

	North Shore-LIJ CareConnect Tradition Platinum 30 HRx (EPO) (UCR=N/A)		North Shore-LIJ CareConnect Standard Platinum EPO (EPO) (UCR=N/A)		North Shore-LIJ CareConnect Tradition Gold 30/50 HRx (EPOc) (UCR=N/A)		North Shore-LIJ CareConnect Tradition Gold 20/40 HRx (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		10/30/60		15/35/75/100 ded T2-3		15/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$1,000/\$2,000		\$1,750/\$3,500	
Individual/Family OOP Limit	\$1,000/\$2,000		\$2,000/\$4,000		\$3,000/\$6,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	N/A		N/A		10%		10%	
Office Visits								
Primary Care	\$30		\$15		\$30 ded waived		\$20 ded waived	
Specialist	\$30		\$35		\$50 ded waived		\$40 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$500/admit		10% after ded		10% after ded	
Mental Health Inpatient	\$500/admit		\$500/admit		10% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	\$200		\$100		10% after ded		10% after ded	
Lab/X-Ray	\$30		\$35		\$50 ded waived		\$40 ded waived	
Mental Health Outpatient	\$30		\$15		\$30 ded waived		\$20 ded waived	
Emergency Care								
Emergency Room	\$200 (waived if admitted)		\$100 (waived if admitted)		\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived	
Urgent Care	\$30		\$55		\$50 ded waived		\$40 ded waived	
Single	1 x	\$565.00	1 x	\$558.00	1 x	\$497.00	1 x	\$490.00
EE with Spouse	0 x	\$1,130.00	0 x	\$1,116.00	0 x	\$994.00	0 x	\$980.00
EE with Child(ren)	0 x	\$961.00	0 x	\$949.00	0 x	\$845.00	0 x	\$833.00
Family	1 x	\$1,610.00	1 x	\$1,590.00	1 x	\$1,416.00	1 x	\$1,397.00
Monthly Cost	2	\$2,175.00	2	\$2,148.00	2	\$1,913.00	2	\$1,887.00
Annual Cost		\$26,100.00		\$25,776.00		\$22,956.00		\$22,644.00

	North Shore-LIJ CareConnect Tradition Gold 40/60 HRx (EPO) (UCR=N/A)		North Shore-LIJ CareConnect Standard Gold EPO (EPOc) (UCR=N/A)		North Shore-LIJ CareConnect Tradition Gold Copay EPO (EPO) (UCR=N/A)		North Shore-LIJ CareConnect Tradition Silver 30/50 LRx (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		10/35/70		15/35/75/100 ded		10/50/50%to\$250	
Cost Share Information								
Individual/Family Deductible	N/A		\$600/\$1,200		N/A		\$4,800/\$9,600	
Individual/Family OOP Limit	\$6,000/\$12,000		\$4,000/\$8,000 (incl ded)		\$6,350/\$12,700		\$6,600/\$13,200 (incl ded)	
Co-Insurance	N/A		N/A		N/A		10%	
Office Visits								
Primary Care	\$40		\$25 after ded		\$30		\$30 ded waived	
Specialist	\$60		\$40 after ded		\$50		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$1,000/admit		\$1,000/admit after ded		\$500/day; \$1,500 max/admit		10% after ded	
Mental Health Inpatient	\$1,000/admit		\$1,000/admit after ded		\$500/day; \$1,500 max/admit		10% after ded	
Outpatient Services								
Outpatient Facility	\$300		\$100 after ded		\$300		10% after ded	
Lab/X-Ray	\$60		\$40 after ded		\$30/\$50		\$50 ded waived	
Mental Health Outpatient	\$40		\$25 after ded		\$30		\$30 ded waived	
Emergency Care								
Emergency Room	\$300 (waived if admitted)		\$150 (waived if admitted) after ded		\$350 (waived if admitted)		\$300 (waived if admitted) ded waived	
Urgent Care	\$60		\$60 after ded		\$50		\$50 ded waived	
Single	1 x \$487.00		1 x \$481.00		1 x \$474.00		1 x \$444.00	
EE with Spouse	0 x \$974.00		0 x \$962.00		0 x \$948.00		0 x \$888.00	
EE with Child(ren)	0 x \$828.00		0 x \$818.00		0 x \$806.00		0 x \$755.00	
Family	1 x \$1,388.00		1 x \$1,371.00		1 x \$1,351.00		1 x \$1,265.00	
Monthly Cost	2 \$1,875.00		2 \$1,852.00		2 \$1,825.00		2 \$1,709.00	
Annual Cost	\$22,500.00		\$22,224.00		\$21,900.00		\$20,508.00	

	North Shore-LIJ CareConnect Standard Silver EPO (EPOc) (UCR=N/A)		North Shore-LIJ CareConnect Silver HSA 100% (HSA) (UCR=N/A)		North Shore-LIJ CareConnect Bronze HSA 70% (HSA) (UCR=N/A)		North Shore-LIJ CareConnect Bronze HSA 100% (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/70		0%/0%/0% IntDed		15/35/75 IntDed		0%/0%/0% IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000		\$3,000/\$6,000		\$3,400/\$6,800		\$6,000/\$12,000	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$3,000/\$6,000 (incl ded)		\$6,350/\$12,700 (incl ded)		\$6,000/\$12,000 (incl ded)	
Co-Insurance	N/A		0%		30%		0%	
Office Visits								
Primary Care	\$30 after ded		0% after ded		30% after ded		0% after ded	
Specialist	\$50 after ded		0% after ded		30% after ded		0% after ded	
Inpatient Services								
Inpatient Hospital	\$1,500/admit after ded		0% after ded		30% after ded		0% after ded	
Mental Health Inpatient	\$1,500/admit after ded		0% after ded		30% after ded		0% after ded	
Outpatient Services								
Outpatient Facility	\$100 after ded		0% after ded		30% after ded		0% after ded	
Lab/X-Ray	\$50 after ded		0% after ded		30% after ded		0% after ded	
Mental Health Outpatient	\$30 after ded		0% after ded		30% after ded		0% after ded	
Emergency Care								
Emergency Room	\$150 (waived if admitted) after ded		0% after ded		30% after ded		0% after ded	
Urgent Care	\$70 after ded		0% after ded		30% after ded		0% after ded	
Single	1 x \$422.00		1 x \$413.00		1 x \$359.00		1 x \$347.00	
EE with Spouse	0 x \$844.00		0 x \$826.00		0 x \$718.00		0 x \$694.00	
EE with Child(ren)	0 x \$717.00		0 x \$702.00		0 x \$610.00		0 x \$590.00	
Family	1 x \$1,203.00		1 x \$1,177.00		1 x \$1,023.00		1 x \$989.00	
Monthly Cost	2 \$1,625.00		2 \$1,590.00		2 \$1,382.00		2 \$1,336.00	
Annual Cost	\$19,500.00		\$19,080.00		\$16,584.00		\$16,032.00	