



Q1 2021 New York Small Group Plans | New York City

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

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	Empire Platinum Connection GEPO 250/10%/3000
Contract Code	SRB3	SRT4	SRAM	SQR3	SR01	SQQ5	SQQM	SR09	SQZB	SQYV

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	Empire Platinum Connection 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	\$971.37
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	\$1,942.74
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	\$1,651.33
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	\$2,768.40

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	Empire Platinum Connection GEPO 250/10%/3000 WH
Contract Code	SRBT		SRBB	SQRB	SROR		SQQV	SR0Z		SQZ3

Enhanced Embedded Dental and Vision Premium	Empire Platinum EPO 5/0%/3000 WH	Empire Platinum PPO 5/0%/4150 WH	Empire Platinum Connection GEPO 15/0%/2500 WH	Empire Platinum EPO 20/0%/2750 WH	Empire Platinum Connection EPO 20/0%/2750 WH	Empire Platinum PPO 20/0%/2750 WH
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	Empire Platinum PPO 5/0%/4150 WH	Empire Platinum Connection GEPO 15/0%/2500 WH	Empire Platinum EPO 20/0%/2750 WH	Empire Platinum Connection EPO 20/0%/2750 WH	Empire Platinum PPO 20/0%/2750 WH
Network	PPO / EPO	Blue Access	PPO / EPO	Connection	PPO / EPO	Blue Access
National Access via Bluecard Program	Yes	Yes	Yes	Yes*	Yes	Yes
Gatekeeper	No	No	No	Yes	No	No
Formulary	Traditional Open	Traditional Open	Traditional Open	Select	Traditional Open	Traditional Open
Creditability Coverage Status	Pass	Pass	Pass	Pass	Pass	Pass
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded

Plan Benefits	Empire Platinum EPO 5/0%/3000 WH	Empire Platinum PPO 5/0%/4150 WH	Empire Platinum Connection GEPO 15/0%/2500 WH	Empire Platinum EPO 20/0%/2750 WH	Empire Platinum Connection EPO 20/0%/2750 WH	Empire Platinum PPO 20/0%/2750 WH
INN Deductible (Ind / Fam)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
OON Deductible (Ind / Fam)	-	-	\$3000/\$6000	-	-	\$3000/\$6000
INN Coinsurance	0%	0%	0%	0%	0%	0%
OON Coinsurance	-	-	20%	-	-	20%
INN Out of Pocket Max (Ind / Fam)	\$3000/\$6000	\$3000/\$6000	\$4150/\$8300	\$2500/\$5000	\$2750/\$5500	\$2750/\$5500
OON Out of Pocket Max (Ind / Fam)	-	-	\$10375/\$20750	-	-	\$6875/\$13750
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	\$5	\$5	\$5	\$15	\$20	\$20
Specialist Visit	\$25	\$25	\$25	\$30	\$40	\$40
Emergency Room	\$200	\$200	\$200	\$200	\$200	\$200
Urgent Care	\$50	\$50	\$50	\$120	\$50	\$50
Inpatient Facility	\$350	\$350	\$350	\$400/day up to 4d	\$400	\$400
Outpatient Facility	\$100	\$100	\$300	\$500	\$200	\$200
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0	\$0	\$0
INN Lab (Office; Outpatient)	\$0 / \$125	\$0 / \$125	\$0 / \$125	\$0 / \$125	\$0 / \$125	\$0 / \$125
INN X-Ray (Office; Outpatient)	\$5 / 25%	\$5 / 25%	\$5 / 25%	\$15 / 25%	\$20 / 25%	\$20 / 25%
INN Adv Diagnostic Imaging (Office; Outpatient)	\$25 / 25%	\$25 / 25%	\$25 / 25%	\$30 / 25%	\$40 / 25%	\$40 / 25%
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
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

* 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.



