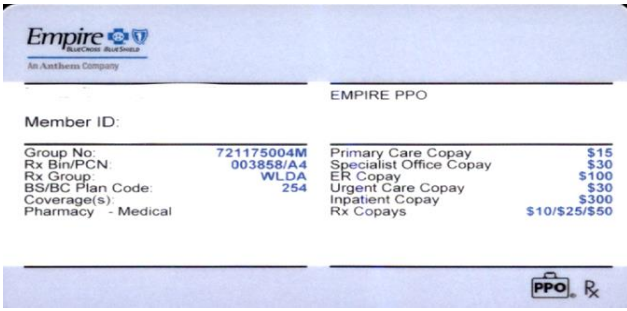
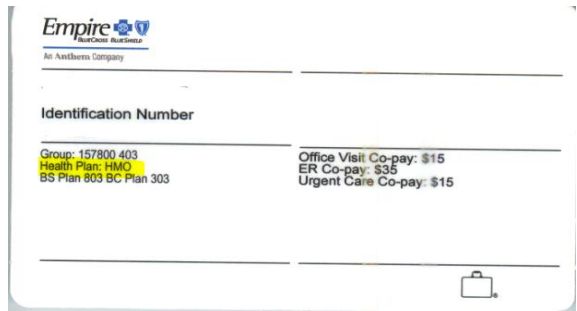
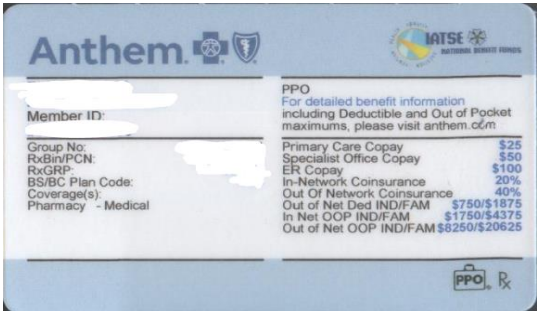
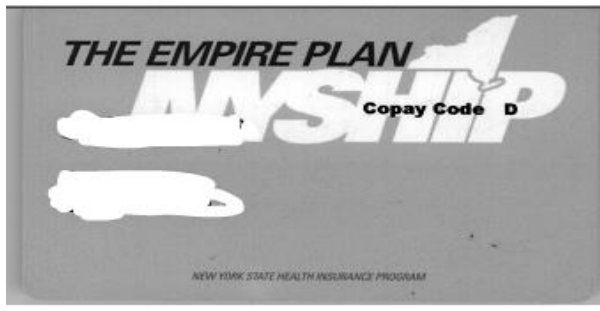


INSURANCE NAME	MNEMONIC	INSURANCE CARD	PARTICIPATION STATUS																																
Empire PPO or EPO	EMPIRE-PP	 <p>Empire PPO</p> <p>Member ID: _____</p> <table border="0"> <tr> <td>Group No:</td> <td>721175004M</td> <td>Primary Care Copay</td> <td>\$15</td> </tr> <tr> <td>Rx Bin/PCN:</td> <td>003858/A4</td> <td>Specialist Office Copay</td> <td>\$30</td> </tr> <tr> <td>Rx Group:</td> <td>WLDA</td> <td>ER Copay</td> <td>\$100</td> </tr> <tr> <td>BS/BC Plan Code:</td> <td>254</td> <td>Urgent Care Copay</td> <td>\$30</td> </tr> <tr> <td>Coverage(s):</td> <td></td> <td>Inpatient Copay</td> <td>\$300</td> </tr> <tr> <td>Pharmacy - Medical</td> <td></td> <td>Rx Copays</td> <td>\$10/\$25/\$50</td> </tr> </table>	Group No:	721175004M	Primary Care Copay	\$15	Rx Bin/PCN:	003858/A4	Specialist Office Copay	\$30	Rx Group:	WLDA	ER Copay	\$100	BS/BC Plan Code:	254	Urgent Care Copay	\$30	Coverage(s):		Inpatient Copay	\$300	Pharmacy - Medical		Rx Copays	\$10/\$25/\$50	Participating								
Group No:	721175004M	Primary Care Copay	\$15																																
Rx Bin/PCN:	003858/A4	Specialist Office Copay	\$30																																
Rx Group:	WLDA	ER Copay	\$100																																
BS/BC Plan Code:	254	Urgent Care Copay	\$30																																
Coverage(s):		Inpatient Copay	\$300																																
Pharmacy - Medical		Rx Copays	\$10/\$25/\$50																																
Empire HMO	Empire-MG	 <p>Identification Number _____</p> <table border="0"> <tr> <td>Group: 157800 403</td> <td>Office Visit Co-pay: \$15</td> </tr> <tr> <td>Health Plan: HMO</td> <td>ER Co-pay: \$35</td> </tr> <tr> <td>BS Plan 503 SC Plan 303</td> <td>Urgent Care Co-pay: \$15</td> </tr> </table>	Group: 157800 403	Office Visit Co-pay: \$15	Health Plan: HMO	ER Co-pay: \$35	BS Plan 503 SC Plan 303	Urgent Care Co-pay: \$15	Participating																										
Group: 157800 403	Office Visit Co-pay: \$15																																		
