

	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
Prescription Drugs								
Drug Card	15/35/75/100 ded T2-3		10/30/60		0/50/50%to\$500		15/35/75/100 ded T2-3	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$30		\$15		\$20		\$30 ded waived	
Specialist	\$30		\$35		\$30		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$500/admit		10%		10% after ded	
Mental Health Inpatient	\$500/admit		\$500/admit		10%		10% after ded	
Outpatient Services								
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	
Emergency Care								
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	
Single	1 x \$713.00		1 x \$704.00		1 x \$679.00		1 x \$628.00	
EE with Spouse	0 x \$1,426.00		0 x \$1,408.00		0 x \$1,358.00		0 x \$1,256.00	
EE with Child(ren)	0 x \$1,212.00		0 x \$1,197.00		0 x \$1,154.00		0 x \$1,068.00	
Family	1 x \$2,032.00		1 x \$2,006.00		1 x \$1,935.00		1 x \$1,790.00	
Monthly Cost	2 \$2,745.00		2 \$2,710.00		2 \$2,614.00		2 \$2,418.00	
Annual Cost	\$32,940.00		\$32,520.00		\$31,368.00		\$29,016.00	

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$40		\$25 after ded		\$30		\$20 ded waived	
Specialist	\$60		\$40 after ded		\$50		\$50 ded waived	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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	
Single	1 x \$615.00		1 x \$608.00		1 x \$598.00		1 x \$578.00	
EE with Spouse	0 x \$1,230.00		0 x \$1,216.00		0 x \$1,196.00		0 x \$1,156.00	
EE with Child(ren)	0 x \$1,046.00		0 x \$1,034.00		0 x \$1,017.00		0 x \$983.00	
Family	1 x \$1,753.00		1 x \$1,733.00		1 x \$1,704.00		1 x \$1,647.00	
Monthly Cost	2 \$2,368.00		2 \$2,341.00		2 \$2,302.00		2 \$2,225.00	
Annual Cost	\$28,416.00		\$28,092.00		\$27,624.00		\$26,700.00	

	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
Prescription Drugs								
Drug Card	0/50/50%to\$500 IntDed T3		10/35/70		0%/0%/0% IntDed		0/50/50%to\$500 IntDed T3	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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	
Single	1 x \$578.00		1 x \$532.00		1 x \$521.00		1 x \$514.00	
EE with Spouse	0 x \$1,156.00		0 x \$1,064.00		0 x \$1,042.00		0 x \$1,028.00	
EE with Child(ren)	0 x \$983.00		0 x \$904.00		0 x \$886.00		0 x \$874.00	
Family	1 x \$1,647.00		1 x \$1,516.00		1 x \$1,485.00		1 x \$1,465.00	
Monthly Cost	2 \$2,225.00		2 \$2,048.00		2 \$2,006.00		2 \$1,979.00	
Annual Cost	\$26,700.00		\$24,576.00		\$24,072.00		\$23,748.00	

Prepared For: **CareConnect 2017 1st qtr New**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2017

Prepared On: 11/01/2016

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SIC: 0000

	CareConnect Standard Bronze		CareConnect Bronze HSA 100%	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	10/35/70 IntDed		0%/0%/0% IntDed	
Cost Share Information				
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%	
Office Visits				
Primary Care	50% after ded		0% after ded	
Specialist	50% after ded		0% after ded	
Inpatient Services				
Inpatient Hospital	50% after ded		0% after ded	
Mental Health Inpatient	50% after ded		0% after ded	
Outpatient Services				
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	
Emergency Care				
Emergency Room	50% after ded		0% after ded	
Urgent Care	50% after ded		0% after ded	
Single	1 x \$447.00		1 x \$435.00	
EE with Spouse	0 x \$894.00		0 x \$870.00	
EE with Child(ren)	0 x \$760.00		0 x \$740.00	
Family	1 x \$1,274.00		1 x \$1,240.00	
Monthly Cost	2 \$1,721.00		2 \$1,675.00	
Annual Cost	\$20,652.00		\$20,100.00	