

	Empire Blue Cross Blue Shield Value EPO 13(EPOc)		Empire Blue Cross Blue Shield Prism EPO 4(EPO)		Empire Blue Cross Blue Shield DirectShare POS 5/60%/NG(POSc)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Drug Card</b>						
Prescription Card	15(Generic) N/A(Brand) N/A/Yes/0 (d)	UCR=70%	10/35/70/Yes/100/2000 max	UCR=70%	10(Generic) 30(Brand) 50/Yes/100 (d)	UCR=70%
<b>Major Medical</b>						
Deductible Ind/Fam	\$3,000/\$7,500		N/A		\$1,000/\$2,500	\$2,000/\$5,000
Co-Insurance	80%		N/A		80% of \$15,000	60% of \$15,000
Out-of-Pocket	\$5,000/\$12,500		N/A		\$3,000/\$7,500 excl ded	\$6,000/\$15,000 excl ded
Office Co-pay	\$30		\$45		\$30 Copay	Ded & Coins
DXL/Lab Fees	Ded & Colns		No charge		Ded & Coins	Ded & Coins
Specialist Co-pay	\$50		\$60		\$50 Copay	Ded & Coins
Lifetime Maximum	Unlimited		Unlimited		Unlimited	\$1,000,000
<b>Hospital Benefits</b>						
Hospital In-Patient	Ded & Colns		\$500/day \$1,500/admis; \$3,750 max/cal yr		Ded & Coins	Ded & Coins
Hospital Out-Patient	Ded & Colns		\$300 copay		Ded & Coins	Ded & Coins
Emergency Room	\$100 copay		\$100 copay		\$75 (Waived if admitted within 24 hrs)	\$75 (Waived if admitted within 24 hrs)
Private Nursing	Not available		Not available		Ded & Coins	Ded & Coins
<b>Surgical Benefits</b>						
Surgical In-Patient	Ded & Colns		No charge		Ded & Coins	Ded & Coins
Surgical Out-Patient	Ded & Colns		\$300 copay		Ded & Coins	Ded & Coins
<b>Mental Health</b>						
Mental Nervous In-Patient	Ded & Colns 30 days/cal yr		\$500/day \$1,500/admis; \$3,750 max/cal yr 30 days/cal yr		Ded & Coins; 30 days/Cal. Yr.	Ded & Coins; 30 days/Cal. Yr.
Substance Abuse In-Patient	Ded & Colns Rehab-30 days/cal yr Detox-7 days/cal yr		\$500/day \$1,500/admis; \$3,750 max/cal yr Rehab-30 days/cal yr Detox-7 days/cal yr		Ded & Coins; up to 7 days detrox/Cal. Yr.	Ded & Coins; up to 7 days detrox/cal. Yr.
Mental Nervous Out-Patient	\$50 copay 20 visits/cal yr		\$60 copay 20 visits/cal yr		\$50 copay/visit; 20 Visits/Cal. Yr.	Ded & Coins; 20 Visits/Cal. Yr.
Substance Abuse Out-Patient	Ded & Colns 60 visits/cal yr		No charge 60 visits/cal yr		No copay; 60 visits/Cal. Yr.	Ded & Coins; 60 visits/Cal. Yr.
<b>Other</b>						
Well Care(Up to 19)	No charge		No charge		No Charge	Ded & Coins
Routine Adult Care	No charge		No charge		\$30 Copay	Ded & Coins
Chiropractic Care	\$50 copay		\$60 copay		\$30 Copay	Ded & Coins
Home Health Care	Ded & Colns; 200 visits/cal yr		No charge; 60 visits/cal yr		Coins; Ded waived	Coins; Ded waived
Non-Authorization	Refer to carrier		Refer to carrier			
Single	1 x \$297.75		1 x \$406.22		1 x \$484.62	
EE with Spouse	1 x \$595.50		1 x \$812.44		1 x \$969.24	
EE with Child(ren)	1 x \$535.95		1 x \$731.20		1 x \$872.31	
Family	1 x \$893.25		1 x \$1,218.66		1 x \$1,453.86	
Medicare	0 \$0.00		0 \$0.00		0 \$0.00	
Monthly Cost	4 \$2,322.45		4 \$3,168.52		4 \$3,780.03	
Annual Cost	\$27,869.40		\$38,022.24		\$45,360.36	

---

**Footnote Report**

---

**Prepared By:** Trevor Serraro  
**Prepared For:** Company X  
**Report Id:** 12603374

**Prepared On:** 12/7/2009  
**Effective Date:** 1/1/2010

---

**Empire**

Rx Copay

Rx Copays do not apply after deductible. Once deductible is met, Rx is covered at 100%. Applies to both retail and mail order HSA plans 7 and 8 only.

**Empire Blue Cross Blue Shield**

Rating

Empire rates groups based on the subscriber location; however the rates presented are for illustrative and side by side comparison purposes and are based on the group location. For a more detailed and accurate rate quote please contact your representative.