

HEALTH INSURANCE PLANS 2024

	PLAN TYPE	CO-PAY IN-NETWORK	ANNUAL DEDUCTIBLE (Out-of-Network)	Coinsurance (Out-of-Network)	HOSPITAL CO-PAY	PRESCRIPTION COVERAGE	Other
						Retail-30 day supply / Mail Order-90 day supply	
1-East End Health Plan			\$1,000 Enrollee	\$3,000 Enrollee	\$50 ER	\$5 Generic / \$10 Generic	Discount vision
Carrier- Blue Cross/Blue Shield	PPO	\$25	\$1,000 Spouse	\$3,000 Spouse	\$20- Urgent Care	\$25 Pref. Brand / \$50 Pref. Brand	
http://www.eehp.org	Part Prov. and MM 80% R & C		\$1,000 for all dep. children combined	\$3,000 for all dep. children combined	\$35 Out-patient	\$45 Non-Pref. Brand / \$90 Non-Pref. Brand 20% Copay for Speciality Drugs	
						Retail-30 day or 90 day supply/ Mail Order-90 day supply	
2-NYS Empire Plan			\$1,250 Enrollee	\$3,750 Enrollee	\$100 ER	Level 1= \$5 / \$10 / \$5	
Carriers- Uhc and BC/BS	PPO	\$25	\$1,250 Spouse	\$3,750 Spouse	\$50 Urgent Care Hosp. / \$30 Urgent Care OP	Level 2= \$30 / \$60 / \$55	
http://www.empireplanproviders.com/	Part Prov. and MM 80% R & C		\$1,250 for all dep. children combined	\$3,750 for all dep. children combined	\$95 Hosp. Out- Patient Surgery	Level 3= \$60 /\$120 / \$110	
3-HIP- Prime Low Option*	HMO	\$30 PCP	NA	NA	\$500 ER		
Carrier- EmblemHealth	PCP, HIP Centers and Referrals to Specialists	\$75 Specialist	NA	NA	\$ 50 Urgent Care \$750 Out-Pt Surgery \$2000 Hosp Co-pay	\$ 15 Co-pay Generic at Retail (only)	Limited Vision Benefit
https://portals.emblemhealth.com/ProviderSearchEHHIP/Search.aspx							

*Please refer to your Bargaining Unit Agreement to determine your eligibility to enroll in this plan.