



Q1 2021 New York Small Group Plans | New York City

Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

The Whole Health Company

Plan Name	Empire Platinum EPO 5/0%/3000	Empire Platinum Blue Access EPO 5/0%/3000	Empire Platinum PPO 5/0%/4150	Empire Platinum Connection GEPO 15/0%/2500	Empire Platinum EPO 20/0%/2750	Empire Platinum Blue Access EPO 20/0%/2750	Empire Platinum Connection EPO 20/0%/2750	Empire Platinum PPO 20/0%/2750	Empire Platinum Blue Access GEPO 250/10%/3000
Contract Code	5RB3	5RT4	5RAM	5QR3	5R01	5QQ5	5QQM	5R09	5QZB

Premium	Empire Platinum EPO 5/0%/3000	Empire Platinum Blue Access EPO 5/0%/3000	Empire Platinum PPO 5/0%/4150	Empire Platinum Connection GEPO 15/0%/2500	Empire Platinum EPO 20/0%/2750	Empire Platinum Blue Access EPO 20/0%/2750	Empire Platinum Connection EPO 20/0%/2750	Empire Platinum PPO 20/0%/2750	Empire Platinum Blue Access GEPO 250/10%/3000
Individual	\$1,261.80	\$1,135.65	\$1,529.56	\$984.45	\$1,250.36	\$1,125.41	\$1,023.45	\$1,540.89	\$1,067.78
Individual + Spouse	\$2,523.60	\$2,271.30	\$3,059.12	\$1,968.90	\$2,500.72	\$2,250.82	\$2,046.90	\$3,081.78	\$2,135.56
Individual + Child(ren)	\$2,145.06	\$1,930.61	\$2,600.25	\$1,673.57	\$2,125.61	\$1,913.20	\$1,739.87	\$2,619.51	\$1,815.23
Family	\$3,596.13	\$3,236.60	\$4,359.25	\$2,805.68	\$3,563.53	\$3,207.42	\$2,916.83	\$4,391.54	\$3,043.17

Plan Name	Empire Platinum EPO 5/0%/3000 WH	Not Offered	Empire Platinum PPO 5/0%/4150 WH	Empire Platinum Connection GEPO 15/0%/2500 WH	Empire Platinum EPO 20/0%/2750 WH	Not Offered	Empire Platinum Connection EPO 20/0%/2750 WH	Empire Platinum PPO 20/0%/2750 WH	Not Offered
Contract Code	5RBT		5RBB	5QRB	5ROR		5QQV	5ROZ	

Enhanced Embedded Dental and Vision Premium	Empire Platinum EPO 5/0%/3000 WH	Not Offered	Empire Platinum PPO 5/0%/4150 WH	Empire Platinum Connection GEPO 15/0%/2500 WH	Empire Platinum EPO 20/0%/2750 WH	Not Offered	Empire Platinum Connection EPO 20/0%/2750 WH	Empire Platinum PPO 20/0%/2750 WH	Not Offered
Individual	\$1,289.57		\$1,557.45	\$1,008.41	\$1,278.14		\$1,047.41	\$1,568.78	
Individual + Spouse	\$2,579.14		\$3,114.90	\$2,016.82	\$2,556.28		\$2,094.82	\$3,137.56	
Individual + Child(ren)	\$2,192.27		\$2,647.67	\$1,714.30	\$2,172.84		\$1,780.60	\$2,666.93	
Family	\$3,675.27		\$4,438.73	\$2,873.97	\$3,642.70		\$2,985.12	\$4,471.02	

Plan Details	Empire Platinum EPO 5/0%/3000 WH	Not Offered	Empire Platinum PPO 5/0%/4150 WH	Empire Platinum Connection GEPO 15/0%/2500 WH	Empire Platinum EPO 20/0%/2750 WH	Not Offered	Empire Platinum Connection EPO 20/0%/2750 WH	Empire Platinum PPO 20/0%/2750 WH	Not Offered
Network	PPO / EPO	Blue Access	PPO / EPO	Connection	PPO / EPO	Blue Access	Connection	PPO / EPO	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes	Yes*	Yes	Yes	Yes	Yes	Yes*
Gatekeeper	No	No	No	Yes	No	No	No	No	Yes
Formulary	Traditional Open	Traditional Open	Traditional Open	Select	Traditional Open	Traditional Open	Select	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded

