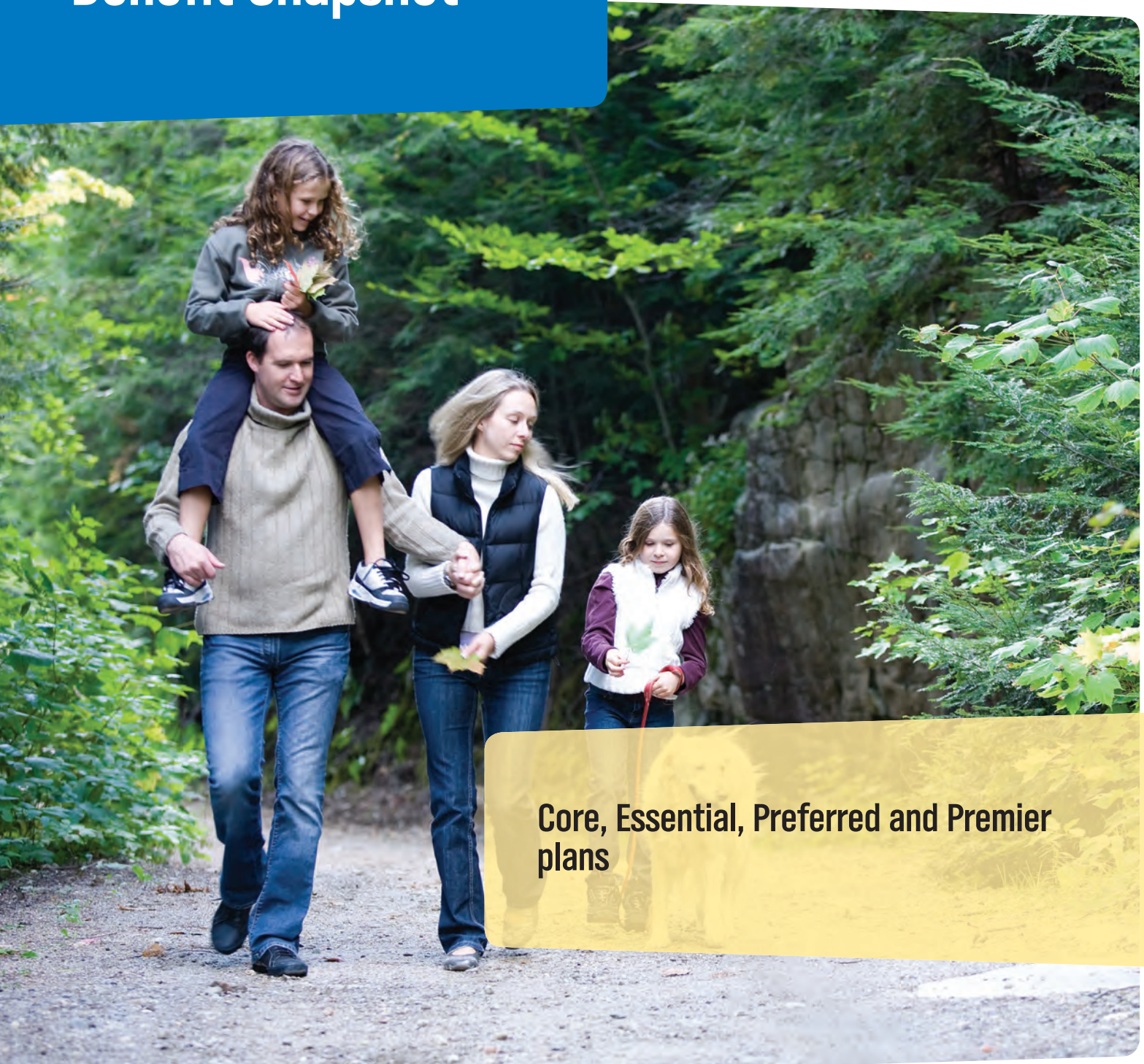


Individual and family health benefit plans for New York

# Benefit Snapshot



**Core, Essential, Preferred and Premier 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](http://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 - cabs	Pathway Enhanced	\$4,000	\$8,000	\$6,350	\$12,700	\$35 copay per visit for first 3 office visits, then deductible and 40% coinsurance applies	No cost to you	Deductible and 40% coinsurance applies	Deductible and 40% coinsurance applies	Deductible and 40% coinsurance applies	n/a
Empire Core Guided Access with Child Dental - cabs	Pathway Enhanced	\$4,000	\$8,000	\$6,350	\$12,700	\$35 copay per visit for first 3 office visits, then deductible and 40% coinsurance applies	No cost to you	Deductible and 40% coinsurance applies	Deductible and 40% coinsurance applies	Deductible and 40% coinsurance applies	n/a
Empire Core Guided Access - caat	Pathway Enhanced	\$5,800	\$11,600	\$6,350	\$12,700	\$45 copay per visit for first 2 office visits, then deductible and 20% coinsurance applies	No cost to you	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	n/a
Empire Core Guided Access with Child Dental - cdac	Pathway Enhanced	\$5,800	\$11,600	\$6,350	\$12,700	\$45 copay per visit for first 2 office visits, then deductible and 20% coinsurance applies	No cost to you	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	n/a
Empire Essential Guided Access - cbjw	Pathway Enhanced	\$2,250	\$4,500	\$5,800	\$11,600	\$30 copay	No cost to you	Deductible and 25% coinsurance applies	Deductible and 25% coinsurance applies	Deductible and 25% coinsurance applies	n/a
Empire Essential Guided Access with Child Dental - cdce	Pathway Enhanced	\$2,250	\$4,500	\$5,800	\$11,600	\$30 copay	No cost to you	Deductible and 25% coinsurance applies	Deductible and 25% coinsurance applies	Deductible and 25% coinsurance applies	n/a
