

Prepared For: **Empire 2018 1st qtr Pathway**

New York County, NY 10001

Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 01/01/2018

Prepared On: 10/26/2017

Report ID: 33720281

SIC: 0000

	Empire Pathway Platinum Pathway EPO 15/0%/3500		Empire Pathway Gold Pathway EPO 25/0%/6000		Empire Pathway Gold Pathway EPO 35/10%/5850		Empire Pathway Gold Pathway EPO 500/20%/7350	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/30/60		10/35/75		10/35/75		10/35/75	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		N/A		\$500/\$1,500 embedded	
Individual/Family OOP Limit	\$3,500/\$7,000		\$6,000/\$12,000		\$5,850/\$11,700		\$7,350/\$14,700 (incl ded)	
Co-Insurance	0%		0%		10%		20%	
Office Visits								
Primary Care	\$15		\$25		\$35		\$25 ded waived	
Specialist	\$15		\$50		\$50		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$250/admit		\$350/admit		\$500/admit		20% after ded	
Mental Health Inpatient	\$250/admit		\$350/admit		\$500/admit		20% after ded	
Outpatient Services								
Outpatient Facility	\$150		\$300		\$500		20% after ded	
Lab/X-Ray	Lab-No charge; X-ray: Office-No charge; OP-\$20		Lab-No charge; X-ray: Office-No charge; OP-\$50		Lab-No charge; X-ray: Office-No charge; OP-\$100		20% after ded	
Mental Health Outpatient	\$15		\$50		\$50		\$50 ded waived	
Emergency Care								
Emergency Room	\$150		\$300		\$350		\$300 ded waived	
Urgent Care	\$25		\$75		\$100		\$75 ded waived	
Single	1 x \$986.97		1 x \$878.60		1 x \$850.29		1 x \$834.78	
EE with Spouse	0 x \$1,973.94		0 x \$1,757.20		0 x \$1,700.58		0 x \$1,669.56	
EE with Child(ren)	0 x \$1,677.85		0 x \$1,493.62		0 x \$1,445.49		0 x \$1,419.13	
Family	1 x \$2,812.86		1 x \$2,504.01		1 x \$2,423.33		1 x \$2,379.12	
Monthly Cost	2 \$3,799.83		2 \$3,382.61		2 \$3,273.62		2 \$3,213.90	
Annual Cost	\$45,597.96		\$40,591.32		\$39,283.44		\$38,566.80	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Empire Pathway Silver Pathway EPO 2750/30%/7350		Empire Pathway Silver Pathway EPO 2500/30%/7350		Empire Pathway Silver Pathway EPO 1500/30%/6650		Empire Pathway Bronze Pathway EPO 5500/35%/6650 w/HSA	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/45/75/200 ded T2-3		15/45/75/200 ded T2-3		15/40/80/250 ded T2-3		15/50/90 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,750/\$5,500 embedded		\$2,500/\$5,000 embedded		\$1,500/\$3,000 embedded		\$5,500/\$11,000 embedded	
Individual/Family OOP Limit	\$7,350/\$14,700 (incl ded)		\$7,350/\$14,700 (incl ded)		\$6,650/\$13,300 (incl ded)		\$6,650/\$13,300 (incl ded)	
Co-Insurance	30%		30%		30%		35%	
Office Visits								
Primary Care	\$40 ded waived		\$40 ded waived		\$35 ded waived visits 1-3; 30% after ded visits 4+		35% after ded	
Specialist	\$70 ded waived		\$70 ded waived		\$35 ded waived visits 1-3; 30% after ded visits 4+		35% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		30% after ded		30% after ded		35% after ded	
Mental Health Inpatient	30% after ded		30% after ded		30% after ded		35% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		30% after ded		30% after ded		35% after ded	
Lab/X-Ray	30% after ded		30% after ded		30% after ded		35% after ded	
Mental Health Outpatient	\$70 ded waived		\$70 ded waived		30% after ded		35% after ded	
Emergency Care								
Emergency Room	\$550 ded waived		\$500 after ded		\$300 after ded		35% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		30% after ded		35% after ded	
Single	1 x \$740.93		1 x \$731.91		1 x \$677.82		1 x \$617.05	
EE with Spouse	0 x \$1,481.86		0 x \$1,463.82		0 x \$1,355.64		0 x \$1,234.10	
EE with Child(ren)	0 x \$1,259.58		0 x \$1,244.25		0 x \$1,152.29		0 x \$1,048.99	
Family	1 x \$2,111.65		1 x \$2,085.94		1 x \$1,931.79		1 x \$1,758.59	
Monthly Cost	2 \$2,852.58		2 \$2,817.85		2 \$2,609.61		2 \$2,375.64	
Annual Cost	\$34,230.96		\$33,814.20		\$31,315.32		\$28,507.68	

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Empire Pathway Bronze Pathway EPO 7350/0%/7350	
	In-Network Out-Network
Prescription Drugs	
Drug Card	0%/0%/0% IntDed
Cost Share Information	
Individual/Family Deductible	\$7,350/\$14,700 embedded
Individual/Family OOP Limit	\$7,350/\$14,700 (incl ded)
Co-Insurance	0%
Office Visits	
Primary Care	0% after ded
Specialist	0% after ded
Inpatient Services	
Inpatient Hospital	0% after ded
Mental Health Inpatient	0% after ded
Outpatient Services	
Outpatient Facility	0% after ded
Lab/X-Ray	0% after ded
Mental Health Outpatient	0% after ded
Emergency Care	
Emergency Room	0% after ded
Urgent Care	0% after ded
Single	1 x \$588.29
EE with Spouse	0 x \$1,176.58
EE with Child(ren)	0 x \$1,000.09
Family	1 x \$1,676.63
Monthly Cost	2 \$2,264.92
Annual Cost	\$27,179.04