Plan Benefits	Empire Platinum EPO 5/0%/3000 WH	Not Offered	Empire Platinum PPO 5/0%/4150 WH	Empire Platinum Connection GEPO 15/0%/2500 WH	Empire Platinum EPO 20/0%/2750 WH	Not Offered	Empire Platinum Connection EPO 20/0%/2750 WH	Empire Platinum PPO 20/0%/2750 WH	Not Offered
INN Deductible (Ind / Fam)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$250/\$750
OON Deductible (Ind / Fam)	-	-	\$3000/\$6000	-	-	-	-	\$3000/\$6000	-
INN Coinsurance	0%	0%	0%	0%	0%	0%	0%	0%	10%
OON Coinsurance	-	-	20%	-	-	-	-	20%	-
INN Out of Pocket Max (Ind / Fam)	\$3000/\$6000	\$3000/\$6000	\$4150/\$8300	\$2500/\$5000	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$2750/\$5500	\$3000/\$6000
OON Out of Pocket Max (Ind / Fam)	-	-	\$10375/\$20750	-	-	-	-	\$6875/\$13750	-
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	\$5	\$5	\$5	\$15	\$20	\$20	\$20	\$20	\$15
Specialist Visit	\$25	\$25	\$25	\$30	\$40	\$40	\$40	\$40	\$35
Emergency Room	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	Ded, then \$250
Urgent Care	\$50	\$50	\$50	\$120	\$50	\$50	\$50	\$50	\$50
Inpatient Facility	\$350	\$350	\$350	\$400/day up to 4d	\$400	\$400	\$400	\$400	Ded, then 10%
Outpatient Facility	\$100	\$100	\$300	\$500	\$200	\$200	\$200	\$200	Ded, then \$100
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient)	\$0 / \$125	\$0 / \$125	\$0 / \$125	\$0 / \$125	\$0 / \$125	\$0 / \$125	\$0 / \$125	\$0 / \$125	Ded, 10% / Ded, 10%
INN X-Ray (Office; Outpatient)	\$5 / 25%	\$5 / 25%	\$5 / 25%	\$15 / 25%	\$20 / 25%	\$20 / 25%	\$20 / 25%	\$20 / 25%	Ded, \$15 / Ded, \$100
INN Adv Diagnostic Imaging (Office; Outpatient)	\$25 / 25%	\$25 / 25%	\$25 / 25%	\$30 / 25%	\$40 / 25%	\$40 / 25%	\$40 / 25%	\$40 / 25%	Ded, \$35 / Ded, \$100
Rx Deductible	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	NA	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200
Rx Copay (Tier 1 / 2 / 3)***	10/35/70	10/35/70	10/35/70	P:10/35/70; NP:20/45/80***	10/35/70	10/35/70	P:10/35/70; NP:20/45/80***	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.

Rx Copay (Tier 1/2/3)*** Connection copayments cost shares for non preferred (NP) provider pharmacies are \$10 higher than copayments at preferred (P) pharmacies.

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Plan Name	Empire Platinum Connection GEPO 250/10%/3000	Empire Link Platinum Connection EPO 400/20%/3300	Empire Gold EPO 25/0%/7000	Empire Gold Blue Access EPO 25/0%/7000	Empire Gold Blue Access EPO 25/10%/7000	Empire Gold Connection EPO 25/0%/7000	Empire Gold Connection EPO 25/10%/7000	Empire Gold Healthy New York Blue Access GEPO 600/0%/4000	Empire Gold EPO 750/10%/6250
Contract Code	5QYV	5RMG	5RC1	5RCH	5RDF	5RCZ	5RDY	5R65	5QXF

Premium	5QYV	5RMG	5RC1	5RCH	5RDF	5RCZ	5RDY	5R65	5QXF
Individual	\$971.37	\$965.38	\$1,128.24	\$1,015.60	\$1,014.19	\$923.77	\$922.57	\$842.29	\$1,076.17
Individual + Spouse	\$1,942.74	\$1,930.76	\$2,256.48	\$2,031.20	\$2,028.38	\$1,847.54	\$1,845.14	\$1,684.58	\$2,152.34
Individual + Child(ren)	\$1,651.33	\$1,641.15	\$1,918.01	\$1,726.52	\$1,724.12	\$1,570.41	\$1,568.37	\$1,431.89	\$1,829.49
Family	\$2,768.40	\$2,751.33	\$3,215.48	\$2,894.46	\$2,890.44	\$2,632.74	\$2,629.32	\$2,400.53	\$3,067.08

Plan Name	Empire Platinum Connection GEPO 250/10%/3000 WH	Not Offered	Not Offered	Not Offered	Not Offered	Empire Gold Connection EPO 25/0%/7000 WH	Empire Gold Connection EPO 25/10%/7000 WH	Not Offered	Empire Gold EPO 750/10%/6250 WH
Contract Code	5QZ3					5RD7	5RE5		5QXX

Enhanced Embedded Dental and Vision Premium	5QZ3	5RD7	5RE5	5QXX
Individual	\$995.45		\$947.74	\$1,104.28
Individual + Spouse	\$1,990.90		\$1,895.48	\$2,208.56
Individual + Child(ren)	\$1,692.27		\$1,611.16	\$1,877.28
Family	\$2,837.03		\$2,701.06	\$3,147.20

Plan Details	Connection	Connection	PPO / EPO	Blue Access	Blue Access	Connection	Connection	Blue Access	PPO / EPO
Network	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	Yes
National Access via Bluecard Program	Yes	No	No	No	No	No	No	No	No
Gatekeeper	Select	Select	Traditional Open	Traditional Open	Traditional Open	Select	Select	Select	Traditional Open
Formulary	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Creditability Coverage Status	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded

Plan Benefits	5QZ3	5RD7	5RE5	5QXX
INN Deductible (Ind / Fam)	\$250/\$750	\$400/\$1200	\$0/\$0	\$0/\$0
OON Deductible (Ind / Fam)	-	-	-	-
INN Coinsurance	10%	20%	0%	10%
OON Coinsurance	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3000/\$6000	\$3300/\$6600	\$7000/\$14000	\$7000/\$14000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0
Primary Care Visit	\$15	0%	\$25	\$25
Specialist Visit	\$35	\$75	\$50	\$50
Emergency Room	Ded, then \$250	Ded, then 20%	\$750	\$750
Urgent Care	\$50	\$100	\$100	\$100
Inpatient Facility	Ded, then 10%	Ded, then 20%	\$400/day up to 4d	\$400/day up to 4d
Outpatient Facility	Ded, then \$100	Ded, then 20%	\$250	\$250
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient)	Ded, 10% / Ded, 10%	20% / Ded, 20%	\$0 / \$125	\$0 / \$125
INN X-Ray (Office; Outpatient)	Ded, \$15 / Ded, \$100	20% / Ded, 20%	\$25 / 25%	\$25 / 25%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, \$35 / Ded, \$100	20% / Ded, 20%	\$50 / 25%	\$50 / 25%
Rx Deductible	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, Med Ded	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200
Rx Copay (Tier 1 / 2 / 3)***	P:10/35/70; NP:20/45/80***	P:10/50/90; NP:20/60/100***	10/35/70	10/35/70

