

Prepared For: **CareConnect 2016 4th qtr**

Nassau County, NY 11565

Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 10/01/2016

Prepared On: 07/05/2016

Report ID: 31112478

SIC: 0000

	CareConnect Standard Platinum		CareConnect Tradition Platinum 30/30 HRx		CareConnect Tradition Platinum 30/30 Access		CareConnect Value Platinum	
	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%to\$500	
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 \$622.00		1 x \$631.00		1 x \$744.00		1 x \$529.00	
EE with Spouse	0 x \$1,244.00		0 x \$1,262.00		0 x \$1,488.00		0 x \$1,059.00	
EE with Child(ren)	0 x \$1,057.00		0 x \$1,073.00		0 x \$1,265.00		0 x \$900.00	
Family	1 x \$1,772.00		1 x \$1,799.00		1 x \$2,120.00		1 x \$1,509.00	
Monthly Cost	2 \$2,394.00		2 \$2,430.00		2 \$2,864.00		2 \$2,038.00	
Annual Cost	\$28,728.00		\$29,160.00		\$34,368.00		\$24,456.00	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

Prepared For: **CareConnect 2016 4th qtr**

Nassau County, NY 11565

Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 10/01/2016

Prepared On: 07/05/2016

Report ID: 31112478

SIC: 0000

	CareConnect Value Platinum Access		CareConnect Standard Gold		CareConnect Gold Copay Plan		CareConnect Gold Copay Plan Access	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50%to\$500		10/35/70		15/35/75/100 ded		15/35/75/100 ded	
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 \$625.00		1 x \$538.00		1 x \$529.00		1 x \$625.00	
EE with Spouse	0 x \$1,250.00		0 x \$1,075.00		0 x \$1,059.00		0 x \$1,250.00	
EE with Child(ren)	0 x \$1,062.00		0 x \$914.00		0 x \$900.00		0 x \$1,062.00	
Family	1 x \$1,781.00		1 x \$1,532.00		1 x \$1,509.00		1 x \$1,781.00	
Monthly Cost	2 \$2,406.00		2 \$2,070.00		2 \$2,038.00		2 \$2,406.00	
Annual Cost	\$28,872.00		\$24,840.00		\$24,456.00		\$28,872.00	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

	CareConnect Tradition Gold 30/50 HRx		CareConnect Value Gold 20/50		CareConnect Value Gold 20/50 Access		CareConnect Value Gold 45/45	
	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%to\$500 IntDed T3		0/50/50%to\$500 IntDed T3		0/50/50%to\$500 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	
Single	1 x \$556.00		1 x \$450.00		1 x \$532.00		1 x \$450.00	
EE with Spouse	0 x \$1,112.00		0 x \$901.00		0 x \$1,063.00		0 x \$901.00	
EE with Child(ren)	0 x \$945.00		0 x \$766.00		0 x \$904.00		0 x \$766.00	
Family	1 x \$1,585.00		1 x \$1,284.00		1 x \$1,515.00		1 x \$1,284.00	
Monthly Cost	2 \$2,141.00		2 \$1,734.00		2 \$2,047.00		2 \$1,734.00	
Annual Cost	\$25,692.00		\$20,808.00		\$24,564.00		\$20,808.00	

	CareConnect Value Gold 45/45 Access		CareConnect Standard Silver		CareConnect Tradition Silver 40/60 HRx		CareConnect Tradition Silver 40/60 Access	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50%to\$500 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 \$532.00		1 x \$471.00		1 x \$495.00		1 x \$584.00	
EE with Spouse	0 x \$1,063.00		0 x \$942.00		0 x \$989.00		0 x \$1,168.00	
EE with Child(ren)	0 x \$904.00		0 x \$801.00		0 x \$841.00		0 x \$993.00	
Family	1 x \$1,515.00		1 x \$1,342.00		1 x \$1,410.00		1 x \$1,664.00	
Monthly Cost	2 \$2,047.00		2 \$1,813.00		2 \$1,905.00		2 \$2,248.00	
Annual Cost	\$24,564.00		\$21,756.00		\$22,860.00		\$26,976.00	

	CareConnect Value Silver		CareConnect Value Silver Access		CareConnect Silver HSA 100%		CareConnect Silver HSA 100% Access	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50%to\$500 IntDed T3		0/50/50%to\$500 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 \$423.00		1 x \$499.00		1 x \$461.00		1 x \$544.00	
EE with Spouse	0 x \$846.00		0 x \$997.00		0 x \$921.00		0 x \$1,088.00	
EE with Child(ren)	0 x \$719.00		0 x \$848.00		0 x \$783.00		0 x \$925.00	
Family	1 x \$1,205.00		1 x \$1,421.00		1 x \$1,313.00		1 x \$1,550.00	
Monthly Cost	2 \$1,628.00		2 \$1,920.00		2 \$1,774.00		2 \$2,094.00	
Annual Cost	\$19,536.00		\$23,040.00		\$21,288.00		\$25,128.00	

	CareConnect Standard Bronze		CareConnect Bronze HSA 100%		CareConnect Bronze HSA 70% Access	
	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 \$402.00		1 x \$387.00		1 x \$472.00	
EE with Spouse	0 x \$804.00		0 x \$774.00		0 x \$944.00	
EE with Child(ren)	0 x \$684.00		0 x \$658.00		0 x \$802.00	
Family	1 x \$1,146.00		1 x \$1,103.00		1 x \$1,345.00	
Monthly Cost	2 \$1,548.00		2 \$1,490.00		2 \$1,817.00	
Annual Cost	\$18,576.00		\$17,880.00		\$21,804.00	