Q1 2021 New York Small Group Plans | New York City

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

Plan Name	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	Empire Gold Blue Access EPO 750/10%/6250	Empire Gold Blue Access GEPO 1000/0%/6000
Contract Code	5RMG	5SRC1	5SRCH	5SRDF	5SRCZ	5SRDX	5SR65	5SQXF	5SRR0	5SRED

Premium

Individual	\$965.38	\$1,128.24	\$1,015.60	\$1,014.19	\$923.77	\$922.57	\$842.29	\$1,076.17	\$968.65	\$941.96
Individual + Spouse	\$1,930.76	\$2,256.48	\$2,031.20	\$2,028.38	\$1,847.54	\$1,845.14	\$1,684.58	\$2,152.34	\$1,937.30	\$1,883.92
Individual + Child(ren)	\$1,641.15	\$1,918.01	\$1,726.52	\$1,724.12	\$1,570.41	\$1,568.37	\$1,431.89	\$1,829.49	\$1,646.71	\$1,601.33
Family	\$2,751.33	\$3,215.48	\$2,894.46	\$2,890.44	\$2,632.74	\$2,629.32	\$2,400.53	\$3,067.08	\$2,760.65	\$2,684.59

Plan Name	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	Empire Gold Blue Access EPO 750/10%/6250 WH	Not Offered
Contract Code					5SRD7	5SRES		5SQXX	5SRR8	

Enhanced Embedded Dental and Vision Premium

Individual					\$947.74	\$946.54		\$1,104.28	\$994.36	
Individual + Spouse					\$1,895.48	\$1,893.08		\$2,208.56	\$1,988.72	
Individual + Child(ren)					\$1,611.16	\$1,609.12		\$1,877.28	\$1,690.41	
Family					\$2,701.06	\$2,697.64		\$3,147.20	\$2,833.93	

Plan Details

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

Plan Benefits

INN Deductible (Ind / Fam)	\$400/\$1200	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$600/\$1200	\$750/\$2250	\$750/\$2250	\$1000/\$3000
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	-	-	-
INN Coinsurance	20%	0%	0%	10%	0%	10%	0%	10%	10%	0%
OON Coinsurance	-	-	-	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$3300/\$6600	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$4000/\$8000	\$6250/\$12500	\$6250/\$12500	\$6000/\$12000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-	-	-	-
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	\$0	Ded, then \$25	\$0	\$0	\$0
Primary Care Visit	0%	\$25	\$25	\$25	\$25	\$25	Ded, then \$25	\$50	\$50	\$30
Specialist Visit	\$75	\$50	\$50	\$50	\$50	\$50	Ded, then \$40	\$50	\$50	\$60
Emergency Room	Ded, then 20%	\$750	\$750	\$750	\$750	\$750	Ded, then \$150	Ded, then \$500	Ded, then \$500	Ded, then \$500
Urgent Care	\$100	\$100	\$100	\$100	\$100	\$100	Ded, then \$60	\$100	\$100	\$75
Inpatient Facility	Ded, then 20%	\$400/day up to 4d	\$400/day up to 4d	\$400/day up to 4d	\$400/day up to 4d	\$400/day up to 4d	Ded, then 1000	Ded, then 10%	Ded, then 10%	Ded, then 0%
Outpatient Facility	Ded, then 20%	\$250	\$250	\$250	\$250	\$250	Ded, then \$100	Ded, then \$300	Ded, then \$300	Ded, then \$250
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0	\$0	\$0	Ded then \$25	\$0	\$0	\$0
INN Lab (Office; Outpatient)	20% / Ded, 20%	\$0 / \$125	\$0 / \$125	\$0 / \$125	\$0 / \$125	\$0 / \$125	Ded, \$25 / Ded, \$40	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 0% / Ded, 0%
INN X-Ray (Office; Outpatient)	20% / Ded, 20%	\$25 / 25%	\$25 / 25%	\$25 / 25%	\$25 / 25%	\$25 / 25%	Ded, \$25 / Ded, \$40	Ded, \$50 / Ded, \$300	Ded, \$50 / Ded, \$300	Ded, \$30 / Ded, \$250
INN Adv Diagnostic Imaging (Office; Outpatient)	20% / Ded, 20%	\$50 / 25%	\$50 / 25%	\$50 / 25%	\$50 / 25%	\$50 / 25%	Ded, \$40 / Ded, \$40	Ded, \$50 / Ded, \$300	Ded, \$50 / Ded, \$300	Ded, \$60 / Ded, \$250
Rx Deductible	Tiers 2 & 3, Med Ded	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	NA	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***	10/35/70	10/35/70	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

