## 2016 Empire Plan Maximum Out-of-Pocket Limits for In-Network Services\*

| Coverage<br>Type       | Prescription Drug<br>Program** | Hospital, Medical/Surgical and Mental Health and Substance Abuse Programs Combined | Total    |
|------------------------|--------------------------------|--|----------|
| Individual<br>Coverage | \$2,400                        | \$4,450  | \$6,850  |
| Family<br>Coverage     | \$4,800                        | \$8,900  | \$13,700 |

<sup>\*</sup> Does not apply to employees represented by PIA.

2016 Empire Plan Combined Annual Deductible and Coinsurance Maximum Amounts for Non-Network (Basic Medical Program) Services\*

| Employee Group                   | Combined Annual                     | Combined Coinsurance                  |  |  |
|----------------------------------|-------------------------------------|---------------------------------------|--|--|
|                                  | Deductible*                         | Maximum*                              |  |  |
|                                  | (per enrollee; per spouse or        | (per enrollee; per spouse or domestic |  |  |
|                                  | domestic partner; per all dependent | partner; per all dependent children   |  |  |
|                                  | children combined)                  | combined)                             |  |  |
| Executive Branch Employee Groups |                                     |                                       |  |  |
| APSU                             | \$1,000                             | \$3,000                               |  |  |
| Council 82                       | \$1,000                             | \$3,000                               |  |  |
| CSEA                             | \$1,000/\$500**                     | \$3,000/\$1,500**                     |  |  |
| DC-37                            | \$1,000/\$500**                     | \$3,000/\$1,500**                     |  |  |
| M/C                              | \$1,000/\$500**                     | \$3,000/\$1,500**                     |  |  |
| NYSCOPBA                         | \$1,000/\$500**                     | \$3,000/\$1,500**                     |  |  |
| PEF                              | \$1,000/\$500**                     | \$3,000/\$1,500**                     |  |  |
| PBA - Troopers &                 | \$1,000/\$500**                     | \$3,000/\$1,500**                     |  |  |
| Supervisors                      |                                     |                                       |  |  |
| PIA                              | \$447 CPI***                        | 985 CPI***                            |  |  |
| UUP                              | \$1,000/\$500****                   | \$3,000/\$1,500****                   |  |  |
| Other Employee Group             |                                     |                                       |  |  |
| Legislature                      | \$1,000/\$500**                     | \$3,000/\$1,500**                     |  |  |
| Participating                    | \$1,000                             | \$3,000                               |  |  |
| Employers                        |                                     |                                       |  |  |
| Retirees, Vestees,               | \$1,000                             | \$3,000                               |  |  |
| Dependent Survivors              |                                     |                                       |  |  |
| and Preferred List               |                                     |                                       |  |  |
| Unified Court System             | \$1,000/\$500**                     | \$3,000/\$1,500**                     |  |  |
| Employees                        |                                     |                                       |  |  |

<sup>\*</sup> Each deductible and maximum coinsurance amount is combined among the Hospital Program (coinsurance only), Home Care Advocacy Program (deductible only), Medical/Surgical Program and Mental Health and Substance Abuse Program.

Please note: There is a separate deductible for non-network services in the Managed Physical Medicine Program.

Note: You have no deductible or coinsurance when you use The Empire Plan Participating Provider Program.

<sup>\*\*</sup> Does not apply to Medicare-primary enrollees.

<sup>\*\*</sup> The annual deductible for calendar year 2016 will be reduced to \$500 and the coinsurance maximum will be reduced to \$1,500 for CSEA, DC-37, M/C; Legislature, NYSCOPBA, PEF, PBA-S&T and employees of the Unified Court System in (or equated to) Salary Grade 6 or below on January 1, 2016. This reduction is not available to Judges and Justices.

<sup>\*\*\*</sup> These changes reflect the 2.4% increase in the medical care component of the Consumer Price Index for Urban Wage Earners and Clerical Workers, all Cities (C.P.I.-W.) for the period July 1, 2014 through June 30, 2015.

<sup>\*\*\*\*</sup> The annual deductible for calendar year 2016 will be reduced to \$500 and the coinsurance maximum will be reduced to \$1,500 for UUP-represented employees whose annual salary is \$35,705 and below.