

	CareConnect Tradition Platinum 30/30		CareConnect Standard Platinum		CareConnect Value Platinum		CareConnect Tradition Gold 30/50	
	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		10/30/60		0/50/50%to\$500		15/35/75/100 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		N/A		N/A		\$1,000/\$2,000	
Individual/Family OOP Limit	\$1,000/\$2,000		\$2,000/\$4,000		\$3,000/\$6,000		\$3,000/\$6,000 (incl ded)	
Co-Insurance	0%		0%		10%		10%	
<b>Office Visits</b>								
Primary Care	\$30		\$15		\$20		\$30 ded waived	
Specialist	\$30		\$35		\$30		\$50 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit		\$500/admit		10%		10% after ded	
Mental Health Inpatient	\$500/admit		\$500/admit		10%		10% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$200		\$100		10%		10% after ded	
Lab/X-Ray	\$30		\$35		Lab-No charge; X-ray-\$40		10% after ded	
Mental Health Outpatient	\$30		\$15		No charge		\$30 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$200 (waived if admitted)		\$100 (waived if admitted)		\$250 (waived if admitted)		\$200 (waived if admitted) ded waived	
Urgent Care	\$30		\$55		\$75		\$50 ded waived	
<b>Single</b>	1 x \$760.00		1 x \$750.00		1 x \$724.00		1 x \$670.00	
EE with Spouse	0 x \$1,520.00		0 x \$1,500.00		0 x \$1,448.00		0 x \$1,340.00	
EE with Child(ren)	0 x \$1,292.00		0 x \$1,275.00		0 x \$1,231.00		0 x \$1,139.00	
Family	1 x \$2,166.00		1 x \$2,138.00		1 x \$2,063.00		1 x \$1,910.00	
Monthly Cost	2 \$2,926.00		2 \$2,888.00		2 \$2,787.00		2 \$2,580.00	
Annual Cost	\$35,112.00		\$34,656.00		\$33,444.00		\$30,960.00	

	CareConnect Tradition Gold 40/60		CareConnect Standard Gold		CareConnect Tradition Gold Copay		CareConnect Value Gold 20/50	
	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		10/35/70		15/35/75/100 ded T2-3		0/50/50%to\$500 IntDed T3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		\$600/\$1,200		N/A		\$500/\$1,000	
Individual/Family OOP Limit	\$7,150/\$14,300		\$4,000/\$8,000 (incl ded)		\$7,150/\$14,300		\$3,750/\$7,500 (incl ded)	
Co-Insurance	0%		0%		0%		20%	
<b>Office Visits</b>								
Primary Care	\$40		\$25 after ded		\$30		\$20 ded waived	
Specialist	\$60		\$40 after ded		\$50		\$50 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$1,500/admit		\$1,000/admit after ded		\$500/day; \$1,500 max/admit		20% after ded	
Mental Health Inpatient	\$1,500/admit		\$1,000/admit after ded		\$500/day; \$1,500 max/admit		20% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$300		\$100 after ded		\$300		20% after ded	
Lab/X-Ray	Lab-\$60; X-ray-\$40		\$40 after ded		\$30		Lab-\$40 ded waived; X-ray-\$60 ded waived	
Mental Health Outpatient	\$40		\$25 after ded		\$30		No charge	
<b>Emergency Care</b>								
Emergency Room	25%		\$150 (waived if admitted) after ded		\$350 (waived if admitted)		\$250 (waived if admitted) ded waived	
Urgent Care	\$60		\$60 after ded		\$50		\$75 ded waived	
<b>Single</b>	1 x \$656.00		1 x \$648.00		1 x \$638.00		1 x \$616.00	
EE with Spouse	0 x \$1,312.00		0 x \$1,296.00		0 x \$1,276.00		0 x \$1,232.00	
EE with Child(ren)	0 x \$1,115.00		0 x \$1,102.00		0 x \$1,085.00		0 x \$1,047.00	
Family	1 x \$1,870.00		1 x \$1,847.00		1 x \$1,818.00		1 x \$1,756.00	
<b>Monthly Cost</b>	2 \$2,526.00		2 \$2,495.00		2 \$2,456.00		2 \$2,372.00	
<b>Annual Cost</b>	\$30,312.00		\$29,940.00		\$29,472.00		\$28,464.00	

