



Medical Plan Offerings— Empire 2024*

*Carrier availability is based on client headquartered location, as well as client selection.

Information shown in this document does not include all plan details or changes. Refer to the Carrier Certificate on TriNet (login.TriNet.com).

CHOICES THAT MATTER



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Empire Plan Details: **New Plan**

Empire HDHP 3500

NEW for 2024

The **new** Empire plan for the 2024 benefits plan year is listed on the following page.



Benefits	HDHP 3500
Network Name	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO
Single Deductible	\$3,500
Family Deductible	\$7,000
Single Deductible Out-of-Network	\$7,000
Family Deductible Out-of-Network	\$14,000
Single Out-of-Pocket Max	\$7,000
Family Out-of-Pocket Max	\$14,000
Single Out-of-Pocket Max Out-of-Network	\$13,000
Family Out-of-Pocket Max Out-of-Network	\$26,000
Co-Insurance	10%
Co-Insurance Out-of-Network	30%
Doctor Visits	10% after ded
Specialist Visits	10% after ded
Lab & X-Ray	10% after ded
Emergency Room Visits	10% after ded
Urgent Care Visits	10% after ded
Outpatient Facility	10% after ded
Outpatient Surgery	10% after ded
Hospital Inpatient	10% after ded
Rx Deductible (Non-Generic)	Integrated w/Med
Generic Rx (Tier 1)	\$10 after ded
Brand Rx (Tier 2)	\$35 after ded
Non-Formulary Rx (Tier 3)	\$55 after ded

Empire Plan Details: Current Plans

Empire BA EPO 2500	Current Plan for 2024
Empire BA EPO 5000	Current Plan for 2024
Empire BA EPO/HDHP 3500	Current Plan for 2024
Empire BA PPO 0-35	Current Plan for 2024
Empire BA PPO 3000	Current Plan for 2024
Empire EPO 20	Current Plan for 2024
Empire EPO 45	Current Plan for 2024
Empire EPO 1000	Current Plan for 2024
Empire EPO 4000	Current Plan for 2024
Empire EPO/HDHP 6400	Current Plan for 2024
Empire HDHP 6400	Current Plan for 2024
Empire PPO 0-10	Current Plan for 2024
Empire PPO 0-30	Current Plan for 2024
Empire PPO 500	Current Plan for 2024
Empire PPO 1000	Current Plan for 2024
Empire PPO 2000	Current Plan for 2024

The current Empire plans for the 2024 benefits plan year are listed on the following pages.



Benefits	BA EPO 2500	BA EPO 5000	BA EPO/HDHP 3500	BA PPO 0-35
Network Name	NY: Blue Access (Employer-Sponsored) Non-NY: National PPO Blue Card PPO	NY: Blue Access (Employer-Sponsored) Non-NY: National PPO Blue Card PPO	NY: Blue Access (Employer-Sponsored) Non-NY: National PPO Blue Card PPO	NY: Blue Access (Employer-Sponsored) Non-NY: National PPO Blue Card PPO
Single Deductible	\$2,500	\$5,000	\$3,500	\$0
Family Deductible	\$6,250	\$12,500	\$7,000	\$0
Single Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	\$3,000
Family Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	\$7,500
Single Out-of-Pocket Max	\$6,000	\$6,000	\$7,000	\$6,350
Family Out-of-Pocket Max	\$15,000	\$15,000	\$14,000	\$15,875
Single Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	\$10,500
Family Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	\$26,250
Co-Insurance	20%	30%	10%	0%
Co-Insurance Out-of-Network	Not Covered	Not Covered	Not Covered	30%
Doctor Visits	\$35	\$50	10% after ded	\$35
Specialist Visits	\$50	\$75	10% after ded	\$50
Lab & X-Ray	\$50/visit	\$75	10% after ded	\$0
Emergency Room Visits	\$300	\$400	10% after ded	\$400
Urgent Care Visits	\$75	\$75	10% after ded	\$75
Outpatient Facility	20% after ded	30% after ded	10% after ded	\$100
Outpatient Surgery	\$50	\$75	10% after ded	\$50
Hospital Inpatient	20% after ded	30% after ded	10% after ded	\$750
Rx Deductible (Non-Generic)	\$100/\$200	\$100/\$200	Integrated w/Med	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10 after ded	\$10
Brand Rx (Tier 2)	\$35	\$35	\$35 after ded	\$50
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70 after ded	\$80



