

Prepared For: CareConnect 2016 3rd qtr Nassau
Suffolk county
Nassau Countv. NY 11565
Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 07/01/2016

Prepared On: 4/25/2016

Report ID: 30777257

SIC: 0000

	CareConnect Standard Platinum (EPO) (UCR=N/A)		CareConnect Tradition Platinum 30/30 (EPO) (UCR=N/A)		CareConnect Tradition Platinum 30/30 Access (EPO) (UCR=N/A)		CareConnect Value Platinum (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/30/60		15/35/75/100 ded T2-3		15/35/75/100 ded T2-3		0/50/50%	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		N/A		N/A	
Individual/Family OOP Limit	\$2,000/\$4,000		\$1,000/\$2,000		\$1,000/\$2,000		\$3,000/\$6,000	
Co-Insurance	N/A		N/A		N/A		10%	
Office Visits								
Primary Care	\$15		\$30		\$30		\$20	
Specialist	\$35		\$30		\$30		\$30	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$500/admit		\$500/admit		10%	
Mental Health Inpatient	\$500/admit		\$500/admit		\$500/admit		10%	
Outpatient Services								
Outpatient Facility	\$100		\$200		\$200		10%	
Lab/X-Ray	\$35		\$30		\$30		Lab-No charge; X-ray-\$40	
Mental Health Outpatient	\$15		\$30		\$30		No charge	
Emergency Care								
Emergency Room	\$100 (waived if admitted)		\$200 (waived if admitted)		\$200 (waived if admitted)		\$250 (waived if admitted)	
Urgent Care	\$55		\$30		\$30		\$75	
Single	1 x \$617.00		1 x \$626.00		1 x \$738.00		1 x \$525.00	
EE with Spouse	0 x \$1,233.00		0 x \$1,251.00		0 x \$1,475.00		0 x \$1,050.00	
EE with Child(ren)	0 x \$1,048.00		0 x \$1,064.00		0 x \$1,254.00		0 x \$892.00	
Family	1 x \$1,757.00		1 x \$1,783.00		1 x \$2,102.00		1 x \$1,496.00	
Monthly Cost	2 \$2,374.00		2 \$2,409.00		2 \$2,840.00		2 \$2,021.00	
Annual Cost	\$28,488.00		\$28,908.00		\$34,080.00		\$24,252.00	

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	CareConnect Value Platinum Access (EPOc) (UCR=N/A)		CareConnect Standard Gold (EPOc) (UCR=N/A)		CareConnect Gold Copay Plan (EPO) (UCR=N/A)		CareConnect Gold Copay Plan Access (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50%		10/35/70		15/35/75/100 ded		15/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$600/\$1,200		N/A		N/A	
Individual/Family OOP Limit	\$3,000/\$6,000		\$4,000/\$8,000 (incl ded)		\$6,350/\$12,700		\$6,350/\$12,700	
Co-Insurance	10%		N/A		N/A		N/A	
Office Visits								
Primary Care	\$20		\$25 after ded		\$30		\$30	
Specialist	\$30		\$40 after ded		\$50		\$50	
Inpatient Services								
Inpatient Hospital	10%		\$1,000/admit after ded		\$500/day; \$1,500 max/admit		\$500/day; \$1,500 max/admit	
Mental Health Inpatient	10%		\$1,000/admit after ded		\$500/day; \$1,500 max/admit		\$500/day; \$1,500 max/admit	
Outpatient Services								
Outpatient Facility	10%		\$100 after ded		\$300		\$300	
Lab/X-Ray	Lab-No charge; X-ray-\$40		\$40 after ded		\$50		\$50	
Mental Health Outpatient	No charge		\$25 after ded		\$30		\$30	
Emergency Care								
Emergency Room	\$250 (waived if admitted)		\$150 (waived if admitted) after ded		\$350 (waived if admitted)		\$350 (waived if admitted)	
Urgent Care	\$75		\$60 after ded		\$50		\$50	
Single	1 x \$620.00		1 x \$533.00		1 x \$525.00		1 x \$620.00	
EE with Spouse	0 x \$1,239.00		0 x \$1,066.00		0 x \$1,050.00		0 x \$1,239.00	
EE with Child(ren)	0 x \$1,053.00		0 x \$906.00		0 x \$892.00		0 x \$1,053.00	
Family	1 x \$1,766.00		1 x \$1,519.00		1 x \$1,496.00		1 x \$1,766.00	
Monthly Cost	2 \$2,386.00		2 \$2,052.00		2 \$2,021.00		2 \$2,386.00	
Annual Cost	\$28,632.00		\$24,624.00		\$24,252.00		\$28,632.00	

