

	Empire Pathway Platinum Pathway EPO 15/0%/3500 (EPO) (UCR=N/A)		Empire Pathway Gold Pathway EPO 25/0%/6000 (EPO) (UCR=N/A)		Empire Pathway Gold Pathway EPO 35/10%/5850 (EPOc) (UCR=N/A)		Empire Pathway Gold Pathway EPO 500/20%/7350 (EPOc) (UCR=N/A)	
	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/day; 4 days/admit		\$500/day; 4 days/admit		20% after ded	
Mental Health Inpatient	\$250/admit		\$350/day; 4 days/admit		\$500/day; 4 days/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	\$1,009.18	1 x	\$898.37	1 x	\$869.42	1 x	\$853.57
EE with Spouse	0 x	\$2,018.36	0 x	\$1,796.74	0 x	\$1,738.84	0 x	\$1,707.14
EE with Child(ren)	0 x	\$1,715.61	0 x	\$1,527.23	0 x	\$1,478.01	0 x	\$1,451.07
Family	1 x	\$2,876.16	1 x	\$2,560.35	1 x	\$2,477.85	1 x	\$2,432.67
Monthly Cost	2	\$3,885.34	2	\$3,458.72	2	\$3,347.27	2	\$3,286.24
Annual Cost		\$46,624.08		\$41,504.64		\$40,167.24		\$39,434.88

	Empire Pathway Silver Pathway EPO 2750/30%/7350 (EPOc) (UCR=N/A)		Empire Pathway Silver Pathway EPO 2500/30%/7350 (EPOc) (UCR=N/A)		Empire Pathway Silver Pathway EPO 1500/30%/6650 (EPOc) (UCR=N/A)		Empire Pathway Bronze Pathway EPO 5500/35%/6650 w/HSA (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/45/75/100 ded T2-3		15/45/75/100 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 \$757.60		1 x \$748.38		1 x \$693.07		1 x \$630.93	
EE with Spouse	0 x \$1,515.20		0 x \$1,496.76		0 x \$1,386.14		0 x \$1,261.86	
EE with Child(ren)	0 x \$1,287.92		0 x \$1,272.25		0 x \$1,178.22		0 x \$1,072.58	
Family	1 x \$2,159.16		1 x \$2,132.88		1 x \$1,975.25		1 x \$1,798.15	
Monthly Cost	2 \$2,916.76		2 \$2,881.26		2 \$2,668.32		2 \$2,429.08	
Annual Cost	\$35,001.12		\$34,575.12		\$32,019.84		\$29,148.96	

Prepared For: **Empire 2018 2nd qtr Pathway**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

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Empire Pathway Bronze Pathway EPO 7350/0%/7350 (EPOc) (UCR=N/A)		
	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	\$601.53
EE with Spouse	0 x	\$1,203.06
EE with Child(ren)	0 x	\$1,022.60
Family	1 x	\$1,714.36
Monthly Cost	2	\$2,315.89
Annual Cost		\$27,790.68