

| | 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 | \$568.00 | 1 x | \$561.00 | 1 x | \$499.00 | 1 x | \$492.00 |
| EE with Spouse | 0 x | \$1,136.00 | 0 x | \$1,122.00 | 0 x | \$998.00 | 0 x | \$984.00 |
| EE with Child(ren) | 0 x | \$966.00 | 0 x | \$954.00 | 0 x | \$848.00 | 0 x | \$836.00 |
| Family | 1 x | \$1,619.00 | 1 x | \$1,599.00 | 1 x | \$1,422.00 | 1 x | \$1,402.00 |
| Monthly Cost | 2 | \$2,187.00 | 2 | \$2,160.00 | 2 | \$1,921.00 | 2 | \$1,894.00 |
| Annual Cost | | \$26,244.00 | | \$25,920.00 | | \$23,052.00 | | \$22,728.00 |

| | 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 \$489.00 | | 1 x \$483.00 | | 1 x \$476.00 | | 1 x \$446.00 | |
| EE with Spouse | 0 x \$978.00 | | 0 x \$966.00 | | 0 x \$952.00 | | 0 x \$892.00 | |
| EE with Child(ren) | 0 x \$831.00 | | 0 x \$821.00 | | 0 x \$809.00 | | 0 x \$758.00 | |
| Family | 1 x \$1,394.00 | | 1 x \$1,377.00 | | 1 x \$1,357.00 | | 1 x \$1,271.00 | |
| Monthly Cost | 2 \$1,883.00 | | 2 \$1,860.00 | | 2 \$1,833.00 | | 2 \$1,717.00 | |
| Annual Cost | \$22,596.00 | | \$22,320.00 | | \$21,996.00 | | \$20,604.00 | |

| | 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 \$424.00 | | 1 x \$415.00 | | 1 x \$361.00 | | 1 x \$349.00 | |
| EE with Spouse | 0 x \$848.00 | | 0 x \$830.00 | | 0 x \$722.00 | | 0 x \$698.00 | |
| EE with Child(ren) | 0 x \$721.00 | | 0 x \$706.00 | | 0 x \$614.00 | | 0 x \$593.00 | |
| Family | 1 x \$1,208.00 | | 1 x \$1,183.00 | | 1 x \$1,029.00 | | 1 x \$995.00 | |
| Monthly Cost | 2 \$1,632.00 | | 2 \$1,598.00 | | 2 \$1,390.00 | | 2 \$1,344.00 | |
| Annual Cost | \$19,584.00 | | \$19,176.00 | | \$16,680.00 | | \$16,128.00 | |