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	CareConnect Tradition Gold 30/50 (EPOc) (UCR=N/A)		CareConnect Value Gold 20/50 (EPOc) (UCR=N/A)		CareConnect Value Gold 20/50 Access (EPOc) (UCR=N/A)		CareConnect Value Gold 45/45 (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		0/50/50% IntDed T3		0/50/50% IntDed T3		0/50/50% IntDed T3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000		\$500/\$1,000		\$500/\$1,000		\$750/\$1,500	
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)		\$3,750/\$7,500 (incl ded)		\$3,750/\$7,500 (incl ded)		\$6,000/\$12,000 (incl ded)	
Co-Insurance	10%		20%		20%		10%	
Office Visits								
Primary Care	\$30 ded waived		\$20 ded waived		\$20 ded waived		\$45 ded waived	
Specialist	\$50 ded waived		\$50 ded waived		\$50 ded waived		\$45 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		20% after ded		\$250/day ded waived; \$2,500 max/admit	
Mental Health Inpatient	10% after ded		20% after ded		20% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	10% after ded		20% after ded		20% after ded		\$250 after ded	
Lab/X-Ray	Lab-10% after ded; X-ray-\$30 ded waived		Lab-\$40 ded waived; X-ray-\$60 ded waived		Lab-\$40 ded waived; X-ray-\$60 ded waived		Lab-No charge; X-ray-\$90 ded waived	
Mental Health Outpatient	\$30 ded waived		No charge		No charge		No charge	
Emergency Care								
Emergency Room	\$200 (waived if admitted) ded waived		\$250 (waived if admitted) ded waived		\$250 (waived if admitted) ded waived		\$250 (waived if admitted) ded waived	
Urgent Care	\$50 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Summary of Costs								
Single	1 x	\$551.00	1 x	\$447.00	1 x	\$527.00	1 x	\$447.00
EE with Spouse	0 x	\$1,103.00	0 x	\$893.00	0 x	\$1,054.00	0 x	\$893.00
EE with Child(ren)	0 x	\$937.00	0 x	\$759.00	0 x	\$896.00	0 x	\$759.00
Family	1 x	\$1,571.00	1 x	\$1,273.00	1 x	\$1,502.00	1 x	\$1,273.00
Monthly Cost	2	\$2,122.00	2	\$1,720.00	2	\$2,029.00	2	\$1,720.00
Annual Cost		\$25,464.00		\$20,640.00		\$24,348.00		\$20,640.00

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	CareConnect Value Gold 45/45 Access (EPOc) (UCR=N/A)		CareConnect Standard Silver (EPOc) (UCR=N/A)		CareConnect Tradition Silver 40/60 (EPOc) (UCR=N/A)		CareConnect Tradition Silver 40/60 Access (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50% IntDed T3		10/35/70		15/35/75/100 ded T2-3		15/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$750/\$1,500		\$2,000/\$4,000		\$4,000/\$8,000		\$4,000/\$8,000	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,600/\$13,200 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	10%		N/A		20%		20%	
Office Visits								
Primary Care	\$45 ded waived		\$30 after ded		\$40 ded waived		\$40 ded waived	
Specialist	\$45 ded waived		\$50 after ded		\$60 ded waived		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	\$250/day ded waived; \$2,500 max/admit		\$1,500/admit after ded		20% after ded		20% after ded	
Mental Health Inpatient	10% after ded		\$1,500/admit after ded		20% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		\$100 after ded		\$350 ded waived		\$350 ded waived	
Lab/X-Ray	Lab-No charge; X-ray-\$90 ded waived		\$50 after ded		Lab-\$60 ded waived; X-ray-\$40 ded waived		Lab-\$60 ded waived; X-ray-\$40 ded waived	
Mental Health Outpatient	No charge		\$30 after ded		\$40 ded waived		\$40 ded waived	
Emergency Care								
Emergency Room	\$250 (waived if admitted) ded waived		\$150 (waived if admitted) after ded		\$350 (waived if admitted) ded waived		\$350 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$70 after ded		\$60 ded waived		\$60 ded waived	
Single	1 x \$527.00		1 x \$467.00		1 x \$490.00		1 x \$579.00	
EE with Spouse	0 x \$1,054.00		0 x \$934.00		0 x \$981.00		0 x \$1,158.00	
EE with Child(ren)	0 x \$896.00		0 x \$794.00		0 x \$834.00		0 x \$984.00	
Family	1 x \$1,502.00		1 x \$1,331.00		1 x \$1,398.00		1 x \$1,650.00	
Monthly Cost	2 \$2,029.00		2 \$1,798.00		2 \$1,888.00		2 \$2,229.00	
Annual Cost	\$24,348.00		\$21,576.00		\$22,656.00		\$26,748.00	

