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2018 SMALL GROUP HEALTH INSURANCE RATES

2Q - NYC - For New Groups Starting Second Quarter 2018

	Aetna Gold EPO 1000 90% ID: 14038844* (EPOc) (UCR=N/A)	EmblemHealth EmblemHealth Gold 40/60* (HMOc) (UCR=N/A)	Empire Blue Priority Gold Blue Priority EPO 35/10%/5850* (EPOc) (UCR=N/A)	Empire EPO/PPO Gold EPO 500/20%/7350* (EPOc) (UCR=N/A)	HealthFirst Gold Pro EPO* (EPOc) (UCR=N/A)	Oscar Classic Gold 0 * (EPO) (UCR=N/A)	Oxford Metro M Gold EPO 25/40 Gated OHI CNT* (EPOc) (UCR=N/A)	Oxford Liberty L Gold EPO 30/60 Gated OHI CNT* (EPOc) (UCR=N/A)
Prescription Drugs								
Drug Card	15/65/50%/TCS/100 ded T2-4	15/35/75/100 ded	10/35/75	10/35/75	10/50/85	10/50/100	10/65/50%to$800	15/35/75/100 ded T2-3
In-Network								
Ind/Fam Deductible	$1,000/$2,000 embedded	$250/$500	N/A	$500/$1,500 embedded	N/A	N/A	$1,250/$2,500	$1,000/$2,000
Ind/Fam OOP Limit	$6,000/$12,000 (incl ded)	$5,500/$11,000 (incl ded)	$5,850/$11,700	$7,350/$14,700 (incl ded)	$5,000/$10,000 (incl ded)	$5,000/$10,000 (incl ded)	$5,500/$11,000 (incl ded)	$4,000/$8,000 (incl ded)
Co-Insurance	10%	0%	10%	20%	0%	0%	20%	0%
Primary Care	$30 ded waived	$40 after ded	$35	$25 ded waived	$25	$25	$25 ded waived	$30 ded waived
Specialist	$60 ded waived	$60 after ded	$50	$50 ded waived	$40	$50	$40 ded waived	$60 ded waived
Inpatient Hospital	10% after ded	$1,500/admit after ded; pre-auth req	$500/day; 4 days/admit	20% after ded	$500/day; $1,500 max/admit	$500/admit	20% after ded	$500/day after ded; $2,000 max/admit
Out-Network								
Ind/Fam Deductible								
Ind/Fam OOP Limit								
Co-Insurance								
Primary Care								
Specialist								
Inpatient Hospital								
Single	**0 x $905.99**	**0 x $749.63**	**0 x $854.95**	**0 x $894.50**	**0 x $728.03**	**0 x $731.50**	**0 x $700.96**	**0 x $843.04**
EE with Spouse	**0 x $1,811.98**	**0 x $1,499.26**	**0 x $1,709.90**	**0 x $1,789.00**	**0 x $1,456.06**	**0 x $1,463.00**	**0 x $1,401.92**	**0 x $1,686.08**
EE with Child(ren)	**0 x $1,540.18**	**0 x $1,274.37**	**0 x $1,453.42**	**0 x $1,520.65**	**0 x $1,237.65**	**0 x $1,243.55**	**0 x $1,191.63**	**0 x $1,433.17**
Family	**0 x $2,582.07**	**0 x $2,136.45**	**0 x $2,436.61**	**0 x $2,549.33**	**0 x $2,074.89**	**0 x $2,084.77**	**0 x $1,997.73**	**0 x $2,402.67**
Monthly Cost	**0 $0.00**	**0 $0.00**	**0 $0.00**	**0 $0.00**	**0 $0.00**	**0 $0.00**	**0 $0.00**	**0 $0.00**
Annual Cost	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

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2018 SMALL GROUP HEALTH INSURANCE RATES

2Q - NYC - For New Groups Starting Second Quarter 2018

	Oxford Freedom F Gold EPO 15/35 Non-Gated OHI CNT* (EPOc) (UCR=N/A)	
Prescription Drugs		
Drug Card	15/35/75/100 ded T2-3	
In-Network		
Ind/Fam Deductible	$1,000/$2,000	
Ind/Fam OOP Limit	$4,000/$8,000 (incl ded)	
Co-Insurance	10%	
Primary Care	$15 ded waived	
Specialist	$35 ded waived	
Inpatient Hospital	10% after ded	
Out-Network		
Ind/Fam Deductible		
Ind/Fam OOP Limit		
Co-Insurance		
Primary Care		
Specialist		
Inpatient Hospital		
Single	**0 x**	**$902.16**
EE with Spouse	**0 x**	**$1,804.32**
EE with Child(ren)	**0 x**	**$1,533.67**
Family	**0 x**	**$2,571.16**
Monthly Cost	**0**	**$0.00**
Annual Cost		**$0.00**

