0 x \$2,294.46	
EE with Child(ren)	0 x \$2,095.93		0 x \$2,014.09		0 x \$2,011.39		0 x \$1,950.29	
Family	0 x \$3,513.77		0 x \$3,376.57		0 x \$3,372.03		0 x \$3,269.61	
Monthly Cost	2 \$2,465.80		2 \$2,369.52		2 \$2,366.34		2 \$2,294.46	
Annual Cost	\$29,589.60		\$28,434.24		\$28,396.08		\$27,533.52	

	Empire Blue Access Gold Blue Access EPO 20/50 1500 10% w/HSA 6SQG (HSA) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 60/125 0% 6SSF (EPO) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 20/50 3000 25% w/HSA 6SQP (HSA) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 40/70 3000 50% 6SS7 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/40/80 IntDed		10/50/90		10/50/90 IntDed		25/75/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000 non-embedded		N/A		\$3,000/\$6,000 embedded		\$3,000/\$6,000 embedded	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$9,100/\$18,200		\$7,450/\$14,900 (incl ded)		\$9,100/\$18,200 (incl ded)	
Co-Insurance	10%		0%		25%		50%	
Office Visits								
Primary Care	\$20 after ded		\$60		\$20 after ded		\$40 ded waived	
Specialist	\$50 after ded		\$125		\$50 after ded		\$70 ded waived	
Inpatient Services								
Inpatient Hospital	\$1,000/admit after ded		\$2,500/admit		\$1,500/admit after ded		50% after ded	
Mental Health Inpatient	\$1,000/admit after ded		\$2,500/admit		\$1,500/admit after ded		50% after ded	
Outpatient Services								
Outpatient Facility	\$500 after ded		\$1,000		\$500 after ded		50% after ded	
Lab/X-Ray	Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: Office-\$60/\$125 (PCP/SP); OP-\$20; X-ray: \$150		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% after ded	
Mental Health Outpatient	\$20 after ded		\$60		\$20 after ded		\$40 ded waived	
Emergency Care								
Emergency Room	\$500 after ded		\$2,500		\$500 after ded		50% after ded	
Urgent Care	\$100 after ded		\$125		\$100 after ded		\$75 ded waived	
Single	2 x \$1,146.03		2 x \$1,124.68		2 x \$1,017.52		2 x \$1,015.53	
EE with Spouse	0 x \$2,292.06		0 x \$2,249.36		0 x \$2,035.04		0 x \$2,031.06	
EE with Child(ren)	0 x \$1,948.25		0 x \$1,911.96		0 x \$1,729.78		0 x \$1,726.40	
Family	0 x \$3,266.19		0 x \$3,205.34		0 x \$2,899.93		0 x \$2,894.26	
Monthly Cost	2 \$2,292.06		2 \$2,249.36		2 \$2,035.04		2 \$2,031.06	
Annual Cost	\$27,504.72		\$26,992.32		\$24,420.48		\$24,372.72	

	Empire Blue Access Silver Blue Access EPO 25/50 4550 50% 6SR2 (EPOc) (UCR=N/A)		Empire Blue Access Silver Blue Access EPO 20/50 3500 30% w/HSA 6SPH (HSA) (UCR=N/A)		Empire Blue Access Bronze Blue Access EPO 20/50 6100 50% w/HSA 6SQZ (HSA) (UCR=N/A)		Empire Blue Access Bronze Blue Access EPO 20/50 8450 50% 6SPV (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		10/50/90 IntDed		50%/50%/50% IntDed		50%/50%/50% IntDed	
Cost Share Information								
Individual/Family Deductible	\$4,550/\$9,100 embedded		\$3,500/\$7,000 embedded		\$6,100/\$12,200 embedded		\$8,450/\$16,900 embedded	
Individual/Family OOP Limit	\$9,100/\$18,200 (incl ded)		\$7,450/\$14,900 (incl ded)		\$7,450/\$14,900 (incl ded)		\$9,100/\$18,200 (incl ded)	
Co-Insurance	50%		30%		50%		50%	
Office Visits								
Primary Care	\$25 ded waived		\$20 after ded		\$20 after ded		\$20 after ded	
Specialist	\$50 ded waived		\$50 after ded		\$50 after ded		\$50 after ded	
Inpatient Services								
Inpatient Hospital	50% after ded		\$1,500/admit after ded		\$1,000/admit after ded		\$500/admit after ded	
Mental Health Inpatient	50% after ded		\$1,500/admit after ded		\$1,000/admit after ded		\$500/admit after ded	
Outpatient Services								
Outpatient Facility	50% after ded		\$500 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		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded	
Mental Health Outpatient	\$25 ded waived		\$20 after ded		\$20 after ded		\$20 after ded	
Emergency Care								
Emergency Room	50% after ded		\$500 after ded		\$500 after ded		\$300 after ded	
Urgent Care	\$50 ded waived		\$100 after ded		\$100 after ded		\$100 after ded	
Single	2 x	\$1,012.08	2 x	\$998.15	2 x	\$903.59	2 x	\$853.46
EE with Spouse	0 x	\$2,024.16	0 x	\$1,996.30	0 x	\$1,807.18	0 x	\$1,706.92
EE with Child(ren)	0 x	\$1,720.54	0 x	\$1,696.86	0 x	\$1,536.10	0 x	\$1,450.88
Family	0 x	\$2,884.43	0 x	\$2,844.73	0 x	\$2,575.23	0 x	\$2,432.36
Monthly Cost	2	\$2,024.16	2	\$1,996.30	2	\$1,807.18	2	\$1,706.92
Annual Cost		\$24,289.92		\$23,955.60		\$21,686.16		\$20,483.04