

MACKOUL RISK SOLUTIONS | Health Plan Comparison

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EMPIRE BLUE CROSS BLUE SHIELD | Effective Date: 1st Quarter

	EMPIRE EPO/PPO Platinum EPO 15/0%/3500* (EPO) (UCR=N/A)		EMPIRE EPO/PPO Gold EPO 1500/10%/7000* (EPOc) (UCR=N/A)		EMPIRE EPO/PPO Silver EPO 2500/30%/7500* (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	IN-NETWORK	OUT-NETWORK
PRESCRIPTION DRUGS								
Drug Card	10/35/75		10/50/75		15/50/80/250 ded T2-3		15/50/90 IntDed	
COST SHARE INFORMATION								
Individual/Family Deductible	N/A		\$1,500/\$3,000 embedded		\$2,500/\$5,000 embedded		\$5,500/\$11,000 non-embedded	
Individual/Family OOP Limit	\$3,500/\$7,000		\$7,000/\$14,000 (incl ded)		\$7,500/\$15,000 (incl ded)		\$6,700/\$13,400 (incl ded)	
Co-Insurance	0%		10%		30%		35%	
OFFICE VISITS								
Primary Care	\$15		\$30 ded waived		\$40 ded waived		35% after ded	
Specialist	\$15		\$60 ded waived		\$70 ded waived		35% after ded	
INPATIENT SERVICES								
Inpatient Hospital	\$300/admit		10% after ded		30% after ded		35% after ded	
Mental Health Inpatient	\$300/admit		10% after ded		30% after ded		35% after ded	
OUTPATIENT SERVICES								
Outpatient Facility	\$200		10% after ded		30% after ded		35% after ded	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-\$20		10% after ded		30% after ded		35% after ded	
Mental Health Outpatient	\$15		No charge		No Charge		35% after ded	
EMERGENCY CARE								
Emergency Room	\$200		\$400 ded waived		\$700 after ded		35% after ded	
Urgent Care	\$25		\$75 ded waived		\$75 ded waived		35% after ded	
Single	\$1,046.25		\$897.92		\$788.19		\$630.57	
EE with Spouse	\$2,092.50		\$1,795.84		\$1,576.38		\$1,261.14	
EE with Child(ren)	\$1,778.63		\$1,526.46		\$1,339.92		\$1,071.97	
Family	\$2,981.81		\$2,559.07		\$2,246.34		\$1,797.12	

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.