

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

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

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

<b>Combined Annual Deductible*</b> (per enrollee; per spouse or domestic partner; per all dependent children combined)	<b>Combined Coinsurance Maximum*</b> (per enrollee; per spouse or domestic partner; per all dependent children combined)
\$1,250	\$4,000

\* Under The Excelsior Plan, each deductible and maximum coinsurance amount is combined among the Medical/Surgical Program, Home Care Advocacy Program (deductible only) and outpatient expenses for the Mental Health and Substance Abuse Program.  
 Note: You have no deductible or coinsurance when you use the Participating Provider Program.