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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 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	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
Contract Code	SREV	SRFB	SRP4	SRG9	SQSZ	SQTF	SQTP	SRKK	SRMQ	SQUD
Premium										
Individual	\$857.10	\$1,061.36	\$955.25	\$1,065.49	\$959.07	\$846.75	\$1,274.00	\$936.41	\$845.66	\$1,011.35
Individual + Spouse	\$1,714.20	\$2,122.72	\$1,910.50	\$2,130.98	\$1,918.14	\$1,693.50	\$2,548.00	\$1,872.82	\$1,691.32	\$2,022.70
Individual + Child(ren)	\$1,457.07	\$1,804.31	\$1,623.93	\$1,811.33	\$1,630.42	\$1,439.48	\$2,165.80	\$1,591.90	\$1,437.62	\$1,719.30
Family	\$2,442.74	\$3,024.88	\$2,722.46	\$3,036.65	\$2,733.35	\$2,413.24	\$3,630.90	\$2,668.77	\$2,410.13	\$2,882.35

Plan Name	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	Not Offered	Not Offered	Empire Gold EPO 1750/10%/4500 w/HSA WH
Contract Code	SRF3	SRFT		SRGR		SRUS	SQTX			SQUV

Enhanced Embedded Dental and Vision Premium										
Individual	\$881.29	\$1,089.46		\$1,093.60		\$870.94	\$1,302.10			\$1,039.46
Individual + Spouse	\$1,762.58	\$2,178.92		\$2,187.20		\$1,741.88	\$2,604.20			\$2,078.92
Individual + Child(ren)	\$1,498.19	\$1,852.08		\$1,859.12		\$1,480.60	\$2,213.57			\$1,767.08
Family	\$2,511.68	\$3,104.96		\$3,116.76		\$2,482.18	\$3,710.99			\$2,962.46

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

Plan Benefits										
INN Deductible (Ind / Fam)	\$1000/\$3000	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1400/\$2800	\$1500/\$3000	\$1750/\$3500
OON Deductible (Ind / Fam)	-	-	-	-	-	-	\$3125/\$6250	-	-	-
INN Coinsurance	0%	10%	10%	20%	20%	20%	20%	0%	20%	10%
OON Coinsurance	-	-	-	-	-	-	40%	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$6000/\$12000	\$8000/\$16000	\$8000/\$16000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$7000/\$14000	\$3300/\$6600	\$5500/\$11000	\$4500/\$9000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	\$17500/\$35000	-	-	-
TeleHealth via LiveHealth Online	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Ded/0%	\$0	Ded/0%
Primary Care Visit	\$30	\$15	\$15	\$25	\$25	\$25	\$25	Ded, then \$15	0%	Ded, then 10%
Specialist Visit	\$60	\$35	\$35	\$40	\$40	\$40	\$40	Ded, then \$30	\$75	Ded, then 10%
Emergency Room	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$400	Ded, then \$400	Ded, then \$400	Ded, then \$500	Ded, then \$300	Ded, then 20%	Ded, then 10%
Urgent Care	\$75	\$75	\$75	\$75	\$75	\$75	\$80	Ded, then \$30	\$100	Ded, then 10%
Inpatient Facility	Ded, then 0%	Ded, then 10%	Ded, then 10%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then \$800	Ded, then 20%	Ded, then 10%
Outpatient Facility	Ded, then \$250	Ded, then \$300	Ded, then \$300	Ded, then \$250	Ded, then \$250	Ded, then \$250	Ded, then \$250	Ded, then \$300	Ded, then 20%	Ded, then 10%
Preferred Lab / Preferred Office Lab	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Ded, then \$0	\$0	Ded, then \$0
INN Lab (Office; Outpatient)	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%	Ded, \$15 / Ded, \$300	20% / Ded, 20%	Ded, 10% / Ded, 10%
INN X-Ray (Office; Outpatient)	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	Ded, \$15 / Ded, \$300	20% / Ded, 20%	Ded, 10% / Ded, 10%
INN Adv Diagnostic Imaging (Office; Outpatient)	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	Ded, \$30 / Ded, \$300	20% / Ded, 20%	Ded, 10% / Ded, 10%
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	Med Ded	Tiers 2 & 3, Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)***	P:10/35/70; NP:20/45/80***	10/35/70	10/35/70	10/35/70	10/35/70	10/35/70	P:10/35/70; NP:20/45/80***	10/35/70	P:10/50/90; NP:20/60/100***	10/35/70

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Plan Name	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	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
Contract Code	5RRY	5QUS	5R25	5R1P	5R2D	5RPC	5RMY	5RNG	5RQA	5QRT