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2Q - NYC - For New Groups Starting Second Quarter 2018

	Oxford Freedom F Gold EPO 15/35 Non-Gated OHI CNT* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	15/35/75/100 ded T2-3	
Cost Share Information		
Individual/Family Deductible	$1,000/$2,000	
Individual/Family OOP Limit	$4,000/$8,000 (incl ded)	
Co-Insurance	10%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$15 ded waived	
Specialist	$35 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$35 ded waived; 60 visits/contr yr comb PT/OT/ST	
Chiropractic Care	$35 ded waived	
Inpatient Services		
Inpatient Hospital	10% after ded	
Inpatient Surgery	10% after ded	
Maternity Delivery/Inpatient	10% after ded	
Mental Health Inpatient	10% after ded	
Substance Abuse Inpatient	Rehab-10% after ded	
Outpatient Services		
Outpatient Facility	Hosp-$300 after ded; FS-$150 after ded	
Outpatient Surgery	Included in Outpatient Facility	
Lab/X-Ray	Lab-No charge; X-ray-$80 after ded	
Advanced Radiology	$150 after ded	
Mental Health Outpatient	$35 ded waived	
Substance Abuse Outpatient	Rehab-$35 ded waived	
Emergency Care		
Emergency Room	$400 (waived if admitted) ded waived	
Ambulance	No charge	
Urgent Care	$75 ded waived	
Recovery/Special Needs		
Home Health Care	$35 ded waived; 40 visits/contr yr	
Habilitation services	$35 ded waived; 60 visits/contr yr comb PT/OT/ST	
Skilled Nursing	10% after ded; 200 days/contr yr	
Durable Medical Equipment	10% after ded	
Hospice Services	10% after ded IP; $35 ded waived OP	
Miscellaneous Services		
Pediatric Vision Exam	$15 ded waived	
Pediatric Vision Hardware	50% ded waived	
Pediatric Dental Check-Up	0% after ded	

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2018 SMALL GROUP HEALTH INSURANCE RATES

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	Oxford Liberty L Gold EPO 30/60 Gated OHI CNT* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	15/35/75/100 ded T2-3	
Cost Share Information		
Individual/Family Deductible	$1,000/$2,000	
Individual/Family OOP Limit	$4,000/$8,000 (incl ded)	
Co-Insurance	0%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$30 ded waived	
Specialist	$60 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$60 ded waived; 60 visits/contr yr comb PT/OT/ST	
Chiropractic Care	$60 ded waived	
Inpatient Services		
Inpatient Hospital	$500/day after ded; $2,000 max/admit	
Inpatient Surgery	0% after ded	
Maternity Delivery/Inpatient	$500/day after ded; $2,000 max/admit	
Mental Health Inpatient	$500/day after ded; $2,000 max/admit	
Substance Abuse Inpatient	Rehab-$500/day after ded; $2,000 max/admit	
Outpatient Services		
Outpatient Facility	Hosp-$250 after ded; FS-$150 after ded	
Outpatient Surgery	Included in Outpatient Facility	
Lab/X-Ray	Lab-No charge; X-ray-$35 after ded	
Advanced Radiology	$100 after ded	
Mental Health Outpatient	$60 ded waived	
Substance Abuse Outpatient	Rehab-$60 ded waived	
Emergency Care		
Emergency Room	$300 (waived if admitted) ded waived	
Ambulance	No charge	
Urgent Care	$75 ded waived	
Recovery/Special Needs		
Home Health Care	$60 ded waived; 40 visits/contr yr	
Habilitation services	$60 ded waived; 60 visits/contr yr comb PT/OT/ST	
Skilled Nursing	$500/day after ded; $2,000 max/admit; 200 days/contr yr	
Durable Medical Equipment	0% after ded	
Hospice Services	$500/day after ded; $2,000 max/admit IP; $60 ded waived OP	
Miscellaneous Services		
Pediatric Vision Exam	$30 ded waived	
Pediatric Vision Hardware	50% ded waived	
Pediatric Dental Check-Up	0% after ded	

