

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

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

*Does not apply to Medicare-primary enrollees.

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

Combined Annual Deductible* (per enrollee; per spouse or domestic partner; per all dependent children combined)	Combined Coinsurance Maximum* (per enrollee; per spouse or domestic partner; per all dependent children combined)
\$1,000	\$3,000

* 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.

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