


• All plans Embedded Adult Vision, Telemedicine and \$300 in Employee Cash Rewards.

Prepared For: **NYC SMB - 1Q 2018**  
 New York County, NY 10001  
 Prepared By: Millenium Medical Solutions - (914)207-6161

• HSA Advanatage: Some Tier 1 and 2 Rx are NOT subject to deductible

**Health Plan Comparison Report (4L)**

Effective Date: 01/01/2018  
 Prepared On: 11/06/2017  
 Report ID: 33805123  
 SIC: 8011

	<b>Empire EPO/PPO</b> <b>Platinum PPO 15/0%/3500 80th Percentile FAIR Health</b>		<b>Empire EPO/PPO</b> <b>Silver EPO 1500/30%/6650</b>		<b>Empire EPO/PPO</b> <b>Gold EPO 35/10%/5850</b>		<b>Empire Pathway</b> <b>Bronze Pathway EPO 5500/35%/6650 w/HSA</b> <i>health savings account</i>	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	5/30/60		15/40/80/250 ded T2-3		10/35/75		15/50/90 IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A	\$2,000/\$4,000 embedded	\$1,500/\$3,000 embedded		N/A		\$5,500/\$1,000 embedded	
Individual/Family OOP Limit	\$3,500/\$7,000	\$7,000/\$14,000 (incl ded)	\$6,650/\$13,300 (incl ded)		\$5,850/\$11,700		\$6,650/\$13,300 (incl ded)	
Co-Insurance	0%	20%	30%		10%		35%	
<b>Office Visits</b>								
Primary Care	\$15	20% after ded	\$35 ded waived visits 1-3; 30% after ded visits 4+		\$35		35% after ded	
Specialist	\$15	20% after ded	\$35 ded waived visits 1-3; 30% after ded visits 4+		\$50		35% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$250/admit	20% after ded	30% after ded		\$500/admit		35% after ded	
Mental Health Inpatient	\$250/admit	20% after ded	30% after ded		\$500/admit		35% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$150	20% after ded	30% after ded		\$500		35% after ded	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-\$20	20% after ded	30% after ded		Lab-No charge; X-ray: Office-No charge; OP-\$100		35% after ded	
Mental Health Outpatient	\$15	20% after ded	30% after ded		\$50		35% after ded	
<b>Emergency Care</b>								
Emergency Room	\$150	Paid as in-network	\$300 after ded		\$350		35% after ded	
<b>Single</b>	1 x	\$1,220.58	1 x	\$768.88	1 x	\$891.04	1 x	\$617.05
EE with Spouse	0 x	\$2,441.16	0 x	\$1,537.76	0 x	\$1,782.08	0 x	\$1,234.10
EE with Child(ren)	0 x	\$2,074.99	0 x	\$1,307.10	0 x	\$1,514.77	0 x	\$1,048.99
Family	1 x	\$3,478.65	1 x	\$2,191.31	1 x	\$2,539.46	1 x	\$1,758.59
<b>Monthly Cost</b>	2	\$4,699.23	2	\$2,960.19	2	\$3,430.50	2	\$2,375.64
<b>Annual Cost</b>		\$56,390.76		\$35,522.28		\$41,166.00		\$28,507.68

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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## PPO/EPO

NY Presby Hospitals  
NYU Hospitals  
Mt. Sinai  
Hospital for Special Surgery  
Northwell Hospitals  
Montefiore  
Maimonides  
Memorial Sloan Kettering  
SUNY Stonybrook  
HHC Hospitals  
LIHN Hospitals

67,610 Physicians

## PATHWAY

NY Presby Hospitals  
NYU Hospitals  
Mt. Sinai  
Hospital for Special Surgery  
Northwell Hospitals  
Montefiore  
Maimonides

65,738 Physicians

## BLUE PRIORITY

NY Presby Hospitals  
Mt. Sinai  
LIHN (Catholic Hospitals)  
SUNY Stonybrook  
Montefiore  
Maimonides