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	Oxford Metro M Gold EPO 25/40 Gated OHI CNT* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/65/50%to$800	
Cost Share Information		
Individual/Family Deductible	$1,250/$2,500	
Individual/Family OOP Limit	$5,500/$11,000 (incl ded)	
Co-Insurance	20%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$25 ded waived	
Specialist	$40 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$40 ded waived; 60 visits/contr yr comb PT/OT/ST	
Chiropractic Care	$40 ded waived	
Inpatient Services		
Inpatient Hospital	20% after ded	
Inpatient Surgery	20% after ded	
Maternity Delivery/Inpatient	20% after ded	
Mental Health Inpatient	20% after ded	
Substance Abuse Inpatient	Rehab-20% after ded	
Outpatient Services		
Outpatient Facility	Hosp-$500 after ded; FS-$200 after ded	
Outpatient Surgery	Included in Outpatient Facility	
Lab/X-Ray	Lab-No charge; X-ray-$50 after ded	
Advanced Radiology	$150 after ded	
Mental Health Outpatient	$40 ded waived	
Substance Abuse Outpatient	Rehab-$40 ded waived	
Emergency Care		
Emergency Room	$500 (waived if admitted) ded waived	
Ambulance	No charge	
Urgent Care	$65 ded waived	
Recovery/Special Needs		
Home Health Care	$40 ded waived; 40 visits/contr yr	
Habilitation services	$40 ded waived; 60 visits/contr yr comb PT/OT/ST	
Skilled Nursing	20% after ded; 200 days/contr yr	
Durable Medical Equipment	20% after ded	
Hospice Services	20% after ded IP; $40 ded waived OP	
Miscellaneous Services		
Pediatric Vision Exam	$25 ded waived	
Pediatric Vision Hardware	50% ded waived	
Pediatric Dental Check-Up	0% after ded	

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	Oscar Classic Gold 0 * (EPO) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/50/100	
Cost Share Information		
Individual/Family Deductible	N/A	
Individual/Family OOP Limit	$5,000/$10,000 (incl ded)	
Co-Insurance	0%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$25	
Specialist	$50	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$50; 60 visits/cond/plan yr comb PT/OT/ST	
Chiropractic Care	$50	
Inpatient Services		
Inpatient Hospital	$500/admit	
Inpatient Surgery	$100	
Maternity Delivery/Inpatient	Delivery-$100; IP-$500/admit	
Mental Health Inpatient	$500/admit	
Substance Abuse Inpatient	$500/admit	
Outpatient Services		
Outpatient Facility	$75	
Outpatient Surgery	$75	
Lab/X-Ray	Lab-$25; X-ray-$50	
Advanced Radiology	$100	
Mental Health Outpatient	$50	
Substance Abuse Outpatient	$50	
Emergency Care		
Emergency Room	$500	
Ambulance	$500	
Urgent Care	$75	
Recovery/Special Needs		
Home Health Care	$25; 40 visits/plan yr	
Habilitation services	$50; 60 visits/cond/plan yr comb PT/OT/ST	
Skilled Nursing	$500/admit; 200 days/plan yr	
Durable Medical Equipment	$100	
Hospice Services	$500/admit IP; $25 OP; 210 days/yr	
Miscellaneous Services		
Pediatric Vision Exam	$25; 1 exam/12 mo	
Pediatric Vision Hardware	$100; 1 pair/12 mo	
Pediatric Dental Check-Up	$100; 1 exam/6 mo	

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2Q - NYC - For New Groups Starting Second Quarter 2018