Empire Essential Guided Access with HSA - cdib	Pathway Enhanced	\$2,450	\$4,900	\$6,350	\$12,700	10% coinsurance after deductible	No cost to you	Deductible and 10% coinsurance applies	Deductible and 10% coinsurance applies	Deductible and 10% coinsurance applies	n/a
Empire Essential Guided Access with HSA and Child Dental - cdmb	Pathway Enhanced	\$2,450	\$4,900	\$6,350	\$12,700	10% coinsurance after deductible	No cost to you	Deductible and 10% coinsurance applies	Deductible and 10% coinsurance applies	Deductible and 10% coinsurance applies	n/a
Empire Preferred Guided Access - cece	Pathway Enhanced	\$1,000	\$2,000	\$6,250	\$12,500	\$30 copay	No cost to you	\$15 copay	\$40 copay	Deductible and 10% coinsurance applies	n/a
Empire Preferred Guided Access with Child Dental - cdgd	Pathway Enhanced	\$1,000	\$2,000	\$6,250	\$12,500	\$30 copay	No cost to you	\$15 copay	\$40 copay	Deductible and 10% coinsurance applies	n/a
Empire Premier Guided Access - cazd	Pathway Enhanced	\$200	\$400	\$3,400	\$6,800	\$25 copay	No cost to you	\$15 copay	\$40 copay	Deductible and 5% coinsurance applies	n/a
Empire Premier Guided Access with Child Dental - cdwc	Pathway Enhanced	\$200	\$400	\$3,400	\$6,800	\$25 copay	No cost to you	\$15 copay	\$40 copay	Deductible and 5% coinsurance applies	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.

These plans are available with optional coverage for dependents through age 29 and for additional skilled nursing facility coverage. If you would like to include this coverage, please be sure to choose a plan that includes the words "dependent age 29" or "SNF" in the plan name on the application.

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](http://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](http://empireblue.com).

For more information on how to access a Summary of Benefits and Coverage (SBC), please visit [www.healthcare.gov](http://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.