Premium	5RRY	5QUS	5R25	5R1P	5R2D	5RPC	5RMY	5RNG	5RQA	5QRT
Individual	\$910.26	\$1,226.94	\$1,007.76	\$907.10	\$825.95	\$807.97	\$826.49	\$805.03	\$846.97	\$913.86
Individual + Spouse	\$1,820.52	\$2,453.88	\$2,015.52	\$1,814.20	\$1,651.90	\$1,615.94	\$1,652.98	\$1,610.06	\$1,693.94	\$1,827.72
Individual + Child(ren)	\$1,547.44	\$2,085.80	\$1,713.19	\$1,542.07	\$1,404.12	\$1,373.55	\$1,405.03	\$1,368.55	\$1,439.85	\$1,553.56
Family	\$2,594.24	\$3,496.78	\$2,872.12	\$2,585.24	\$2,353.96	\$2,302.71	\$2,355.50	\$2,294.34	\$2,413.86	\$2,604.50

Plan Name	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	Not Offered	Not Offered	Not Offered	Not Offered
Contract Code	5RS6	5QVB			5R2M					

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

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

Plan Benefits	5RRY	5QUS	5R25	5R1P	5R2D	5RPC	5RMY	5RNG	5RQA	5QRT
INN Deductible (Ind / Fam)	\$1750/\$3500	\$1750/\$3500	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2500/\$5000	\$3000/\$6000	\$0/\$0	\$2000/\$4000
OON Deductible (Ind / Fam)	-	\$4375/\$8750	-	-	-	-	-	-	-	-
INN Coinsurance	10%	10%	30%	30%	30%	20%	20%	20%	0%	20%
OON Coinsurance	-	40%	-	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$4500/\$9000	\$4500/\$9000	\$7500/\$15000	\$7500/\$15000	\$7500/\$15000	\$4000/\$8000	\$5000/\$10000	\$6000/\$12000	\$8550/\$17100	\$6600/\$13200
OON Out of Pocket Max (Ind / Fam)	-	\$11250/\$22500	-	-	-	-	-	-	-	-
TeleHealth via LiveHealth Online	Ded/0%	Ded/0%	\$0	\$0	\$0	Ded/0%	\$0	\$0	\$0	Ded/0%
Primary Care Visit	Ded, then 10%	Ded, then 10%	\$25	\$25	\$25	Ded, then 0%	0%	0%	\$35	Ded, then \$25
Specialist Visit	Ded, then 10%	Ded, then 10%	\$55	\$55	\$55	Ded, then \$75	\$75	\$75	\$125	Ded, then \$50
Emergency Room	Ded, then 10%	Ded, then 10%	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then 20%	Ded, then 20%	Ded, then 20%	\$1000	Ded, then \$500
Urgent Care	Ded, then 10%	Ded, then 10%	\$75	\$75	\$75	Ded, then \$100	\$100	\$100	\$100	Ded, then \$75
Inpatient Facility	Ded, then 10%	Ded, then 10%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 20%	Ded, then 20%	Ded, then 20%	\$500/day up to 4d	Ded, \$500/day till 4d
Outpatient Facility	Ded, then 10%	Ded, then 10%	Ded, then \$145	Ded, then \$145	Ded, then \$145	Ded, then 20%	Ded, then 20%	Ded, then 20%	\$400	Ded, then \$250
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	\$0	\$0	\$0	Ded, then \$0	\$0	\$0	\$0	Ded, then \$0
INN Lab (Office; Outpatient)	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, \$75 / Ded, 20%	20% / Ded, 20%	20% / Ded, 20%	\$0 / \$125	Ded, \$25 / Ded, \$250
INN X-Ray (Office; Outpatient)	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, \$25 / Ded, \$145	Ded, \$25 / Ded, \$145	Ded, \$25 / Ded, \$145	Ded, \$75 / Ded, 20%	20% / Ded, 20%	20% / Ded, 20%	\$35 / 25%	Ded, \$25 / Ded, \$250
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, 10% / Ded, 10%	Ded, 10% / Ded, 10%	Ded, \$55 / Ded, \$145	Ded, \$55 / Ded, \$145	Ded, \$55 / Ded, \$145	Ded, \$75 / Ded, 20%	20% / Ded, 20%	20% / Ded, 20%	\$125 / 25%	Ded, \$50 / Ded, \$250
Rx Deductible	Med Ded	Med Ded	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Tiers 2 & 3, \$100/\$200	Med Ded	Tiers 2 & 3, Med Ded	Tiers 2 & 3, Med Ded	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)***	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***	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

