

## HEALTH INSURANCE PLANS 2026

	PLAN TYPE	CO-PAY IN-NETWORK	ANNUAL DEDUCTIBLE (Out-of-Network)	Coinsurance (Out-of-Network)	HOSPITAL CO-PAY	PRESCRIPTION COVERAGE	Out of Network
						Retail-30 day supply / Mail Order-90 day supply	
<b>1-East End Health Plan</b>  <a href="http://www.eehp.org">http://www.eehp.org</a>	PPO	\$25	\$1,000 Enrollee  \$1,000 Spouse  \$1,000 for all dep. children combined	\$3,000 Enrollee  \$3,000 Spouse  \$3,000 for all dep. children combined	\$75 ER  \$25 Urgent Care  \$50 Out-patient	\$5 Generic / \$10 Generic  \$25 Pref. Brand / \$50 Pref. Brand  \$45 Non-Pref. Brand / \$90 Non-Pref. Brand 20% Copay for Speciality Drugs	Subject to Deductible and Coinsurance.  80% of Reasonable and Customary
						Retail-30 day or 90 day supply/ Mail Order-90 day supply	
<b>2-NYS Empire Plan</b>  <a href="http://www.empireplanproviders.com/">http://www.empireplanproviders.com/</a>	PPO  Part Prov. and MM 80% R & C	\$25	\$1,250 Enrollee  \$1,250 Spouse  \$1,250 for all dep. children combined	\$3,750 Enrollee  \$3,750 Spouse \$3,750 for all dep. children combined	\$100 ER  \$50 Urgent Care hospital-owned center/ \$30 Urgent Care freestanding center  \$95 Hosp. Out-Patient Surgery	Level 1= \$5 / \$10 / \$5  Level 2= \$30 / \$60 / \$55  Level 3= \$60 / \$120 / \$110	Subject to Deductible and Coinsurance.  80% of Reasonable and Customary
<b>3-HIP- Prime Low Option*</b>  <a href="https://portals.emblemhealth.com/ProviderSearchEHHIP/Search.aspx">https://portals.emblemhealth.com/ProviderSearchEHHIP/Search.aspx</a>	HMO  PCP, HIP Centers and Referrals to Specialists	\$30 PCP  \$75 Specialist	NA  NA	NA  NA	\$500 ER \$30=Urgent Care, \$750=OP Surgery, \$1,000=Hosp Copay Maternity, \$2,000 IP Copay	Retail Only  \$ 15 Co-pay Generic at Retail (only)- No Brand	Limited Vision Benefit

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