

	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	\$1,031.88	1 x	\$918.58	1 x	\$888.98	1 x	\$872.77
EE with Spouse	0 x	\$2,063.76	0 x	\$1,837.16	0 x	\$1,777.96	0 x	\$1,745.54
EE with Child(ren)	0 x	\$1,754.20	0 x	\$1,561.59	0 x	\$1,511.27	0 x	\$1,483.71
Family	1 x	\$2,940.86	1 x	\$2,617.95	1 x	\$2,533.59	1 x	\$2,487.39
Monthly Cost	2	\$3,972.74	2	\$3,536.53	2	\$3,422.57	2	\$3,360.16
Annual Cost		\$47,672.88		\$42,438.36		\$41,070.84		\$40,321.92

	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 \$774.64		1 x \$765.22		1 x \$708.66		1 x \$645.13	
EE with Spouse	0 x \$1,549.28		0 x \$1,530.44		0 x \$1,417.32		0 x \$1,290.26	
EE with Child(ren)	0 x \$1,316.89		0 x \$1,300.87		0 x \$1,204.72		0 x \$1,096.72	
Family	1 x \$2,207.72		1 x \$2,180.88		1 x \$2,019.68		1 x \$1,838.62	
Monthly Cost	2 \$2,982.36		2 \$2,946.10		2 \$2,728.34		2 \$2,483.75	
Annual Cost	\$35,788.32		\$35,353.20		\$32,740.08		\$29,805.00	

Prepared For: **Empire 2018 3rd 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	\$615.06
EE with Spouse	0 x	\$1,230.12
EE with Child(ren)	0 x	\$1,045.60
Family	1 x	\$1,752.92
Monthly Cost	2	\$2,367.98
Annual Cost		\$28,415.76