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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 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	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
Contract Code	5QS1	5RTU	5R6V	5R7B	5R3K	5R33	5R57	5R41	5R8H	5RHF

Premium										
Individual	\$822.57	\$749.91	\$920.61	\$828.67	\$916.36	\$824.75	\$751.54	\$1,114.73	\$875.29	\$906.45
Individual + Spouse	\$1,645.14	\$1,499.82	\$1,841.22	\$1,657.34	\$1,832.72	\$1,649.50	\$1,503.08	\$2,229.46	\$1,750.58	\$1,812.90
Individual + Child(ren)	\$1,398.37	\$1,274.85	\$1,565.04	\$1,408.74	\$1,557.81	\$1,402.08	\$1,277.62	\$1,895.04	\$1,487.99	\$1,540.97
Family	\$2,344.32	\$2,137.24	\$2,623.74	\$2,361.71	\$2,611.63	\$2,350.54	\$2,141.89	\$3,176.98	\$2,494.58	\$2,583.38

Plan Name	Empire Silver Blue Access EPO 2000/20%/6600 w/HSA WH	Not Offered	Not Offered	Not Offered	Empire Silver EPO 2500/50%/8500 WH	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
Contract Code	5QSH				5R49		5R4Z	5R4R	5R8Z	5R33

Enhanced Embedded Dental and Vision Premium										
Individual	\$848.39				\$944.47		\$775.84	\$1,142.84	\$903.51	\$934.55
Individual + Spouse	\$1,696.78				\$1,888.94		\$1,551.68	\$2,285.68	\$1,807.02	\$1,869.10
Individual + Child(ren)	\$1,442.26				\$1,605.60		\$1,318.93	\$1,942.83	\$1,535.97	\$1,588.74
Family	\$2,417.91				\$2,691.74		\$2,211.14	\$3,257.09	\$2,575.00	\$2,663.47

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

Plan Benefits										
INN Deductible (Ind / Fam)	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2800/\$5600	\$2800/\$5600
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	\$6250/\$12500	-	-
INN Coinsurance	20%	20%	30%	30%	50%	50%	50%	50%	30%	0%
OON Coinsurance	-	-	-	-	-	-	-	50%	-	-
INN Out of Pocket Max (Ind / Fam)	\$6600/\$13200	\$6600/\$13200	\$8400/\$16800	\$8400/\$16800	\$8500/\$17000	\$8500/\$17000	\$8500/\$17000	\$8500/\$17000	\$7000/\$14000	\$7000/\$14000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-	\$21250/\$42500	-	-
TeleHealth via LiveHealth Online	Ded/0%	Ded/0%	\$0	\$0	\$0	\$0	\$0	\$0	Ded/0%	Ded/0%
Primary Care Visit	Ded, then \$25	Ded, then \$25	\$35/3vis; Ded; 30%	\$35/3vis; Ded; 30%	\$40	\$40	\$40	\$40	Ded, then 30%	Ded, then \$30
Specialist Visit	Ded, then \$50	Ded, then \$50	\$35/3vis; Ded; 30%	\$35/3vis; Ded; 30%	\$70	\$70	\$70	\$70	Ded, then 30%	Ded, then \$60
Emergency Room	Ded, then \$500	Ded, then \$500	Ded, then \$1000	Ded, then \$1000	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then \$500	Ded, then 30%	Ded, then \$300
Urgent Care	Ded, then \$75	Ded, then \$75	Ded, then \$75	Ded, then \$75	\$75	\$75	\$75	\$75	Ded, then 30%	Ded, then \$50
Inpatient Facility	Ded, \$500/day till 4d	Ded, \$500/day till 4d	Ded, then 30%	Ded, then 30%	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 30%	Ded, then 1000
Outpatient Facility	Ded, then \$250	Ded, then \$250	Ded, then 30%	Ded, then 30%	Ded, then \$350	Ded, then \$350	Ded, then \$350	Ded, then \$350	Ded, then 30%	Ded, then \$200
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	\$0	\$0	\$0	\$0	\$0	\$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient)	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%	Ded, 50% / Ded, 50%	Ded, 30% / Ded, 30%	Ded, \$30 / Ded, \$200
INN X-Ray (Office; Outpatient)	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, \$40 / Ded, \$350	Ded, \$40 / Ded, \$350	Ded, \$40 / Ded, \$350	Ded, \$40 / Ded, \$350	Ded, 30% / Ded, 30%	Ded, \$30 / Ded, \$200
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, \$50 / Ded, \$250	Ded, \$50 / Ded, \$250	Ded, 30% / Ded, 30%	Ded, 30% / Ded, 30%	Ded, \$70 / Ded, \$350	Ded, \$70 / Ded, \$350	Ded, \$70 / Ded, \$350	Ded, \$70 / Ded, \$350	Ded, 30% / Ded, 30%	Ded, \$60 / Ded, \$200
Rx Deductible	Med Ded	Med Ded	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	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)***	10/35/90	P:10/35/90; NP:20/45/100***	10/50/90	10/50/90	10/35/90	10/35/90	P:10/35/90; NP:20/45/100***	10/35/90	10/35/90	10/35/90