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Plan Name	Empire Gold Blue Access EPO 750/10%/6250	Empire Gold Blue Access GEPO 1000/0%/6000	Empire Gold Connection GEPO 1000/0%/6000	Empire Gold EPO 1250/10%/8000	Empire Gold Blue Access EPO 1250/10%/8000	Empire Gold EPO 1250/20%/5000	Empire Gold Blue Access EPO 1250/20%/5000	Empire Gold Connection GEPO 1250/20%/5000	Empire Gold PPO 1250/20%/7000
Contract Code	5RRO	5RED	5REV	5RFB	5RP4	5RG9	5QSZ	5QTF	5QTP
Premium									
Individual	\$968.65	\$941.96	\$857.10	\$1,061.36	\$955.25	\$1,065.49	\$959.07	\$846.75	\$1,274.00
Individual + Spouse	\$1,937.30	\$1,883.92	\$1,714.20	\$2,122.72	\$1,910.50	\$2,130.98	\$1,918.14	\$1,693.50	\$2,548.00
Individual + Child(ren)	\$1,646.71	\$1,601.33	\$1,457.07	\$1,804.31	\$1,623.93	\$1,811.33	\$1,630.42	\$1,439.48	\$2,165.80
Family	\$2,760.65	\$2,684.59	\$2,442.74	\$3,024.88	\$2,722.46	\$3,036.65	\$2,733.35	\$2,413.24	\$3,630.90

Plan Name	Empire Gold Blue Access EPO 750/10%/6250 WH	Not Offered	Empire Gold Connection GEPO 1000/0%/6000 WH	Empire Gold EPO 1250/10%/8000 WH	Not Offered	Empire Gold EPO 1250/20%/5000 WH	Not Offered	Empire Gold Connection GEPO 1250/20%/5000 WH	Empire Gold PPO 1250/20%/7000 WH
Contract Code	5RR8		5RF3	5RFT		5RGR		5RUS	5QTX
Enhanced Embedded Dental and Vision Premium									
Individual	\$994.36		\$881.29	\$1,089.46		\$1,093.60		\$870.94	\$1,302.10
Individual + Spouse	\$1,988.72		\$1,762.58	\$2,178.92		\$2,187.20		\$1,741.88	\$2,604.20
Individual + Child(ren)	\$1,690.41		\$1,498.19	\$1,852.08		\$1,859.12		\$1,480.60	\$2,213.57
Family	\$2,833.93		\$2,511.68	\$3,104.96		\$3,116.76		\$2,482.18	\$3,710.99

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

INN Deductible (Ind / Fam)	\$750/\$2250	\$1000/\$3000	\$1000/\$3000	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	-	\$3125/\$6250
INN Coinsurance	10%	0%	0%	10%	10%	20%	20%	20%	20%
OON Coinsurance	-	-	-	-	-	-	-	-	40%
INN Out of Pocket Max (Ind / Fam)	\$6250/\$12500	\$6000/\$12000	\$6000/\$12000	\$8000/\$16000	\$8000/\$16000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$7000/\$14000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-	-	\$17500/\$35000
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	\$50	\$30	\$30	\$15	\$15	\$25	\$25	\$25	\$25
Specialist Visit	\$50	\$60	\$60	\$35	\$35	\$40	\$40	\$40	\$40
Emergency Room	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$400	Ded, then \$400	Ded, then \$400	Ded, then \$500
Urgent Care	\$100	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$80
Inpatient Facility	Ded, then 10%	Ded, then 0%	Ded, then 0%	Ded, then 10%	Ded, then 10%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%
Outpatient Facility	Ded, then \$300	Ded, then \$250	Ded, then \$250	Ded, then \$300	Ded, then \$300	Ded, then \$250	Ded, then \$250	Ded, then \$250	Ded, then \$250
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient)	Ded, 10% / Ded, 10%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 20% / Ded, 20%	Ded, 20% / Ded, 20%	Ded, 20% / Ded, 20%	Ded, 20% / Ded, 20%
INN X-Ray (Office; Outpatient)	Ded, \$50 / Ded, \$300	Ded, \$30 / Ded, \$250	Ded, \$30 / Ded, \$250	Ded, \$15 / Ded, \$300	Ded, \$15 / Ded, \$300	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, \$50 / Ded, \$300	Ded, \$60 / Ded, \$250	Ded, \$60 / Ded, \$250	Ded, \$35 / Ded, \$300	Ded, \$35 / Ded, \$300	Ded, \$40 / Ded, \$250	Ded, \$40 / Ded, \$250	Ded, \$40 / Ded, \$250	Ded, \$40 / Ded, \$250
Rx Deductible	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200
Rx Copay (Tier 1 / 2 / 3)***	10/35/70	10/35/70	P:10/35/70; NP:20/45/80***	10/35/70	10/35/70	10/35/70	10/35/70	P:10/35/70; NP:20/45/80***	10/35/70