Benefits	BA PPO 3000	EPO 20	EPO 45	EPO 1000
Network Name	NY: Blue Access (Employer-Sponsored) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO
Single Deductible	\$3,000	\$0	\$0	\$1,000
Family Deductible	\$7,500	\$0	\$0	\$2,500
Single Deductible Out-of-Network	\$6,000	Not Covered	Not Covered	Not Covered
Family Deductible Out-of-Network	\$15,000	Not Covered	Not Covered	Not Covered
Single Out-of-Pocket Max	\$5,080	\$3,500	\$4,500	\$4,000
Family Out-of-Pocket Max	\$12,700	\$8,750	\$11,250	\$10,000
Single Out-of-Pocket Max Out-of-Network	\$18,500	Not Covered	Not Covered	Not Covered
Family Out-of-Pocket Max Out-of-Network	\$46,250	Not Covered	Not Covered	Not Covered
Co-Insurance	20%	0%	0%	20%
Co-Insurance Out-of-Network	50%	Not Covered	Not Covered	Not Covered
Doctor Visits	\$40	\$20	\$45	\$20
Specialist Visits	\$70	\$40	\$65	\$40
Lab & X-Ray	\$70	\$0	\$0	\$20
Emergency Room Visits	\$400	\$200	\$300	\$200
Urgent Care Visits	\$75	\$75	\$100	\$75
Outpatient Facility	20% after ded	\$100	\$250	20% after ded
Outpatient Surgery	\$70	\$40	\$65	\$40
Hospital Inpatient	20% after ded	\$750	\$500/day; days 1-5	20% after ded
Rx Deductible (Non-Generic)	\$100/\$200	\$100/\$200	\$100/\$200	\$100/\$200
Generic Rx (Tier 1)	\$10	\$10	\$10	\$10
Brand Rx (Tier 2)	\$50	\$35	\$35	\$35
Non-Formulary Rx (Tier 3)	\$80	\$70	\$70	\$70



Benefits	EPO 4000	EPO/HDHP 6400	HDHP 6400	PPO 0-10
Network Name	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO
Single Deductible	\$4,000	\$6,400	\$6,400	\$0
Family Deductible	\$8,000	\$12,800	\$12,800	\$0
Single Deductible Out-of-Network	Not Covered	Not Covered	\$12,800	\$2,500
Family Deductible Out-of-Network	Not Covered	Not Covered	\$25,600	\$6,250
Single Out-of-Pocket Max	\$6,400	\$6,400	\$6,750	\$2,500
Family Out-of-Pocket Max	\$12,800	\$12,800	\$13,500	\$6,250
Single Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	\$13,500	\$5,000
Family Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	\$27,000	\$12,500
Co-Insurance	20%	0%	20%	0%
Co-Insurance Out-of-Network	Not Covered	Not Covered	40%	30%
Doctor Visits	\$40	0% after ded	20% after ded	\$10
Specialist Visits	\$75	0% after ded	20% after ded	\$20
Lab & X-Ray	\$75/visit	0% after ded	20% after ded	\$0
Emergency Room Visits	\$200	0% after ded	20% after ded	\$150
Urgent Care Visits	\$75	0% after ded	20% after ded	\$75
Outpatient Facility	20% after ded	0% after ded	20% after ded	\$100
Outpatient Surgery	20% after ded	0% after ded	20% after ded	\$20
Hospital Inpatient	20% after ded	0% after ded	20% after ded	\$250/day; days 1-3
Rx Deductible (Non-Generic)	\$100/\$200	Integrated w/Med	Integrated w/Med	N/A
Generic Rx (Tier 1)	\$10	0% after ded	\$10 after ded	\$10
Brand Rx (Tier 2)	\$35	0% after ded	\$35 after ded	\$35
Non-Formulary Rx (Tier 3)	\$70	0% after ded	\$70 after ded	\$70



Benefits	PPO 0-30	PPO 500	PPO 1000	PPO 2000
Network Name	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO	NY: EPO/PPO (ER Sponsored Plan) Non-NY: National PPO Blue Card PPO
Single Deductible	\$0	\$500	\$1,000	\$2,000
Family Deductible	\$0	\$1,250	\$2,000	\$4,000
Single Deductible Out-of-Network	\$3,000	\$1,000	\$2,000	\$4,000
Family Deductible Out-of-Network	\$7,500	\$2,500	\$4,000	\$8,000
Single Out-of-Pocket Max	\$4,500	\$5,000	\$6,000	\$6,000
Family Out-of-Pocket Max	\$11,250	\$12,500	\$12,000	\$12,000
Single Out-of-Pocket Max Out-of-Network	\$6,000	\$10,000	\$12,000	\$12,000
Family Out-of-Pocket Max Out-of-Network	\$15,000	\$25,000	\$24,000	\$24,000
Co-Insurance	0%	10%	20%	20%
Co-Insurance Out-of-Network	30%	30%	30%	40%
Doctor Visits	\$30	\$20	\$20	\$30
Specialist Visits	\$50	\$40	\$40	\$60
Lab & X-Ray	\$0	\$40/visit	\$40/visit	\$60/visit
Emergency Room Visits	\$400	\$200	\$200	\$200
Urgent Care Visits	\$75	\$75	\$75	\$75
Outpatient Facility	\$75	10% after ded	20% after ded	20% after ded
Outpatient Surgery	\$0	\$40	\$40	\$60
Hospital Inpatient	\$500/day; days 1-3	10% after ded	20% after ded	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10	\$10
Brand Rx (Tier 2)	\$50	\$35	\$35	\$35
Non-Formulary Rx (Tier 3)	\$80	\$70	\$70	\$70

CHOICES THAT MATTER

Empire: Eliminated Plan

For 2024, the following plan will no longer be offered:

Empire HDHP 3000	ELIMINATED for 2024
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