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Q1 2021 New York Small Group Plans | New York City

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

Plan Name	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	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
Contract Code	SRHP	SRTL	SRH7	5T1W	SQW1	5RQJ	5RPL	SQWH	5R17	5RNE

Premium										
Individual	\$815.92	\$787.93	\$1,104.38	\$1,276.61	\$824.20	\$751.00	\$727.69	\$915.49	\$793.37	\$720.28
Individual + Spouse	\$1,631.84	\$1,575.86	\$2,208.76	\$2,553.22	\$1,648.40	\$1,502.00	\$1,455.38	\$1,830.98	\$1,586.74	\$1,440.56
Individual + Child(ren)	\$1,387.06	\$1,339.48	\$1,877.45	\$2,170.24	\$1,401.14	\$1,276.70	\$1,237.07	\$1,556.33	\$1,348.73	\$1,224.48
Family	\$2,325.37	\$2,245.60	\$3,147.48	\$3,638.34	\$2,348.97	\$2,140.35	\$2,073.92	\$2,609.15	\$2,261.10	\$2,052.80

Plan Name	Not Offered	Not Offered	Not Offered	Not Offered	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
Contract Code							SSEL			SSEU

Enhanced Embedded Dental and Vision Premium										
Individual							\$751.98			\$744.57
Individual + Spouse							\$1,503.96			\$1,489.14
Individual + Child(ren)							\$1,278.37			\$1,265.77
Family							\$2,143.14			\$2,122.02

