

	North Shore-LIJ CareConnect Tradition Platinum 30 HRx (EPO) (UCR=N/A)		North Shore-LIJ CareConnect Standard Platinum EPO (EPO) (UCR=N/A)		North Shore-LIJ CareConnect Tradition Gold 30/50 HRx (EPOc) (UCR=N/A)		North Shore-LIJ CareConnect Tradition Gold 20/40 HRx (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75/100 ded T2-3		10/30/60		15/35/75/100 ded T2-3		15/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$1,000/\$2,000		\$1,750/\$3,500	
Individual/Family OOP Limit	\$1,000/\$2,000		\$2,000/\$4,000		\$3,000/\$6,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	N/A		N/A		10%		10%	
Office Visits								
Primary Care	\$30		\$15		\$30 ded waived		\$20 ded waived	
Specialist	\$30		\$35		\$50 ded waived		\$40 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$500/admit		10% after ded		10% after ded	
Mental Health Inpatient	\$500/admit		\$500/admit		10% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	\$200		\$100		10% after ded		10% after ded	
Lab/X-Ray	\$30		\$35		\$50 ded waived		\$40 ded waived	
Mental Health Outpatient	\$30		\$15		\$30 ded waived		\$20 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$100 (waived if admitted)		\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived	
Urgent Care	\$30		\$55		\$50 ded waived		\$40 ded waived	
Single	1 x \$603.00		1 x \$595.00		1 x \$532.00		1 x \$524.00	
EE with Spouse	0 x \$1,206.00		0 x \$1,190.00		0 x \$1,064.00		0 x \$1,048.00	
EE with Child(ren)	0 x \$1,025.00		0 x \$1,012.00		0 x \$904.00		0 x \$891.00	
Family	1 x \$1,719.00		1 x \$1,696.00		1 x \$1,516.00		1 x \$1,493.00	
Monthly Cost	2 \$2,322.00		2 \$2,291.00		2 \$2,048.00		2 \$2,017.00	
Annual Cost	\$27,864.00		\$27,492.00		\$24,576.00		\$24,204.00	

	North Shore-LIJ CareConnect Tradition Gold 40/60 HRx (EPO) (UCR=N/A)		North Shore-LIJ CareConnect Standard Gold EPO (EPOc) (UCR=N/A)		North Shore-LIJ CareConnect Tradition Gold Copay EPO (EPO) (UCR=N/A)		North Shore-LIJ CareConnect Tradition Silver 30/50 LRx (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75/100 ded T2-3		10/35/70		15/35/75/100 ded		10/50/50%to\$250	
Cost Share Information								
Individual/Family Deductible	N/A		\$600/\$1,200		N/A		\$4,800/\$9,600	
Individual/Family OOP Limit	\$6,000/\$12,000		\$4,000/\$8,000 (incl ded)		\$6,350/\$12,700		\$6,600/\$13,200 (incl ded)	
Co-Insurance	N/A		N/A		N/A		10%	
Office Visits								
Primary Care	\$40		\$25 after ded		\$30		\$30 ded waived	
Specialist	\$60		\$40 after ded		\$50		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$1,000/admit		\$1,000/admit after ded		\$500/day; \$1,500 max/admit		10% after ded	
Mental Health Inpatient	\$1,000/admit		\$1,000/admit after ded		\$500/day; \$1,500 max/admit		10% after ded	
Outpatient Services								
Outpatient Facility	\$300		\$100 after ded		\$300		10% after ded	
Lab/X-Ray	\$60		\$40 after ded		\$30/\$50		\$50 ded waived	
Mental Health Outpatient	\$40		\$25 after ded		\$30		\$30 ded waived	
Emergency Care								
Emergency Room	\$300 (waived if admitted)		\$150 (waived if admitted) after ded		\$350 (waived if admitted)		\$300 (waived if admitted) ded waived	
Urgent Care	\$60		\$60 after ded		\$50		\$50 ded waived	
Single	1 x \$521.00		1 x \$514.00		1 x \$507.00		1 x \$473.00	
EE with Spouse	0 x \$1,042.00		0 x \$1,028.00		0 x \$1,014.00		0 x \$946.00	
EE with Child(ren)	0 x \$886.00		0 x \$874.00		0 x \$862.00		0 x \$804.00	
Family	1 x \$1,485.00		1 x \$1,465.00		1 x \$1,445.00		1 x \$1,348.00	
Monthly Cost	2 \$2,006.00		2 \$1,979.00		2 \$1,952.00		2 \$1,821.00	
Annual Cost	\$24,072.00		\$23,748.00		\$23,424.00		\$21,852.00	

	North Shore-LIJ CareConnect Standard Silver EPO (EPOc) (UCR=N/A)		North Shore-LIJ CareConnect Silver HSA 100% (HSA) (UCR=N/A)		North Shore-LIJ CareConnect Bronze HSA 70% (HSA) (UCR=N/A)		North Shore-LIJ CareConnect Bronze HSA 100% (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/70		0%/0%/0% IntDed		15/35/75 IntDed		0%/0%/0% IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000		\$3,000/\$6,000		\$3,400/\$6,800		\$6,000/\$12,000	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$3,000/\$6,000 (incl ded)		\$6,350/\$12,700 (incl ded)		\$6,000/\$12,000 (incl ded)	
Co-Insurance	N/A		0%		30%		0%	
Office Visits								
Primary Care	\$30 after ded		0% after ded		30% after ded		0% after ded	
Specialist	\$50 after ded		0% after ded		30% after ded		0% after ded	
Inpatient Services								
Inpatient Hospital	\$1,500/admit after ded		0% after ded		30% after ded		0% after ded	
Mental Health Inpatient	\$1,500/admit after ded		0% after ded		30% after ded		0% after ded	
Outpatient Services								
Outpatient Facility	\$100 after ded		0% after ded		30% after ded		0% after ded	
Lab/X-Ray	\$50 after ded		0% after ded		30% after ded		0% after ded	
Mental Health Outpatient	\$30 after ded		0% after ded		30% after ded		0% after ded	
Emergency Care								
Emergency Room	\$150 (waived if admitted) after ded		0% after ded		30% after ded		0% after ded	
Urgent Care	\$70 after ded		0% after ded		30% after ded		0% after ded	
Single	1 x \$450.00		1 x \$441.00		1 x \$383.00		1 x \$370.00	
EE with Spouse	0 x \$900.00		0 x \$882.00		0 x \$766.00		0 x \$740.00	
EE with Child(ren)	0 x \$765.00		0 x \$750.00		0 x \$651.00		0 x \$629.00	
Family	1 x \$1,283.00		1 x \$1,257.00		1 x \$1,092.00		1 x \$1,055.00	
Monthly Cost	2 \$1,733.00		2 \$1,698.00		2 \$1,475.00		2 \$1,425.00	
Annual Cost	\$20,796.00		\$20,376.00		\$17,700.00		\$17,100.00	