

|                               | CareConnect<br>Tradition Platinum 30/30 |             | CareConnect<br>Standard Platinum |             | CareConnect<br>Value Platinum |             | CareConnect<br>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)<br>ded waived |             |
| Urgent Care                   | \$30                                    |             | \$55                             |             | \$75                          |             | \$50 ded waived                          |             |
| <b>Single</b>                 | 1 x \$756.00                            |             | 1 x \$745.00                     |             | 1 x \$719.00                  |             | 1 x \$666.00                             |             |
| EE with Spouse                | 0 x \$1,512.00                          |             | 0 x \$1,490.00                   |             | 0 x \$1,438.00                |             | 0 x \$1,332.00                           |             |
| EE with Child(ren)            | 0 x \$1,285.00                          |             | 0 x \$1,267.00                   |             | 0 x \$1,222.00                |             | 0 x \$1,132.00                           |             |
| Family                        | 1 x \$2,155.00                          |             | 1 x \$2,123.00                   |             | 1 x \$2,049.00                |             | 1 x \$1,898.00                           |             |
| Monthly Cost                  | 2 \$2,911.00                            |             | 2 \$2,868.00                     |             | 2 \$2,768.00                  |             | 2 \$2,564.00                             |             |
| Annual Cost                   | \$34,932.00                             |             | \$34,416.00                      |             | \$33,216.00                   |             | \$30,768.00                              |             |

Prepared For: **CareConnect 2017 4th qtr New**

New York County, NY 10001

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

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

Effective Date: 10/01/2017

Prepared On: 08/02/2017

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SIC: 0000

|                               | CareConnect<br>Tradition Gold 40/60 |             | CareConnect<br>Standard Gold         |             | CareConnect<br>Tradition Gold Copay |             | CareConnect<br>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 \$651.00                        |             | 1 x \$644.00                         |             | 1 x \$634.00                        |             | 1 x \$612.00                               |             |
| EE with Spouse                | 0 x \$1,302.00                      |             | 0 x \$1,288.00                       |             | 0 x \$1,268.00                      |             | 0 x \$1,224.00                             |             |
| EE with Child(ren)            | 0 x \$1,107.00                      |             | 0 x \$1,095.00                       |             | 0 x \$1,078.00                      |             | 0 x \$1,040.00                             |             |
| Family                        | 1 x \$1,855.00                      |             | 1 x \$1,835.00                       |             | 1 x \$1,807.00                      |             | 1 x \$1,744.00                             |             |
| <b>Monthly Cost</b>           | 2 \$2,506.00                        |             | 2 \$2,479.00                         |             | 2 \$2,441.00                        |             | 2 \$2,356.00                               |             |
| <b>Annual Cost</b>            | \$30,072.00                         |             | \$29,748.00                          |             | \$29,292.00                         |             | \$28,272.00                                |             |

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 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 \$612.00                          |             | 1 x \$564.00                         |             | 1 x \$552.00                |             | 1 x \$544.00                         |             |
| EE with Spouse                | 0 x \$1,224.00                        |             | 0 x \$1,128.00                       |             | 0 x \$1,104.00              |             | 0 x \$1,088.00                       |             |
| EE with Child(ren)            | 0 x \$1,040.00                        |             | 0 x \$959.00                         |             | 0 x \$938.00                |             | 0 x \$925.00                         |             |
| Family                        | 1 x \$1,744.00                        |             | 1 x \$1,607.00                       |             | 1 x \$1,573.00              |             | 1 x \$1,550.00                       |             |
| <b>Monthly Cost</b>           | 2 \$2,356.00                          |             | 2 \$2,171.00                         |             | 2 \$2,125.00                |             | 2 \$2,094.00                         |             |
| <b>Annual Cost</b>            | \$28,272.00                           |             | \$26,052.00                          |             | \$25,500.00                 |             | \$25,128.00                          |             |

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

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SIC: 0000

|                               | CareConnect<br>Standard Bronze |             | CareConnect<br>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 \$473.00                   |             | 1 x \$460.00                   |             |
| EE with Spouse                | 0 x \$946.00                   |             | 0 x \$920.00                   |             |
| EE with Child(ren)            | 0 x \$804.00                   |             | 0 x \$782.00                   |             |
| Family                        | 1 x \$1,348.00                 |             | 1 x \$1,311.00                 |             |
| Monthly Cost                  | 2 \$1,821.00                   |             | 2 \$1,771.00                   |             |
| Annual Cost                   | \$21,852.00                    |             | \$21,252.00                    |             |