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Plan Name	Empire Gold Blue Access EPO 1400/0%/3300 w/HSA	Empire Link Gold Connection EPO 1500/20%/5500	Empire Gold EPO 1750/10%/4500 w/HSA	Empire Gold Blue Access EPO 1750/10%/4500 w/HSA	Empire Gold PPO 1750/10%/4500 w/HSA	Empire Gold EPO 2000/30%/7500	Empire Gold Blue Access EPO 2000/30%/7500	Empire Gold Connection EPO 2000/30%/7500	Empire Link Gold Connection EPO 2000/20%/4000 w/HSA
Contract Code	5RKK	5RMQ	5QUD	5RRY	5QU5	5R25	5R1P	5R2D	5RPC

Premium	5RKK	5RMQ	5QUD	5RRY	5QU5	5R25	5R1P	5R2D	5RPC
Individual	\$936.41	\$845.66	\$1,011.35	\$910.26	\$1,226.94	\$1,007.76	\$907.10	\$825.95	\$807.97
Individual + Spouse	\$1,872.82	\$1,691.32	\$2,022.70	\$1,820.52	\$2,453.88	\$2,015.52	\$1,814.20	\$1,651.90	\$1,615.94
Individual + Child(ren)	\$1,591.90	\$1,437.62	\$1,719.30	\$1,547.44	\$2,085.80	\$1,713.19	\$1,542.07	\$1,404.12	\$1,373.55
Family	\$2,668.77	\$2,410.13	\$2,882.35	\$2,594.24	\$3,496.78	\$2,872.12	\$2,585.24	\$2,353.96	\$2,302.71

Plan Name	Not Offered	Not Offered	Empire Gold EPO 1750/10%/4500 w/HSA WH	Empire Gold Blue Access EPO 1750/10%/4500 w/HSA WH	Empire Gold PPO 1750/10%/4500 w/HSA WH	Not Offered	Not Offered	Empire Gold Connection EPO 2000/30%/7500 WH	Not Offered
Contract Code			5QUV	5RS6	5QVB			5R2M	

Enhanced Embedded Dental and Vision Premium	5QUV	5RS6	5QVB	5R2M
Individual	\$1,039.46	\$936.08	\$1,255.04	\$850.13
Individual + Spouse	\$2,078.92	\$1,872.16	\$2,510.08	\$1,700.26
Individual + Child(ren)	\$1,767.08	\$1,591.34	\$2,133.57	\$1,445.22
Family	\$2,962.46	\$2,667.83	\$3,576.86	\$2,422.87

Plan Details	Blue Access	Connection	PPO / EPO	Blue Access	PPO / EPO	PPO / EPO	Blue Access	Connection	Connection
Network	Blue Access	Connection	PPO / EPO	Blue Access	PPO / EPO	PPO / EPO	Blue Access	Connection	Connection
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No	No	No	No	No	No
Formulary	Traditional Open	Select	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Traditional Open	Select	Select
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Not Embedded	Embedded	Not Embedded	Not Embedded	Not Embedded	Embedded	Embedded	Embedded	Not Embedded

Plan Benefits	5RKK	5RMQ	5QUD	5RRY	5QU5	5R25	5R1P	5R2D	5RPC
INN Deductible (Ind / Fam)	\$1400/\$2800	\$1500/\$3000	\$1750/\$3500	\$1750/\$3500	\$1750/\$3500	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000
OON Deductible (Ind / Fam)	-	-	-	-	\$4375/\$8750	-	-	-	-
INN Coinsurance	0%	20%	10%	10%	10%	30%	30%	30%	20%
OON Coinsurance	-	-	-	-	40%	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3300/\$6600	\$5500/\$11000	\$4500/\$9000	\$4500/\$9000	\$4500/\$9000	\$7500/\$15000	\$7500/\$15000	\$7500/\$15000	\$4000/\$8000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	\$11250/\$22500	-	-	-	-
TeleHealth via LiveHealth Online	Ded/0%	\$0	Ded/0%	Ded/0%	Ded/0%	\$0	\$0	\$0	Ded/0%
Primary Care Visit	Ded, then \$15	0%	Ded, then 10%	Ded, then 10%	Ded, then 10%	\$25	\$25	\$25	Ded, then 0%
Specialist Visit	Ded, then \$30	\$75	Ded, then 10%	Ded, then 10%	Ded, then 10%	\$55	\$55	\$55	Ded, then \$75
Emergency Room	Ded, then \$300	Ded, then 20%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then 20%
Urgent Care	Ded, then \$30	\$100	Ded, then 10%	Ded, then 10%	Ded, then 10%	\$75	\$75	\$75	Ded, then \$100
Inpatient Facility	Ded, then \$800	Ded, then 20%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 20%
Outpatient Facility	Ded, then \$300	Ded, then 20%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then \$145	Ded, then \$145	Ded, then \$145	Ded, then 20%
Preferred Lab / Preferred Office Lab	Ded, then \$0	\$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	\$0	\$0	\$0	Ded, then \$0
INN Lab (Office; Outpatient)	Ded, \$15 / Ded, \$300	20% / Ded, 20%	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, \$75 / Ded, 20%
INN X-Ray (Office; Outpatient)	Ded, \$15 / Ded, \$300	20% / Ded, 20%	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, \$25 / Ded, \$145	Ded, \$25 / Ded, \$145	Ded, \$25 / Ded, \$145	Ded, \$75 / Ded, 20%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, \$30 / Ded, \$300	20% / Ded, 20%	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, \$55 / Ded, \$145	Ded, \$55 / Ded, \$145	Ded, \$55 / Ded, \$145	Ded, \$75 / Ded, 20%
Rx Deductible	Med Ded	Tiers 2 & 3, Med Ded	Med Ded	Med Ded	Med Ded	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Med Ded
Rx Copay (Tier 1 / 2 / 3)***	10/35/70	P:10/50/90; NP:20/60/100***	10/35/70	10/35/70	10/35/70	10/35/70	10/35/70	P:10/35/70; NP:20/45/80***	P:10/50/90; NP:20/60/100***

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Rx Copay (Tier 1/2/3)*** Connection copayments cost shares for non preferred (NP) provider pharmacies are \$10 higher than copayments at preferred (P) pharmacies.