	CareConnect Value Gold 45/45		CareConnect Standard Silver		CareConnect Silver HSA 100%		CareConnect Value Silver	
	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%to\$500 IntDed T3		10/35/70		0%/0%/0% IntDed		0/50/50%to\$500 IntDed T3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,000/\$2,000		\$2,000/\$4,000		\$3,600/\$7,200		\$2,500/\$5,000	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,750/\$13,500 (incl ded)		\$3,600/\$7,200 (incl ded)		\$7,100/\$14,200 (incl ded)	
Co-Insurance	10%		0%		0%		20%	
<b>Office Visits</b>								
Primary Care	\$45 ded waived		\$30 after ded		0% after ded		\$35 ded waived	
Specialist	\$45 ded waived		\$50 after ded		0% after ded		\$65 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		\$1,500/admit after ded		0% after ded		20% after ded	
Mental Health Inpatient	10% after ded		\$1,500/admit after ded		0% after ded		20% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$250 after ded		\$100 after ded		0% after ded		20% after ded	
Lab/X-Ray	Lab-No charge; X-ray-\$90 ded waived		\$50 after ded		0% after ded		\$75 ded waived	
Mental Health Outpatient	No charge		\$30 after ded		0% after ded		No charge	
<b>Emergency Care</b>								
Emergency Room	\$250 (waived if admitted) ded waived		\$250 (waived if admitted) after ded		0% after ded		\$250 (waived if admitted) after ded	
Urgent Care	\$75 ded waived		\$70 after ded		0% after ded		\$75 ded waived	
<b>Single</b>	1 x \$616.00		1 x \$567.00		1 x \$556.00		1 x \$548.00	
EE with Spouse	0 x \$1,232.00		0 x \$1,134.00		0 x \$1,112.00		0 x \$1,096.00	
EE with Child(ren)	0 x \$1,047.00		0 x \$964.00		0 x \$945.00		0 x \$932.00	
Family	1 x \$1,756.00		1 x \$1,616.00		1 x \$1,585.00		1 x \$1,562.00	
Monthly Cost	2 \$2,372.00		2 \$2,183.00		2 \$2,141.00		2 \$2,110.00	
Annual Cost	\$28,464.00		\$26,196.00		\$25,692.00		\$25,320.00	

Prepared For: **CareConnect 2017 2nd qtr**

Nassau County, NY 11565

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

**Health Plan Comparison Report (4L)**

Effective Date: 04/01/2017

Prepared On: 01/23/2017

Report ID: 32451607

SIC: 0000

	CareConnect Standard Bronze		CareConnect Bronze HSA 100%	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	10/35/70 IntDed		0%/0%/0% IntDed	
<b>Cost Share Information</b>				
Individual/Family Deductible	\$4,000/\$8,000		\$6,350/\$12,700	
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)		\$6,350/\$12,700 (incl ded)	
Co-Insurance	50%		0%	
<b>Office Visits</b>				
Primary Care	50% after ded		0% after ded	
Specialist	50% after ded		0% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	50% after ded		0% after ded	
Mental Health Inpatient	50% after ded		0% after ded	
<b>Outpatient Services</b>				
Outpatient Facility	50% after ded		0% after ded	
Lab/X-Ray	50% after ded		0% after ded	
Mental Health Outpatient	50% after ded		0% after ded	
<b>Emergency Care</b>				
Emergency Room	50% after ded		0% after ded	
Urgent Care	50% after ded		0% after ded	
Single	1 x \$476.00		1 x \$463.00	
EE with Spouse	0 x \$952.00		0 x \$926.00	
EE with Child(ren)	0 x \$809.00		0 x \$787.00	
Family	1 x \$1,357.00		1 x \$1,320.00	
Monthly Cost	2 \$1,833.00		2 \$1,783.00	
Annual Cost	\$21,996.00		\$21,396.00	