



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](https://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 |
|------------------|---------------------|