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

Plan Benefits										
INN Deductible (Ind / Fam)	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600	\$2800/\$5600	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	\$3250/\$6500	\$4000/\$8000	\$4000/\$8000
OON Deductible (Ind / Fam)	-	-	\$7000/\$14000	\$7000/\$14000	-	-	-	-	-	-
INN Coinsurance	0%	30%	0%	0%	45%	45%	20%	40%	50%	30%
OON Coinsurance	-	-	30%	30%	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$8550/\$17100	\$8550/\$17100	\$6500/\$13000	\$8550/\$17100	\$8500/\$17000	\$8400/\$16800
OON Out of Pocket Max (Ind / Fam)	-	-	\$17500/\$35000	\$17500/\$35000	-	-	-	-	-	-
TeleHealth via LiveHealth Online	Ded/0%	Ded/0%	Ded/0%	Ded/0%	\$0	\$0	Ded/0%	\$0	\$0	\$0
Primary Care Visit	Ded, then \$30	Ded, then 30%	Ded, then \$30	Ded, then \$30	\$25	\$25	Ded, then 0%	\$25	\$25	0%
Specialist Visit	Ded, then \$60	Ded, then 30%	Ded, then \$60	Ded, then \$60	\$75	\$75	Ded, then \$75	\$75	\$50	\$75
Emergency Room	Ded, then \$300	Ded, then 30%	Ded, then \$300	Ded, then \$300	Ded, then \$550	Ded, then \$550	Ded, then 20%	Ded, then \$550	Ded, then \$500	Ded, then 30%
Urgent Care	Ded, then \$50	Ded, then 30%	Ded, then \$50	Ded, then \$50	\$80	\$80	Ded, then \$100	\$80	\$80	\$100
Inpatient Facility	Ded, then 1000	Ded, then 30%	Ded, then 1000	Ded, then 1000	Ded, then 45%	Ded, then 45%	Ded, then 20%	Ded, then 40%	Ded, then 50%	Ded, then 30%
Outpatient Facility	Ded, then \$200	Ded, then 30%	Ded, then \$200	Ded, then \$200	Ded, then \$250	Ded, then \$250	Ded, then 20%	Ded, then \$250	Ded, then \$250	Ded, then 30%
Preferred Lab / Preferred Office Lab	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	\$0	\$0	Ded, then \$0	\$0	\$0	\$0
INN Lab (Office; Outpatient)	Ded, \$30 / Ded, \$200	Ded, 30% / Ded, 30%	Ded, \$30 / Ded, \$200	Ded, \$30 / Ded, \$200	Ded, 45% / Ded, 45%	Ded, 45% / Ded, 45%	Ded, \$75 / Ded, 20%	Ded, 40% / Ded, 40%	Ded, 50% / Ded, 50%	30% / Ded, 30%
INN X-Ray (Office; Outpatient)	Ded, \$30 / Ded, \$200	Ded, 30% / Ded, 30%	Ded, \$30 / Ded, \$200	Ded, \$30 / Ded, \$200	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	Ded, \$75 / Ded, 20%	Ded, \$25 / Ded, \$250	Ded, \$25 / Ded, \$250	30% / Ded, 30%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, \$60 / Ded, \$200	Ded, 30% / Ded, 30%	Ded, \$60 / Ded, \$200	Ded, \$60 / Ded, \$200	Ded, \$75 / Ded, \$250	Ded, \$75 / Ded, \$250	Ded, \$75 / Ded, 20%	Ded, \$50 / Ded, \$250	Ded, \$50 / Ded, \$250	30% / Ded, 30%
Rx Deductible	Med Ded	Med Ded	Med Ded	Med Ded	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
Rx Copay (Tier 1 / 2 / 3)***	10/35/90	10/35/90	10/35/90	10/35/90	10/35/90	10/35/90; NP:20/45/100***	P:10/35/90; P:10/50/90; NP:20/60/100***	10/35/90	10/35/90	P:10/50/90; NP:20/60/100***

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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 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	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
Contract Code	SRPU	SRNN	SRQ2	SR9F	SR9X	SQVK	SR7T	SRU2	SRUJ	SR5F

Premium										
Individual	\$698.82	\$698.27	\$645.55	\$785.31	\$706.88	\$645.66	\$703.39	\$642.39	\$623.11	\$668.43
Individual + Spouse	\$1,397.64	\$1,396.54	\$1,291.10	\$1,570.62	\$1,413.76	\$1,291.32	\$1,406.78	\$1,284.78	\$1,246.22	\$1,336.86
Individual + Child(ren)	\$1,187.99	\$1,187.06	\$1,097.44	\$1,335.03	\$1,201.70	\$1,097.62	\$1,195.76	\$1,092.06	\$1,059.29	\$1,136.33
Family	\$1,991.64	\$1,990.07	\$1,839.82	\$2,238.13	\$2,014.61	\$1,840.13	\$2,004.66	\$1,830.81	\$1,775.86	\$1,905.03

Plan Name	Not Offered	Not Offered	Empire Link Bronze Connection EPO 6250/30%/7000 w/HSA WH	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
Contract Code			SSF2	SRAD		SQVT		SRUA		

Enhanced Embedded Dental and Vision Premium										
Individual			\$670.06	\$813.85		\$670.17		\$666.68		
Individual + Spouse			\$1,340.12	\$1,627.70		\$1,340.34		\$1,333.36		
Individual + Child(ren)			\$1,139.10	\$1,383.55		\$1,139.29		\$1,133.36		
Family			\$1,909.67	\$2,319.47		\$1,909.98		\$1,900.04		