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Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

Plan Name	Empire Link Gold Connection EPO 2500/20%/5000	Empire Link Gold Connection EPO 3000/20%/6000	Empire Silver Connection EPO 35/0%/8550	Empire Silver EPO 2000/20%/6600 w/HSA	Empire Silver Blue Access EPO 2000/20%/6600 w/HSA	Empire Silver Connection EPO 2000/20%/6600 w/HSA	Empire Silver EPO 2000/30%/8400	Empire Silver Blue Access EPO 2000/30%/8400	Empire Silver EPO 2500/50%/8500
Contract Code	5RMY	5RNG	5RQA	5QRT	5QS1	5RTU	5R6V	5R7B	5R3K

Premium	5RMY	5RNG	5RQA	5QRT	5QS1	5RTU	5R6V	5R7B	5R3K
Individual	\$826.49	\$805.03	\$846.97	\$913.86	\$822.57	\$749.91	\$920.61	\$828.67	\$916.36
Individual + Spouse	\$1,652.98	\$1,610.06	\$1,693.94	\$1,827.72	\$1,645.14	\$1,499.82	\$1,841.22	\$1,657.34	\$1,832.72
Individual + Child(ren)	\$1,405.03	\$1,368.55	\$1,439.85	\$1,553.56	\$1,398.37	\$1,274.85	\$1,565.04	\$1,408.74	\$1,557.81
Family	\$2,355.50	\$2,294.34	\$2,413.86	\$2,604.50	\$2,344.32	\$2,137.24	\$2,623.74	\$2,361.71	\$2,611.63

Plan Name	Not Offered	Not Offered	Not Offered	Not Offered	Empire Silver Blue Access EPO 2000/20%/6600 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Silver EPO 2500/50%/8500 WH
Contract Code					5QSH				5R49

Enhanced Embedded Dental and Vision Premium	5QSH	5R49
Individual	\$848.39	\$944.47
Individual + Spouse	\$1,696.78	\$1,888.94
Individual + Child(ren)	\$1,442.26	\$1,605.60
Family	\$2,417.91	\$2,691.74

Plan Details	Connection	Connection	Connection	PPO / EPO	Blue Access	Connection	PPO / EPO	Blue Access	PPO / EPO
Network	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gatekeeper	No	No	No	No	No	No	No	No	No
Formulary	Select	Select	Select	Traditional Open	Traditional Open	Select	Traditional Open	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Not Embedded	Not Embedded	Not Embedded	Embedded	Embedded	Embedded

Plan Benefits	5RMY	5RNG	5RQA	5QRT	5QS1	5RTU	5R6V	5R7B	5R3K
INN Deductible (Ind / Fam)	\$2500/\$5000	\$3000/\$6000	\$0/\$0	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2500/\$5000
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	-	-
INN Coinsurance	20%	20%	0%	20%	20%	20%	30%	30%	50%
OON Coinsurance	-	-	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$5000/\$10000	\$6000/\$12000	\$8550/\$17100	\$6600/\$13200	\$6600/\$13200	\$6600/\$13200	\$8400/\$16800	\$8400/\$16800	\$8500/\$17000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-	-	-
TeleHealth via LiveHealth Online	\$0	\$0	\$0	Ded/0%	Ded/0%	Ded/0%	\$0	\$0	\$0
Primary Care Visit	0%	0%	\$35	Ded, then \$25	Ded, then \$25	Ded, then \$25	\$35/3vis; Ded; 30%	\$35/3vis; Ded; 30%	\$40
Specialist Visit	\$75	\$75	\$125	Ded, then \$50	Ded, then \$50	Ded, then \$50	\$35/3vis; Ded; 30%	\$35/3vis; Ded; 30%	\$70
Emergency Room	Ded, then 20%	Ded, then 20%	\$1000	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$1000	Ded, then \$1000	Ded, then \$500
Urgent Care	\$100	\$100	\$100	Ded, then \$75	Ded, then \$75	Ded, then \$75	Ded, then \$75	Ded, then \$75	\$75
Inpatient Facility	Ded, then 20%	Ded, then 20%	\$500/day up to 4d	Ded, \$500/day till 4d	Ded, \$500/day till 4d	Ded, \$500/day till 4d	Ded, then 30%	Ded, then 30%	Ded, then 50%
Outpatient Facility	Ded, then 20%	Ded, then 20%	\$400	Ded, then \$250	Ded, then \$250	Ded, then \$250	Ded, then 30%	Ded, then 30%	Ded, then \$350
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	\$0	\$0	\$0
INN Lab (Office; Outpatient)	20% / Ded, 20%	20% / Ded, 20%	\$0 / \$125	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, 50% / Ded, 50%
INN X-Ray (Office; Outpatient)	20% / Ded, 20%	20% / Ded, 20%	\$35 / 25%	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, \$40 / Ded, \$350
INN Adv Diagnostic Imaging (Office; Outpatient)	20% / Ded, 20%	20% / Ded, 20%	\$125 / 25%	Ded, \$50 / Ded, \$250	Ded, \$50 / Ded, \$250	Ded, \$50 / Ded, \$250	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, \$70 / Ded, \$350
Rx Deductible	Tiers 2 & 3, Med Ded	Tiers 2 & 3, Med Ded	Med Ded	Med Ded	Med Ded	Med Ded	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200
Rx Copay (Tier 1 / 2 / 3)***	P:10/50/90; NP:20/60/100***	P:10/50/90; NP:20/60/100***	P:35/50/90; NP:45/60/100***	10/35/90	10/35/90	10/35/90	10/50/90	10/50/90	10/35/90

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Rx Copay (Tier 1/2/3)*** Connection copayments cost shares for non preferred (NP) provider pharmacies are \$10 higher than copayments at preferred (P) pharmacies.