	HealthFirst Gold Pro EPO* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/50/85	
Cost Share Information		
Individual/Family Deductible	N/A	
Individual/Family OOP Limit	$5,000/$10,000 (incl ded)	
Co-Insurance	0%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$25	
Specialist	$40	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$40; 60 visits/cond/plan yr comb PT/OT/ST	
Chiropractic Care	$40	
Inpatient Services		
Inpatient Hospital	$500/day; $1,500 max/admit	
Inpatient Surgery	$300	
Maternity Delivery/Inpatient	Delivery-$100; IP-$500/day; $1,500 max/admit	
Mental Health Inpatient	$500/day; $1,500 max/admit	
Substance Abuse Inpatient	$500/day; $1,500 max/admit	
Outpatient Services		
Outpatient Facility	$300	
Outpatient Surgery	$300	
Lab/X-Ray	PCP-$25; SP-$40	
Advanced Radiology	$40	
Mental Health Outpatient	$25	
Substance Abuse Outpatient	$25	
Emergency Care		
Emergency Room	$350 (waived if admitted)	
Ambulance	$150	
Urgent Care	$60	
Recovery/Special Needs		
Home Health Care	$25; 40 visits/plan yr	
Habilitation services	$40; 60 visits/cond/plan yr comb PT/OT/ST	
Skilled Nursing	$500/day; $1,500 max/admit; 200 days/plan yr	
Durable Medical Equipment	15%	
Hospice Services	$500/day; $1,500 max/admit IP; $25 OP; 210 days/plan yr	
Miscellaneous Services		
Pediatric Vision Exam	$10; 1 exam/yr	
Pediatric Vision Hardware	$25; 1 pair/yr	
Pediatric Dental Check-Up	$25; 2 visits/yr	

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	Empire EPO/PPO Gold EPO 500/20%/7350* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/35/75	
Cost Share Information		
Individual/Family Deductible	$500/$1,500 embedded	
Individual/Family OOP Limit	$7,350/$14,700 (incl ded)	
Co-Insurance	20%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$25 ded waived	
Specialist	$50 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-20% after ded	
Rehabilitation Services	$50 ded waived; 60 visits/yr comb PT/OT/ST	
Chiropractic Care	$50 ded waived	
Inpatient Services		
Inpatient Hospital	20% after ded	
Inpatient Surgery	20% after ded	
Maternity Delivery/Inpatient	20% after ded	
Mental Health Inpatient	20% after ded	
Substance Abuse Inpatient	20% after ded	
Outpatient Services		
Outpatient Facility	20% after ded	
Outpatient Surgery	20% after ded	
Lab/X-Ray	20% after ded	
Advanced Radiology	20% after ded	
Mental Health Outpatient	$50 ded waived	
Substance Abuse Outpatient	$50 ded waived	
Emergency Care		
Emergency Room	$300 ded waived	
Ambulance	20% after ded	
Urgent Care	$75 ded waived	
Recovery/Special Needs		
Home Health Care	20% after ded; 40 visits/yr	
Habilitation services	$50 ded waived; 60 visits/yr comb PT/OT/ST	
Skilled Nursing	20% after ded; 200 days/yr	
Durable Medical Equipment	20% after ded	
Hospice Services	20% after ded	
Miscellaneous Services		
Pediatric Vision Exam	No charge	
Pediatric Vision Hardware	No charge	
Pediatric Dental Check-Up	0% after ded	

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	Empire Blue Priority Gold Blue Priority EPO 35/10%/5850* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/35/75	
Cost Share Information		
Individual/Family Deductible	N/A	
Individual/Family OOP Limit	$5,850/$11,700	
Co-Insurance	10%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$35	
Specialist	$50	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$50; 60 visits/yr comb PT/OT/ST	
Chiropractic Care	$50	
Inpatient Services		
Inpatient Hospital	$500/day; 4 days/admit	
Inpatient Surgery	No charge	
Maternity Delivery/Inpatient	$500/day; 4 days/admit	
Mental Health Inpatient	$500/day; 4 days/admit	
Substance Abuse Inpatient	$500/day; 4 days/admit	
Outpatient Services		
Outpatient Facility	$500	
Outpatient Surgery	No charge	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-$100	
Advanced Radiology	Office-$50; OP-$200	
Mental Health Outpatient	$50	
Substance Abuse Outpatient	$50	
Emergency Care		
Emergency Room	$350	
Ambulance	$350	
Urgent Care	$100	
Recovery/Special Needs		
Home Health Care	$50; 40 visits/yr	
Habilitation services	$50; 60 visits/yr comb PT/OT/ST	
Skilled Nursing	$500/day; 4 days/admit; 200 days/yr	
Durable Medical Equipment	10%	
Hospice Services	10%	
Miscellaneous Services		
Pediatric Vision Exam	No charge	
Pediatric Vision Hardware	No charge	
Pediatric Dental Check-Up	No charge	