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

Plan Benefits										
INN Deductible (Ind / Fam)	\$4000/\$8000	\$7000/\$14000	\$6250/\$12500	\$6600/\$13200	\$6600/\$13200	\$6600/\$13200	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$8500/\$17000
OON Deductible (Ind / Fam)	-	-	-	-	-	-	-	-	-	-
INN Coinsurance	20%	30%	30%	35%	35%	35%	0%	0%	0%	0%
OON Coinsurance	-	-	-	-	-	-	-	-	-	-
INN Out of Pocket Max (Ind / Fam)	\$7000/\$14000	\$8400/\$16800	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$7000/\$14000	\$8500/\$17000
OON Out of Pocket Max (Ind / Fam)	-	-	-	-	-	-	-	-	-	-
TeleHealth via LiveHealth Online	Ded/0%	\$0	Ded/0%	Ded/0%	Ded/0%	Ded/0%	Ded/0%	Ded/0%	Ded/0%	Ded/0%
Primary Care Visit	Ded, then 0%	0%	Ded, then 0%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%
Specialist Visit	Ded, then \$75	\$75	Ded, then \$75	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%
Emergency Room	Ded, then 20%	Ded, then 30%	Ded, then 30%	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%
Urgent Care	Ded, then \$100	\$100	Ded, then \$100	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%
Inpatient Facility	Ded, then 20%	Ded, then 30%	Ded, then 30%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%
Outpatient Facility	Ded, then 20%	Ded, then 30%	Ded, then 30%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 0%	Ded, then 0%	Ded, then 0%	Ded, then 0%
Preferred Lab / Preferred Office Lab	Ded, then \$0	\$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0	Ded, then \$0
INN Lab (Office; Outpatient)	Ded, \$75 / Ded, 20%	30% / Ded, 30%	Ded, \$75 / Ded, 30%	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%
INN X-Ray (Office; Outpatient)	Ded, \$75 / Ded, 20%	30% / Ded, 30%	Ded, \$75 / Ded, 30%	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%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, \$75 / Ded, 20%	30% / Ded, 30%	Ded, \$75 / Ded, 30%	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%
Rx Deductible	Med Ded	Tiers 2 & 3, Med Ded	Med Ded	Med Ded	Med Ded	Med Ded	Med Ded	Med Ded	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)***	P:10/50/90; NP:20/60/100***	P:10/50/90; NP:20/60/100***	P:10/50/90; NP:20/60/100***	35/50/90	35/50/90	35/50/90	P:35/50/90; NP:45/60/100***	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.



The Whole Health Company

Plan Name	Empire Bronze Blue Access GEPO 8550/0%/8550 50	Empire Bronze Connection GEPO 8550/0%/8550 50
Contract Code	5S25	5QPP

Premium

Individual	\$674.64	\$616.36
Individual + Spouse	\$1,349.28	\$1,232.72
Individual + Child(ren)	\$1,146.89	\$1,047.81
Family	\$1,922.72	\$1,756.63

Plan Name	Not Offered	Empire Bronze Connection GEPO 8550/0%/8550 50 WH
Contract Code		5QPX

Enhanced Embedded Dental and Vision Premium

Individual	\$641.95
Individual + Spouse	\$1,283.90
Individual + Child(ren)	\$1,091.32
Family	\$1,829.56

Plan Details

Network	Blue Access	Connection
National Access via Bluecard Program	Yes*	Yes*
Gatekeeper	Yes	Yes
Formulary	Traditional Open	Select
Creditability Coverage Status	Fail	Fail
Embedded / Non-Embedded Medical Deductible	Embedded	Embedded

Plan Benefits

INN Deductible (Ind / Fam)	\$8550/\$17100	\$8550/\$17100
OON Deductible (Ind / Fam)	-	-
INN Coinsurance	0%	0%
OON Coinsurance	-	-
INN Out of Pocket Max (Ind / Fam)	\$8550/\$17100	\$8550/\$17100
OON Out of Pocket Max (Ind / Fam)	-	-
TeleHealth via LiveHealth Online	\$0	\$0
Primary Care Visit	\$50	\$50
Specialist Visit	\$100	\$100
Emergency Room	Ded, then 0%	Ded, then 0%
Urgent Care	Ded, then 0%	Ded, then 0%
Inpatient Facility	Ded, then 0%	Ded, then 0%
Outpatient Facility	Ded, then 0%	Ded, then 0%
Preferred Lab / Preferred Office Lab	\$0	\$0
INN Lab (Office; Outpatient)	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%
INN X-Ray (Office; Outpatient)	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%
INN Adv Diagnostic Imaging (Office; Outpatient)	Ded, 0% / Ded, 0%	Ded, 0% / Ded, 0%
Rx Deductible	Med Ded	Med Ded
Rx Copay (Tier 1 / 2 / 3)***	0/0/0	0/0/0