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Plan Name	Empire Silver Blue Access EPO 2500/50%/8500	Empire Silver Connection EPO 2500/50%/8500	Empire Silver PPO 2500/50%/8500	Empire Silver EPO 2800/30%/7000 w/HSA	Empire Silver EPO 2800/0%/7000 w/HSA	Empire Silver Blue Access EPO 2800/0%/7000 w/HSA	Empire Silver Blue Access EPO 2800/30%/7000 w/HSA	Empire Silver PPO 2800/0%/7000 w/HSA	Empire Silver PPO 2800/0%/7000 w/HSA 80th Percentile Fair Health
Contract Code	5R33	5R57	5R41	5R8H	5RHF	5RHP	5RTL	5RH7	5T1W

Plan Name	Not Offered	Empire Silver Connection EPO 2500/50%/8500 WH	Empire Silver PPO 2500/50%/8500 WH	Empire Silver EPO 2800/30%/7000 w/HSA WH	Empire Silver EPO 2800/0%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code		5R4Z	5R4R	5R8Z	5RK3				

Plan Name	Not Offered	Empire Silver Connection EPO 2500/50%/8500 WH	Empire Silver PPO 2500/50%/8500 WH	Empire Silver EPO 2800/30%/7000 w/HSA WH	Empire Silver EPO 2800/0%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code		5R4Z	5R4R	5R8Z	5RK3				

Plan Name	Not Offered	Empire Silver Connection EPO 2500/50%/8500 WH	Empire Silver PPO 2500/50%/8500 WH	Empire Silver EPO 2800/30%/7000 w/HSA WH	Empire Silver EPO 2800/0%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code		5R4Z	5R4R	5R8Z	5RK3				

Plan Name	Not Offered	Empire Silver Connection EPO 2500/50%/8500 WH	Empire Silver PPO 2500/50%/8500 WH	Empire Silver EPO 2800/30%/7000 w/HSA WH	Empire Silver EPO 2800/0%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code		5R4Z	5R4R	5R8Z	5RK3				

Plan Name	Not Offered	Empire Silver Connection EPO 2500/50%/8500 WH	Empire Silver PPO 2500/50%/8500 WH	Empire Silver EPO 2800/30%/7000 w/HSA WH	Empire Silver EPO 2800/0%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code		5R4Z	5R4R	5R8Z	5RK3				

Plan Name	Not Offered	Empire Silver Connection EPO 2500/50%/8500 WH	Empire Silver PPO 2500/50%/8500 WH	Empire Silver EPO 2800/30%/7000 w/HSA WH	Empire Silver EPO 2800/0%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code		5R4Z	5R4R	5R8Z	5RK3				

Plan Name	Not Offered	Empire Silver Connection EPO 2500/50%/8500 WH	Empire Silver PPO 2500/50%/8500 WH	Empire Silver EPO 2800/30%/7000 w/HSA WH	Empire Silver EPO 2800/0%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code		5R4Z	5R4R	5R8Z	5RK3				

Plan Name	Not Offered	Empire Silver Connection EPO 2500/50%/8500 WH	Empire Silver PPO 2500/50%/8500 WH	Empire Silver EPO 2800/30%/7000 w/HSA WH	Empire Silver EPO 2800/0%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code		5R4Z	5R4R	5R8Z	5RK3				

Plan Name	Not Offered	Empire Silver Connection EPO 2500/50%/8500 WH	Empire Silver PPO 2500/50%/8500 WH	Empire Silver EPO 2800/30%/7000 w/HSA WH	Empire Silver EPO 2800/0%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code		5R4Z	5R4R	5R8Z	5RK3				

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 Rx Copay (Tier 1/2/3)*** Connection copayments cost shares for non preferred (NP) provider pharmacies are \$10 higher than copayments at preferred (P) pharmacies.
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Region 4: Bronx, Kings, New York, Queens, Richmond, Rockland and Westchester counties

The Whole Health Company

Plan Name	Empire Silver Blue Access EPO 3000/45%/8550	Empire Silver Connection EPO 3000/45%/8550	Empire Link Silver Connection EPO 3000/20%/6500 w/HSA	Empire Silver EPO 3250/40%/8550	Empire Silver Blue Access GEPO 4000/50%/8500	Empire Link Silver Connection EPO 4000/30%/8400	Empire Link Silver Connection EPO 4000/20%/7000 w/HSA	Empire Link Silver Connection EPO 7000/30%/8400	Empire Link Bronze Connection EPO 6250/30%/7000 w/HSA
Contract Code	5QW1	5RQJ	5RPL	5QWH	5R17	5RNE	5RPU	5RNN	5RQ2
Premium									
Individual	\$824.20	\$751.00	\$727.69	\$915.49	\$793.37	\$720.28	\$698.82	\$698.27	\$645.55
Individual + Spouse	\$1,648.40	\$1,502.00	\$1,455.38	\$1,830.98	\$1,586.74	\$1,440.56	\$1,397.64	\$1,396.54	\$1,291.10
Individual + Child(ren)	\$1,401.14	\$1,276.70	\$1,237.07	\$1,556.33	\$1,348.73	\$1,224.48	\$1,187.99	\$1,187.06	\$1,097.44
Family	\$2,348.97	\$2,140.35	\$2,073.92	\$2,609.15	\$2,261.10	\$2,052.80	\$1,991.64	\$1,990.07	\$1,839.82