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	CareConnect Value Silver (EPOc) (UCR=N/A)		CareConnect Value Silver Access (EPOc) (UCR=N/A)		CareConnect Silver HSA 100% (HSA) (UCR=N/A)		CareConnect Silver HSA 100% Access (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50% IntDed T3		0/50/50% IntDed T3		0%/0%/0% IntDed		0%/0%/0% IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,250/\$4,500		\$2,250/\$4,500		\$3,400/\$6,800		\$3,400/\$6,800	
Individual/Family OOP Limit	\$6,850/\$13,700 (incl ded)		\$6,850/\$13,700 (incl ded)		\$3,400/\$6,800 (incl ded)		\$3,400/\$6,800 (incl ded)	
Co-Insurance	20%		20%		0%		0%	
Office Visits								
Primary Care	\$35 ded waived		\$35 ded waived		0% after ded		0% after ded	
Specialist	\$65 ded waived		\$65 ded waived		0% after ded		0% after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		20% after ded		0% after ded		0% after ded	
Mental Health Inpatient	20% after ded		20% after ded		0% after ded		0% after ded	
Outpatient Services								
Outpatient Facility	20% after ded		20% after ded		0% after ded		0% after ded	
Lab/X-Ray	\$75 ded waived		\$75 ded waived		0% after ded		0% after ded	
Mental Health Outpatient	No charge		No charge		0% after ded		0% after ded	
Emergency Care								
Emergency Room	\$250 (waived if admitted) after ded		\$250 (waived if admitted) after ded		0% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		0% after ded		0% after ded	
Single	1 x \$419.00		1 x \$494.00		1 x \$457.00		1 x \$539.00	
EE with Spouse	0 x \$838.00		0 x \$989.00		0 x \$914.00		0 x \$1,078.00	
EE with Child(ren)	0 x \$713.00		0 x \$841.00		0 x \$777.00		0 x \$917.00	
Family	1 x \$1,195.00		1 x \$1,409.00		1 x \$1,302.00		1 x \$1,537.00	
Monthly Cost	2 \$1,614.00		2 \$1,903.00		2 \$1,759.00		2 \$2,076.00	
Annual Cost	\$19,368.00		\$22,836.00		\$21,108.00		\$24,912.00	

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	CareConnect Standard Bronze (EPOc) (UCR=N/A)		CareConnect Bronze HSA 100% (HSA) (UCR=N/A)		CareConnect Bronze HSA 70% Access (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/35/70 IntDed		0%/0%/0% IntDed		15/35/75 IntDed	
Cost Share Information						
Individual/Family Deductible	\$3,500/\$7,000		\$6,000/\$12,000		\$4,450/\$8,900	
Individual/Family OOP Limit	\$6,850/\$13,700 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,450/\$12,900 (incl ded)	
Co-Insurance	50%		0%		30%	
Office Visits						
Primary Care	50% after ded		0% after ded		30% after ded	
Specialist	50% after ded		0% after ded		30% after ded	
Inpatient Services						
Inpatient Hospital	50% after ded		0% after ded		30% after ded	
Mental Health Inpatient	50% after ded		0% after ded		30% after ded	
Outpatient Services						
Outpatient Facility	50% after ded		0% after ded		30% after ded	
Lab/X-Ray	50% after ded		0% after ded		30% after ded	
Mental Health Outpatient	50% after ded		0% after ded		30% after ded	
Emergency Care						
Emergency Room	50% after ded		0% after ded		30% after ded	
Urgent Care	50% after ded		0% after ded		30% after ded	
Single	1 x \$399.00		1 x \$384.00		1 x \$468.00	
EE with Spouse	0 x \$798.00		0 x \$767.00		0 x \$936.00	
EE with Child(ren)	0 x \$678.00		0 x \$652.00		0 x \$796.00	
Family	1 x \$1,137.00		1 x \$1,093.00		1 x \$1,334.00	
Monthly Cost	2 \$1,536.00		2 \$1,477.00		2 \$1,802.00	
Annual Cost	\$18,432.00		\$17,724.00		\$21,624.00	

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