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	EmblemHealth EmblemHealth Gold 40/60* (HMOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	15/35/75/100 ded	
Cost Share Information		
Individual/Family Deductible	$250/$500	
Individual/Family OOP Limit	$5,500/$11,000 (incl ded)	
Co-Insurance	0%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$40 after ded	
Specialist	$60 after ded	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Maternity Prenatal/Postnatal Care	No charge	
Rehabilitation Services	$60 after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	
Chiropractic Care	$60 after ded	
Inpatient Services		
Inpatient Hospital	$1,500/admit after ded; pre-auth req	
Inpatient Surgery	No charge; pre-auth req	
Maternity Delivery/Inpatient	Delivery-No charge; IP-$1,500/admit after ded; pre-auth req	
Mental Health Inpatient	$1,500/admit after ded; pre-auth req	
Substance Abuse Inpatient	$1,500/admit after ded; pre-auth req	
Outpatient Services		
Outpatient Facility	$150 after ded; pre-auth req	
Outpatient Surgery	No charge; pre-auth req	
Lab/X-Ray	$60 after ded	
Advanced Radiology	$60 after ded	
Mental Health Outpatient	$40 after ded	
Substance Abuse Outpatient	$40 after ded	
Emergency Care		
Emergency Room	$200 (waived if admitted) after ded	
Ambulance	$100 after ded	
Urgent Care	$60 after ded	
Recovery/Special Needs		
Home Health Care	$40 after ded; 40 visits/plan yr; pre-auth req	
Habilitation services	$60 after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	
Skilled Nursing	$1,500/admit after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	10% after ded; pre-auth req	
Hospice Services	$1,500/admit after ded IP; $40 after ded OP; 210 days/plan yr; pre-auth req	
Miscellaneous Services		
Pediatric Vision Exam	$40 after ded; 1 exam/12 mo	
Pediatric Vision Hardware	10% after ded; 1 pair/12 mo	
Pediatric Dental Check-Up	$40 after ded; 1 exam/6 mo	

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2Q - NYC - For New Groups Starting Second Quarter 2018

	Aetna Gold EPO 1000 90% ID: 14038844* (EPOc) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	15/65/50%/TCS/100 ded T2-4	
Cost Share Information		
Individual/Family Deductible	$1,000/$2,000 embedded	
Individual/Family OOP Limit	$6,000/$12,000 (incl ded)	
Co-Insurance	10%	
Lifetime Maximum	None	
Office Visits		
Primary Care	$30 ded waived	
Specialist	$60 ded waived	
Adult Preventive Care	No charge; visit limits apply	
Child Preventive Care	No charge; visit limits apply	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier	
Rehabilitation Services	$60 ded waived; visit limits apply	
Chiropractic Care	$60 ded waived	
Inpatient Services		
Inpatient Hospital	10% after ded	
Inpatient Surgery	Refer to Inpatient Hospital	
Maternity Delivery/Inpatient	10% after ded	
Mental Health Inpatient	10% after ded	
Substance Abuse Inpatient	10% after ded	
Outpatient Services		
Outpatient Facility	Refer to Outpatient Surgery	
Outpatient Surgery	10% after ded	
Lab/X-Ray	10% after ded	
Advanced Radiology	10% after ded	
Mental Health Outpatient	$60 ded waived	
Substance Abuse Outpatient	$60 ded waived	
Emergency Care		
Emergency Room	$750 (waived if admitted) ded waived	
Ambulance	10% after ded	
Urgent Care	$75 ded waived	
Recovery/Special Needs		
Home Health Care	25% ded waived; 40 visits/cal yr	
Habilitation services	$60 ded waived; visit limits apply	
Skilled Nursing	10% after ded	
Durable Medical Equipment	50% after ded	
Hospice Services	10% after ded	
Miscellaneous Services		
Pediatric Vision Exam	50% after ded; 1 exam/12 mo	
Pediatric Vision Hardware	50% after ded; 1 pair/12 mo	
Pediatric Dental Check-Up	0% after ded; 1 exam/6 mo	

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2018 SMALL GROUP HEALTH INSURANCE RATES

