

SAMPLE NY COMPANY- EMPIRE BCBS

	Option 2	Option 3	Option 4	Option 8	Option 14
\$10/\$25/\$50 RX \$50 Deductible					
Single	1 \$ 799.21	\$ 760.48	\$ 739.94	\$ 698.56	\$ 639.15
Employee/Spouse	0 \$ 1,589.42	\$ 1,520.96	\$ 1,479.88	\$ 1,391.12	\$ 1,278.70
Employee/Child(ren)	0 \$ 1,438.57	\$ 1,368.85	\$ 1,331.89	\$ 1,252.00	\$ 1,150.62
Family	0 \$ 2,397.63	\$ 2,281.44	\$ 2,219.82	\$ 2,086.68	\$ 1,918.05
<u>Monthly Total</u>	\$ 799.21	\$ 760.48	\$ 739.94	\$ 698.56	\$ 639.15
Deductible					
In-Network	N/A	N/A	N/A	N/A	N/A
Out-of-Network	\$ 500.00	\$ 1,000.00	\$ 1,000.00	\$ 1,500.00	\$ 1,500.00
Primary Care Physician Office Visit					
In-Network	\$15 copay	\$20 copay	\$20 copay	\$20 copay	\$25 copay
Out-of-Network	N/A	N/A	N/A	N/A	N/A
Inpatient Hospital					
In-Network	\$250	\$0	\$250	\$500	\$0
Out-of-Network	N/A	N/A	N/A	N/A	N/A
Coinsurance					
In-Network	N/A	N/A	N/A	N/A	N/A
Out-of-Network	70%	70%	70%	70%	70%
UCR	80%	80%	80%	80%	80%

POS Rates.