Plan Name	Not Offered	Not Offered	Empire Link Silver Connection EPO 3000/20%/6500 w/HSA WH	Not Offered	Not Offered	Empire Link Silver Connection EPO 4000/30%/8400 WH	Not Offered	Not Offered	Empire Link Bronze Connection EPO 6250/30%/7000 w/HSA WH
Contract Code			SSEL			SSEU			SSF2

Enhanced Embedded Dental and Vision Premium

Individual			\$751.98			\$744.57			\$670.06
Individual + Spouse			\$1,503.96			\$1,489.14			\$1,340.12
Individual + Child(ren)			\$1,278.37			\$1,265.77			\$1,139.10
Family			\$2,143.14			\$2,122.02			\$1,909.67

Plan Details

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

Plan Benefits

INN Deductible (Ind / Fam)	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3250/\$6500	\$4000/\$8000	\$4000/\$8000	\$4000/\$8000	\$7000/\$14000	\$6250/\$12500
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	-	-
INN Coinsurance	45%	45%	20%	40%	50%	30%	20%	30%	30%
OON Coinsurance	-	-	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$8550/\$17100	\$8550/\$17100	\$6500/\$13000	\$8550/\$17100	\$8500/\$17000	\$8400/\$16800	\$7000/\$14000	\$8400/\$16800	\$7000/\$14000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-	-	-
TeleHealth via LiveHealth Online	\$0	\$0	Ded/0%	\$0	\$0	\$0	Ded/0%	\$0	Ded/0%
Primary Care Visit	\$25	\$25	Ded, then 0%	\$25	\$25	0%	Ded, then 0%	0%	Ded, then 0%
Specialist Visit	\$75	\$75	Ded, then \$75	\$75	\$50	\$75	Ded, then \$75	\$75	Ded, then \$75
Emergency Room	Ded, then \$550	Ded, then \$550	Ded, then 20%	Ded, then \$550	Ded, then \$500	Ded, then 30%	Ded, then 20%	Ded, then 30%	Ded, then 30%
Urgent Care	\$80	\$80	Ded, then \$100	\$80	\$80	\$100	Ded, then \$100	\$100	Ded, then \$100
Inpatient Facility	Ded, then 45%	Ded, then 45%	Ded, then 20%	Ded, then 40%	Ded, then 50%	Ded, then 30%	Ded, then 20%	Ded, then 30%	Ded, then 30%
Outpatient Facility	Ded, then \$250	Ded, then \$250	Ded, then 20%	Ded, then \$250	Ded, then \$250	Ded, then 30%	Ded, then 20%	Ded, then 30%	Ded, then 30%
Preferred Lab / Preferred Office Lab	\$0	\$0	Ded, then \$0	\$0	\$0	\$0	Ded, then \$0	\$0	Ded, then \$0
INN Lab (Office; Outpatient)	Ded, 45% / Ded, 45%	Ded, 45% / Ded, 45%	Ded, \$75 / Ded, 20%	Ded, 40% / Ded, 40%	Ded, 50% / Ded, 50%	30% / Ded, 30%	Ded, \$75 / Ded, 20%	30% / Ded, 30%	Ded, \$75 / Ded, 30%
INN X-Ray (Office; Outpatient)	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, \$75 / Ded, 20%	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	30% / Ded, 30%	Ded, \$75 / Ded, 20%	30% / Ded, 30%	Ded, \$75 / Ded, 30%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, \$75 / Ded, \$250	Ded, \$75 / Ded, \$250	Ded, \$75 / Ded, 20%	Ded, \$75 / Ded, \$250	Ded, \$50 / Ded, \$250	30% / Ded, 30%	Ded, \$75 / Ded, 20%	30% / Ded, 30%	Ded, \$75 / Ded, 30%
Rx Deductible	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Med Ded	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, Med Ded	Med Ded	Tiers 2 & 3, Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)***	10/35/90	P:10/35/90; NP:20/45/100***	P:10/50/90; NP:20/60/100***	10/35/90	10/35/90	P:10/50/90; NP:20/60/100***	P:10/50/90; NP:20/60/100***	P:10/50/90; NP:20/60/100***	P:10/50/90; NP:20/60/100***

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Rx Copay (Tier 1/2/3)*** Connection copayments cost shares for non preferred (NP) provider pharmacies are \$10 higher than copayments at preferred (P) pharmacies.