2Q - NYC - For New Groups Starting Second Quarter 2018

	Oxford Metro M Gold EPO 25/40 Gated OHI CNT* (EPOc) (UCR=N/A)		Oxford Liberty L Gold EPO 30/60 Gated OHI CNT* (EPOc) (UCR=N/A)		Oxford Freedom F Gold EPO 15/35 Non-Gated OHI CNT* (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/65/50%to$800		15/35/75/100 ded T2-3		15/35/75/100 ded T2-3	
Cost Share Information						
Individual/Family Deductible	$1,250/$2,500		$1,000/$2,000		$1,000/$2,000	
Individual/Family OOP Limit	$5,500/$11,000 (incl ded)		$4,000/$8,000 (incl ded)		$4,000/$8,000 (incl ded)	
Co-Insurance	20%		0%		10%	
Office Visits						
Primary Care	$25 ded waived		$30 ded waived		$15 ded waived	
Specialist	$40 ded waived		$60 ded waived		$35 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	$40 ded waived		$60 ded waived		$35 ded waived	
Inpatient Services						
Inpatient Hospital	20% after ded		$500/day after ded; $2,000 max/admit		10% after ded	
Mental Health Inpatient	20% after ded		$500/day after ded; $2,000 max/admit		10% after ded	
Substance Abuse Inpatient	Rehab-20% after ded		Rehab-$500/day after ded; $2,000 max/admit		Rehab-10% after ded	
Outpatient Services						
Outpatient Facility	Hosp-$500 after ded; FS-$200 after ded		Hosp-$250 after ded; FS-$150 after ded		Hosp-$300 after ded; FS-$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray-$50 after ded		Lab-No charge; X-ray-$35 after ded		Lab-No charge; X-ray-$80 after ded	
Advanced Radiology	$150 after ded		$100 after ded		$150 after ded	
Mental Health Outpatient	$40 ded waived		$60 ded waived		$35 ded waived	
Substance Abuse Outpatient	Rehab-$40 ded waived		Rehab-$60 ded waived		Rehab-$35 ded waived	
Emergency Care						
Emergency Room	$500 (waived if admitted) ded waived		$300 (waived if admitted) ded waived		$400 (waived if admitted) ded waived	
Ambulance	No charge		No charge		No charge	
Urgent Care	$65 ded waived		$75 ded waived		$75 ded waived	
Recovery/Special Needs						
Home Health Care	$40 ded waived; 40 visits/contr yr		$60 ded waived; 40 visits/contr yr		$35 ded waived; 40 visits/contr yr	
Skilled Nursing	20% after ded; 200 days/contr yr		$500/day after ded; $2,000 max/admit; 200 days/contr yr		10% after ded; 200 days/contr yr	
Durable Medical Equipment	20% after ded		0% after ded		10% after ded	
Single	0 x	$700.96	0 x	$843.04	0 x	$902.16
EE with Spouse	0 x	$1,401.92	0 x	$1,686.08	0 x	$1,804.32
EE with Child(ren)	0 x	$1,191.63	0 x	$1,433.17	0 x	$1,533.67
Family	0 x	$1,997.73	0 x	$2,402.67	0 x	$2,571.16
Monthly Cost	0	$0.00	0	$0.00	0	$0.00
Annual Cost		$0.00		$0.00		$0.00