Health Plan: HMO	ER Co-pay: \$35																																		
BS Plan 503 SC Plan 303	Urgent Care Co-pay: \$15																																		
Anthem	BLU-OT	 <p>Member ID: _____</p> <table border="0"> <tr> <td>Group No:</td> <td>_____</td> <td>Primary Care Copay</td> <td>\$25</td> </tr> <tr> <td>RxBin/PCN:</td> <td>_____</td> <td>Specialist Office Copay</td> <td>\$50</td> </tr> <tr> <td>RxGRP:</td> <td>_____</td> <td>ER Copay</td> <td>\$100</td> </tr> <tr> <td>BS/BC Plan Code:</td> <td>_____</td> <td>In-Network Coinsurance</td> <td>20%</td> </tr> <tr> <td>Coverage(s):</td> <td>_____</td> <td>Out Of Network Coinsurance</td> <td>40%</td> </tr> <tr> <td>Pharmacy - Medical</td> <td>_____</td> <td>Out of Net Ded IND/FAM</td> <td>\$750/\$1875</td> </tr> <tr> <td></td> <td></td> <td>In Net OOP IND/FAM</td> <td>\$1750/\$4375</td> </tr> <tr> <td></td> <td></td> <td>Out of Net OOP IND/FAM</td> <td>\$8250/\$20625</td> </tr> </table>	Group No:	_____	Primary Care Copay	\$25	RxBin/PCN:	_____	Specialist Office Copay	\$50	RxGRP:	_____	ER Copay	\$100	BS/BC Plan Code:	_____	In-Network Coinsurance	20%	Coverage(s):	_____	Out Of Network Coinsurance	40%	Pharmacy - Medical	_____	Out of Net Ded IND/FAM	\$750/\$1875			In Net OOP IND/FAM	\$1750/\$4375			Out of Net OOP IND/FAM	\$8250/\$20625	Participating
Group No:	_____	Primary Care Copay	\$25																																
RxBin/PCN:	_____	Specialist Office Copay	\$50																																
RxGRP:	_____	ER Copay	\$100																																
BS/BC Plan Code:	_____	In-Network Coinsurance	20%																																
Coverage(s):	_____	Out Of Network Coinsurance	40%																																
Pharmacy - Medical	_____	Out of Net Ded IND/FAM	\$750/\$1875																																
		In Net OOP IND/FAM	\$1750/\$4375																																
		Out of Net OOP IND/FAM	\$8250/\$20625																																
The Empire Plan/NYSHIP		 <p><b>THE EMPIRE PLAN</b></p> <p><b>NYSHIP</b></p> <p>Copay Code <b>D</b></p> <p>NEW YORK STATE HEALTH INSURANCE PROGRAM</p>	Non-Participating																																