

Prepared For: CareConnect 2016 3rd qtr New York City  
 New York Countv. NY 10001  
 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: 30777277

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
<b>Prescription Drugs</b>								
Drug Card	10/30/60		15/35/75/100 ded T2-3		15/35/75/100 ded T2-3		0/50/50%	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
Primary Care	\$15		\$30		\$30		\$20	
Specialist	\$35		\$30		\$30		\$30	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit		\$500/admit		\$500/admit		10%	
Mental Health Inpatient	\$500/admit		\$500/admit		\$500/admit		10%	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
Emergency Room	\$100 (waived if admitted)		\$200 (waived if admitted)		\$200 (waived if admitted)		\$250 (waived if admitted)	
Urgent Care	\$55		\$30		\$30		\$75	
<b>Single</b>	1 x \$590.00		1 x \$598.00		1 x \$705.00		1 x \$502.00	
EE with Spouse	0 x \$1,180.00		0 x \$1,196.00		0 x \$1,410.00		0 x \$1,003.00	
EE with Child(ren)	0 x \$1,003.00		0 x \$1,017.00		0 x \$1,199.00		0 x \$853.00	
Family	1 x \$1,682.00		1 x \$1,705.00		1 x \$2,009.00		1 x \$1,429.00	
Monthly Cost	2 \$2,272.00		2 \$2,303.00		2 \$2,714.00		2 \$1,931.00	
Annual Cost	\$27,264.00		\$27,636.00		\$32,568.00		\$23,172.00	

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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
<b>Prescription Drugs</b>								
Drug Card	0/50/50%		10/35/70		15/35/75/100 ded		15/35/75/100 ded T2-3	
<b>Cost Share Information</b>								
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	
<b>Office Visits</b>								
Primary Care	\$20		\$25 after ded		\$30		\$30	
Specialist	\$30		\$40 after ded		\$50		\$50	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	
<b>Single</b>	1 x \$592.00		1 x \$510.00		1 x \$502.00		1 x \$592.00	
EE with Spouse	0 x \$1,184.00		0 x \$1,019.00		0 x \$1,003.00		0 x \$1,184.00	
EE with Child(ren)	0 x \$1,007.00		0 x \$866.00		0 x \$853.00		0 x \$1,007.00	
Family	1 x \$1,687.00		1 x \$1,453.00		1 x \$1,429.00		1 x \$1,687.00	
<b>Monthly Cost</b>	2 \$2,279.00		2 \$1,963.00		2 \$1,931.00		2 \$2,279.00	
<b>Annual Cost</b>	\$27,348.00		\$23,556.00		\$23,172.00		\$27,348.00	

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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
<b>Prescription Drugs</b>								
Drug Card	15/35/75/100 ded T2-3		0/50/50% IntDed T3		0/50/50% IntDed T3		0/50/50% IntDed T3	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	
<b>Summary of Costs</b>								
Single	1 x	\$527.00	1 x	\$426.00	1 x	\$504.00	1 x	\$426.00
EE with Spouse	0 x	\$1,054.00	0 x	\$853.00	0 x	\$1,007.00	0 x	\$853.00
EE with Child(ren)	0 x	\$896.00	0 x	\$725.00	0 x	\$856.00	0 x	\$725.00
Family	1 x	\$1,502.00	1 x	\$1,215.00	1 x	\$1,435.00	1 x	\$1,215.00
Monthly Cost	2	\$2,029.00	2	\$1,641.00	2	\$1,939.00	2	\$1,641.00
Annual Cost		\$24,348.00		\$19,692.00		\$23,268.00		\$19,692.00

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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
<b>Prescription Drugs</b>								
Drug Card	0/50/50% IntDed T3		10/35/70		15/35/75/100 ded T2-3		15/35/75/100 ded T2-3	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	
<b>Single</b>	1 x \$504.00		1 x \$446.00		1 x \$469.00		1 x \$553.00	
EE with Spouse	0 x \$1,007.00		0 x \$891.00		0 x \$938.00		0 x \$1,107.00	
EE with Child(ren)	0 x \$856.00		0 x \$758.00		0 x \$797.00		0 x \$941.00	
Family	1 x \$1,435.00		1 x \$1,270.00		1 x \$1,337.00		1 x \$1,577.00	
Monthly Cost	2 \$1,939.00		2 \$1,716.00		2 \$1,806.00		2 \$2,130.00	
Annual Cost	\$23,268.00		\$20,592.00		\$21,672.00		\$25,560.00	

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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
<b>Prescription Drugs</b>								
Drug Card	0/50/50% IntDed T3		0/50/50% IntDed T3		0%/0%/0% IntDed		0%/0%/0% IntDed	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	\$401.00	1 x	\$473.00	1 x	\$437.00	1 x	\$516.00
EE with Spouse	0 x	\$802.00	0 x	\$946.00	0 x	\$875.00	0 x	\$1,032.00
EE with Child(ren)	0 x	\$681.00	0 x	\$804.00	0 x	\$744.00	0 x	\$877.00
Family	1 x	\$1,142.00	1 x	\$1,348.00	1 x	\$1,247.00	1 x	\$1,470.00
Monthly Cost	2	\$1,543.00	2	\$1,821.00	2	\$1,684.00	2	\$1,986.00
Annual Cost		\$18,516.00		\$21,852.00		\$20,208.00		\$23,832.00

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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
<b>Prescription Drugs</b>						
Drug Card	10/35/70 IntDed		0%/0%/0% IntDed		15/35/75 IntDed	
<b>Cost Share Information</b>						
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%	
<b>Office Visits</b>						
Primary Care	50% after ded		0% after ded		30% after ded	
Specialist	50% after ded		0% after ded		30% after ded	
<b>Inpatient Services</b>						
Inpatient Hospital	50% after ded		0% after ded		30% after ded	
Mental Health Inpatient	50% after ded		0% after ded		30% after ded	
<b>Outpatient Services</b>						
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	
<b>Emergency Care</b>						
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 \$382.00		1 x \$366.00		1 x \$448.00	
EE with Spouse	0 x \$763.00		0 x \$732.00		0 x \$895.00	
EE with Child(ren)	0 x \$649.00		0 x \$623.00		0 x \$761.00	
Family	1 x \$1,087.00		1 x \$1,044.00		1 x \$1,276.00	
Monthly Cost	2 \$1,469.00		2 \$1,410.00		2 \$1,724.00	
Annual Cost	\$17,628.00		\$16,920.00		\$20,688.00	