

	Empire EPO/PPO Gold EPO 1500/10%/7000 (EPOc) (UCR=N/A)		Empire EPO/PPO Silver EPO 1500/30%/7350 (EPOc) (UCR=N/A)		Empire EPO/PPO Bronze EPO 5500/35%/6700 w/HSA (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/50/75		15/50/80/250 ded T2-3		15/50/90 IntDed	
Cost Share Information						
Individual/Family Deductible	\$1,500/\$3,000 embedded		\$1,500/\$3,000 embedded		\$5,500/\$11,000 non-embedded	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$7,350/\$14,700 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	10%		30%		35%	
Office Visits						
Primary Care	\$30 ded waived		\$35 ded waived visits 1-3; 30% after ded visits 4+		35% after ded	
Specialist	\$60 ded waived		\$35 ded waived visits 1-3; 30% after ded visits 4+		35% after ded	
Inpatient Services						
Inpatient Hospital	10% after ded		30% after ded		35% after ded	
Mental Health Inpatient	10% after ded		30% after ded		35% after ded	
Outpatient Services						
Outpatient Facility	10% after ded		30% after ded		35% after ded	
Lab/X-Ray	10% after ded		30% after ded		35% after ded	
Mental Health Outpatient	No charge		30% after ded		35% after ded	
Emergency Care						
Emergency Room	\$400 ded waived		\$500 after ded		35% after ded	
Urgent Care	\$75 ded waived		\$75 after ded		35% after ded	
Single	1 x	\$952.60	1 x	\$828.18	1 x	\$668.97
EE with Spouse	1 x	\$1,905.20	1 x	\$1,656.36	1 x	\$1,337.94
EE with Child(ren)	1 x	\$1,619.42	1 x	\$1,407.91	1 x	\$1,137.25
Family	1 x	\$2,714.91	1 x	\$2,360.31	1 x	\$1,906.56
Monthly Cost	4	\$7,192.13	4	\$6,252.76	4	\$5,050.72
Annual Cost		\$86,305.56		\$75,033.12		\$60,608.64