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	Empire EPO/PPO Gold EPO 500/20%/7350* (EPOc) (UCR=N/A)		HealthFirst Gold Pro EPO* (EPOc) (UCR=N/A)		Oscar Classic Gold 0 * (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/35/75		10/50/85		10/50/100	
Cost Share Information						
Individual/Family Deductible	$500/$1,500 embedded		N/A		N/A	
Individual/Family OOP Limit	$7,350/$14,700 (incl ded)		$5,000/$10,000 (incl ded)		$5,000/$10,000 (incl ded)	
Co-Insurance	20%		0%		0%	
Office Visits						
Primary Care	$25 ded waived		$25		$25	
Specialist	$50 ded waived		$40		$50	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-20% after ded		No charge		No charge	
Chiropractic Care	$50 ded waived		$40		$50	
Inpatient Services						
Inpatient Hospital	20% after ded		$500/day; $1,500 max/admit		$500/admit	
Mental Health Inpatient	20% after ded		$500/day; $1,500 max/admit		$500/admit	
Substance Abuse Inpatient	20% after ded		$500/day; $1,500 max/admit		$500/admit	
Outpatient Services						
Outpatient Facility	20% after ded		$300		$75	
Lab/X-Ray	20% after ded		PCP-$25; SP-$40		Lab-$25; X-ray-$50	
Advanced Radiology	20% after ded		$40		$100	
Mental Health Outpatient	$50 ded waived		$25		$50	
Substance Abuse Outpatient	$50 ded waived		$25		$50	
Emergency Care						
Emergency Room	$300 ded waived		$350 (waived if admitted)		$500	
Ambulance	20% after ded		$150		$500	
Urgent Care	$75 ded waived		$60		$75	
Recovery/Special Needs						
Home Health Care	20% after ded; 40 visits/yr		$25; 40 visits/plan yr		$25; 40 visits/plan yr	
Skilled Nursing	20% after ded; 200 days/yr		$500/day; $1,500 max/admit; 200 days/plan yr		$500/admit; 200 days/plan yr	
Durable Medical Equipment	20% after ded		15%		$100	
Single	0 x	$894.50	0 x	$728.03	0 x	$731.50
EE with Spouse	0 x	$1,789.00	0 x	$1,456.06	0 x	$1,463.00
EE with Child(ren)	0 x	$1,520.65	0 x	$1,237.65	0 x	$1,243.55
Family	0 x	$2,549.33	0 x	$2,074.89	0 x	$2,084.77
Monthly Cost	0	$0.00	0	$0.00	0	$0.00
Annual Cost		$0.00		$0.00		$0.00

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	Aetna Gold EPO 1000 90% ID: 14038844* (EPOc) (UCR=N/A)		EmblemHealth EmblemHealth Gold 40/60* (HMOc) (UCR=N/A)		Empire Blue Priority Gold Blue Priority EPO 35/10%/5850* (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	15/65/50%/TCS/100 ded T2-4		15/35/75/100 ded		10/35/75	
Cost Share Information						
Individual/Family Deductible	$1,000/$2,000 embedded		$250/$500		N/A	
Individual/Family OOP Limit	$6,000/$12,000 (incl ded)		$5,500/$11,000 (incl ded)		$5,850/$11,700	
Co-Insurance	10%		0%		10%	
Office Visits						
Primary Care	$30 ded waived		$40 after ded		$35	
Specialist	$60 ded waived		$60 after ded		$50	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier		No charge		No charge	
Chiropractic Care	$60 ded waived		$60 after ded		$50	
Inpatient Services						
Inpatient Hospital	10% after ded		$1,500/admit after ded; pre-auth req		$500/day; 4 days/admit	
Mental Health Inpatient	10% after ded		$1,500/admit after ded; pre-auth req		$500/day; 4 days/admit	
Substance Abuse Inpatient	10% after ded		$1,500/admit after ded; pre-auth req		$500/day; 4 days/admit	
Outpatient Services						
Outpatient Facility	Refer to Outpatient Surgery		$150 after ded; pre-auth req		$500	
Lab/X-Ray	10% after ded		$60 after ded		Lab-No charge; X-ray: Office-No charge; OP-$100	
Advanced Radiology	10% after ded		$60 after ded		Office-$50; OP-$200	
Mental Health Outpatient	$60 ded waived		$40 after ded		$50	
Substance Abuse Outpatient	$60 ded waived		$40 after ded		$50	
Emergency Care						
Emergency Room	$750 (waived if admitted) ded waived		$200 (waived if admitted) after ded		$350	
Ambulance	10% after ded		$100 after ded		$350	
Urgent Care	$75 ded waived		$60 after ded		$100	
Recovery/Special Needs						
Home Health Care	25% ded waived; 40 visits/cal yr		$40 after ded; 40 visits/plan yr; pre-auth req		$50; 40 visits/yr	
Skilled Nursing	10% after ded		$1,500/admit after ded; 200 days/plan yr; pre-auth req		$500/day; 4 days/admit; 200 days/yr	
Durable Medical Equipment	50% after ded		10% after ded; pre-auth req		10%	
Single	0 x	$905.99	0 x	$749.63	0 x	$854.95
EE with Spouse	0 x	$1,811.98	0 x	$1,499.26	0 x	$1,709.90
EE with Child(ren)	0 x	$1,540.18	0 x	$1,274.37	0 x	$1,453.42
Family	0 x	$2,582.07	0 x	$2,136.45	0 x	$2,436.61
Monthly Cost	0	$0.00	0	$0.00	0	$0.00
Annual Cost		$0.00		$0.00		$0.00

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