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Plan Name	Empire Bronze EPO 6600/35%/7000 w/HSA	Empire Bronze Blue Access EPO 6600/35%/7000 w/HSA	Empire Bronze Connection EPO 6600/35%/7000 w/HSA	Empire Bronze Blue Access EPO 7000/0%/7000 w/HSA	Empire Bronze Connection EPO 7000/0%/7000 w/HSA	Empire Bronze Connection GEPO 7000/0%/7000 w/HSA	Empire Bronze Blue Access EPO 8500/0%/8500	Empire Bronze Blue Access GEPO 8550/0%/8550 50	Empire Bronze Connection GEPO 8550/0%/8550 50
Contract Code	5R9F	5R9X	5QVK	5R7T	5RU2	5RUJ	5R5F	5S25	5QPP

Premium	Empire Bronze EPO 6600/35%/7000 w/HSA	Empire Bronze Blue Access EPO 6600/35%/7000 w/HSA	Empire Bronze Connection EPO 6600/35%/7000 w/HSA	Empire Bronze Blue Access EPO 7000/0%/7000 w/HSA	Empire Bronze Connection EPO 7000/0%/7000 w/HSA	Empire Bronze Connection GEPO 7000/0%/7000 w/HSA	Empire Bronze Blue Access EPO 8500/0%/8500	Empire Bronze Blue Access GEPO 8550/0%/8550 50	Empire Bronze Connection GEPO 8550/0%/8550 50
Individual	\$785.31	\$706.88	\$645.66	\$703.39	\$642.39	\$623.11	\$668.43	\$674.64	\$616.36
Individual + Spouse	\$1,570.62	\$1,413.76	\$1,291.32	\$1,406.78	\$1,284.78	\$1,246.22	\$1,336.86	\$1,349.28	\$1,232.72
Individual + Child(ren)	\$1,335.03	\$1,201.70	\$1,097.62	\$1,195.76	\$1,092.06	\$1,059.29	\$1,136.33	\$1,146.89	\$1,047.81
Family	\$2,238.13	\$2,014.61	\$1,840.13	\$2,004.66	\$1,830.81	\$1,775.86	\$1,905.03	\$1,922.72	\$1,756.63

Plan Name	Empire Bronze EPO 6600/35%/7000 w/HSA WH	Not Offered	Empire Bronze Connection EPO 6600/35%/7000 w/HSA WH	Not Offered	Empire Bronze Connection EPO 7000/0%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Bronze Connection GEPO 8550/0%/8550 50 WH
Contract Code	5RAD		5QVT		5RUA				5QPX

Enhanced Embedded Dental and Vision Premium	Empire Bronze EPO 6600/35%/7000 w/HSA WH	Not Offered	Empire Bronze Connection EPO 6600/35%/7000 w/HSA WH	Not Offered	Empire Bronze Connection EPO 7000/0%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Bronze Connection GEPO 8550/0%/8550 50 WH
Individual	\$813.85		\$670.17		\$666.68				\$641.95
Individual + Spouse	\$1,627.70		\$1,340.34		\$1,333.36				\$1,283.90
Individual + Child(ren)	\$1,383.55		\$1,139.29		\$1,133.36				\$1,091.32
Family	\$2,319.47		\$1,909.98		\$1,900.04				\$1,829.56

Plan Details	Empire Bronze EPO 6600/35%/7000 w/HSA WH	Not Offered	Empire Bronze Connection EPO 6600/35%/7000 w/HSA WH	Not Offered	Empire Bronze Connection EPO 7000/0%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Bronze Connection GEPO 8550/0%/8550 50 WH
Network	PPO / EPO	Blue Access	Connection	Blue Access	Connection	Connection	Blue Access	Blue Access	Connection
National Access via Bluecard Program	Yes	Yes	Yes	Yes	Yes	Yes*	Yes	Yes*	Yes*
Gatekeeper	No	No	No	No	No	Yes	No	Yes	Yes
Formulary	Traditional Open	Traditional Open	Select	Traditional Open	Select	Select	Traditional Open	Traditional Open	Select
Creditability Coverage Status	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded

Plan Benefits	Empire Bronze EPO 6600/35%/7000 w/HSA WH	Not Offered	Empire Bronze Connection EPO 6600/35%/7000 w/HSA WH	Not Offered	Empire Bronze Connection EPO 7000/0%/7000 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Bronze Connection GEPO 8550/0%/8550 50 WH
INN Deductible (Ind / Fam)	\$6600/\$13200	\$6600/\$13200	\$6600/\$13200	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$8500/\$17000	\$8550/\$17100	\$8550/\$17100
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	-	-
INN Coinsurance	35%	35%	35%	0%	0%	0%	0%	0%	0%
OON Coinsurance	-	-	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$8500/\$17000	\$8550/\$17100	\$8550/\$17100
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-	-	-
TeleHealth via LiveHealth Online	Ded/0%	Ded/0%	Ded/0%	Ded/0%	Ded/0%	Ded/0%	Ded/0%	\$0	\$0
Primary Care Visit	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%	\$50	\$50
Specialist Visit	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%	\$100	\$100
Emergency Room	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%
Urgent Care	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%
Inpatient Facility	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%
Outpatient Facility	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	\$0	\$0
INN Lab (Office; Outpatient)	Ded, 35% / Ded, 35%	Ded, 35% / Ded, 35%	Ded, 35% / Ded, 35%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%
INN X-Ray (Office; Outpatient)	Ded, 35% / Ded, 35%	Ded, 35% / Ded, 35%	Ded, 35% / Ded, 35%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, 35% / Ded, 35%	Ded, 35% / Ded, 35%	Ded, 35% / Ded, 35%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%
Rx Deductible	Med Ded	Med Ded	Med Ded	Med Ded	Med Ded	Med Ded	Med Ded	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)***	35/50/90	35/50/90	P:35/50/90; NP:45/60/100***	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0

* 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.

Rx Copay (Tier 1/2/3)*** Connection copayments cost shares for non-preferred (NP) provider pharmacies are \$10 higher than copayments at preferred (P) pharmacies.

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.