

Individual and family health benefit plans for New York

Benefit Snapshot



**Core, Essential, Preferred and Premier
Child Only plans**

Note: The plans described here are available for effective dates starting January 1, 2014. They can be purchased from Empire directly. Open Enrollment begins October 1, 2013.

This document contains a brief summary of certain benefits and services covered under Empire policies. It is important to consult the Evidence of Coverage issued by Empire for complete coverage details. It contains important exclusions, limits and other coverage terms that are not contained here.

Benefit Snapshot

Below is a listing of our plan choices, including a sample of commonly used benefits and how they are covered under each plan. Each plan name has a unique four-letter code at the end. When filling out an application, make sure the entire plan name on the application (including the four letters) matches the plan you want to apply for.

If you need more information about a certain benefit that is not listed here, please check with your Empire BlueCross BlueShield (Empire) authorized representative. You can also view and compare plans on empireblue.com.

Plan Name	Network Name	Calendar Year Deductible		Calendar Year Out-of-pocket Limit		Office Visit: Primary Care Doctor	Preventive Care	Retail Prescription Drug Coverage			
		Individual	Family	Individual	Family			Tier 1	Tier 2	Tier 3	Tier 4
Empire Core Guided Access for Child Only with HSA - cadc	Pathway Enhanced	\$3,000	\$6,000	\$6,350	\$12,700	50% coinsurance after deductible	No cost to you	\$10 copay after deductible	\$35 copay after deductible	\$70 copay after deductible	n/a
Empire Core Guided Access for Child Only with Child Dental - cdea	Pathway Enhanced	\$3,000	\$6,000	\$6,350	\$12,700	50% coinsurance after deductible	No cost to you	\$10 copay after deductible	\$35 copay after deductible	\$70 copay after deductible	n/a
Empire Essential Guided Access for Child Only - cade	Pathway Enhanced	\$2,000	\$4,000	\$5,500	\$11,000	\$30 copay after deductible	No cost to you	\$10 copay	\$35 copay	\$70 copay	n/a
Empire Essential Guided Access for Child Only with Child Dental- cdbb	Pathway Enhanced	\$2,000	\$4,000	\$5,500	\$11,000	\$30 copay after deductible	No cost to you	\$10 copay	\$35 copay	\$70 copay	n/a
Empire Preferred Guided Access for Child Only - cadd	Pathway Enhanced	\$600	\$1,200	\$4,000	\$8,000	\$25 copay after deductible	No cost to you	\$10 copay	\$35 copay	\$70 copay	n/a
Empire Preferred Guided Access for Child Only with Child Dental - cdha	Pathway Enhanced	\$600	\$1,200	\$4,000	\$8,000	\$25 copay after deductible	No cost to you	\$10 copay	\$35 copay	\$70 copay	n/a
Empire Premier Guided Access for Child Only - caed	Pathway Enhanced	\$0	\$0	\$2,000	\$4,000	\$15 copay	No cost to you	\$10 copay	\$30 copay	\$60 copay	n/a
Empire Premier Guided Access for Child Only with Child Dental - cdja	Pathway Enhanced	\$0	\$0	\$2,000	\$4,000	\$15 copay	No cost to you	\$10 copay	\$30 copay	\$60 copay	n/a

Preventive care services consist of services recommended by the United States Preventive Services Task Force, including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.

All plans, except those with the following four-letter codes - cacm, cbnw, ccav, and ceaf - have a copay in addition to the deductible and coinsurance for inpatient hospital, emergency room and urgent care centers.

Get help today!

Call your Empire authorized representative or visit us online at empireblue.com where you can view and compare plan options.

This document is only a brief summary of benefits and services. Consult the Evidence of Coverage for complete coverage details including important exclusions, limitations and terms. You may also:

- Check the benefit certificate and any riders to the policy for complete coverage terms and conditions.
- See the coverage details document included with this brochure.
- Call your Empire authorized representative.
- Go to empireblue.com.

For more information on how to access a Summary of Benefits and Coverage (SBC), please visit www.healthcare.gov and enter SBC in the search field.

The health plans described within this document are not eligible for a premium tax credit subsidy.