

# Small Group Rates

	STANDARD PLANS				TRADITION PLANS					VALUE PLANS				ACCESS PLANS				
	Platinum	Gold	Silver	Bronze	Tradition Platinum 30/30	Tradition Gold Copay	Tradition Gold 40/60	Silver HSA 100%	Bronze HSA 100%	Platinum	Gold 20/50	Gold 45/45	Silver	Platinum 30/30	Gold Copay	Silver 40/60	Silver HSA 100%	Bronze HSA 70%
<b>COPAYMENT</b>																		
Primary Care	\$15	\$25 after deductible	\$30 after deductible	50% coinsurance after deductible	\$30	\$30	\$40	Covered in full after deductible	Covered in full after deductible	\$20	\$20	\$45	\$35	\$30	\$30	\$40	Covered in full after deductible	30% coinsurance after deductible
Specialist	\$35	\$40 after deductible	\$50 after deductible	50% coinsurance after deductible	\$30	\$50	\$60	Covered in full after deductible	Covered in full after deductible	\$30	\$50	\$45	\$65	\$30	\$50	\$60	Covered in full after deductible	30% coinsurance after deductible
Emergency Room (waived if admitted within 24 hours)	\$100	\$150 after deductible	\$150 after deductible	50% coinsurance after deductible	\$200	\$350	25% Coinsurance	Covered in full after deductible	Covered in full after deductible	\$250	\$250	\$250	\$250 after deductible	\$200	\$350	\$350	Covered in full after deductible	30% coinsurance after deductible
Inpatient Surgery Facility Fee	\$500 per admit	\$1,000 per admit after deductible	\$1,500 per admit after deductible	50% coinsurance after deductible	\$500 per admit	\$500 per day up to \$1,500 max per admission	\$1500 per admit	Covered in full after deductible	Covered in full after deductible	10% Coinsurance	20% Coinsurance after deductible	\$250/Day up to \$2,500 max per admission	20% Coinsurance after deductible	\$500 per admission	\$500 per day up to \$1,500 max per admission	20% Coinsurance after deductible	Covered in full after deductible	30% coinsurance after deductible
Outpatient Surgery Facility Fee	\$100	\$100 after deductible	\$100 after deductible	50% coinsurance after deductible	\$200	\$300	\$300	Covered in full after deductible	Covered in full after deductible	10% Coinsurance	20% Coinsurance after deductible	\$250 after deductible	20% Coinsurance after deductible	\$200	\$300	\$300	Covered in full after deductible	30% coinsurance after deductible
<b>DEDUCTIBLE (2x for Family)</b>																		
In-network	\$0	\$600	\$2,000	\$3,500	\$0	\$0	\$0	\$3,400	\$6,000	\$0	\$500	\$750	\$2,250	\$0	\$0	\$4,000	\$3,400	\$4,450
<b>COINSURANCE</b>																		
In-network	10%	20%	30%	50%	10%	20%	25% Coinsurance	0%	0%	10%	20%	10%	20%	10%	20%	20%	0%	30%
<b>MAXIMUM OUT OF POCKET (2x for Family)</b>																		
In-network	\$2,000	\$4,000	\$5,500	\$6,850	\$1,000	\$6,350	\$6,850	\$3,400	\$6,000	\$3,000	\$3,750	\$6,000	\$6,850	\$1,000	\$6,350	\$6,600	\$3,400	\$6,450
<b>PRESCRIPTION DRUGS</b>																		
In-network	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70 after deductible	\$15/\$35/\$75 after \$100 Rx (deductible waived for tier 1)	\$15/\$35/\$75 after \$100 Rx deductible	\$15/\$35/\$75 after \$100 Rx (deductible waived for tier 1)	Covered in full after deductible	Covered in full after deductible	\$0/\$50/50% Coinsurance (up to max \$500)	\$15/\$35/\$75 after \$100 Rx (deductible waived for tier 1)	\$15/\$35/\$75 after \$100 Rx deductible	\$15/\$35/\$75 after \$100 Rx (deductible waived for tier 1)	Covered in full after deductible	\$15/\$35/\$75 after deductible			
<b>1st QUARTER 2016 NASSAU AND SUFFOLK RATES</b>																		
Single	\$606	\$524	\$459	\$392	\$615	\$516	\$530	\$449	\$377	\$516	\$439	\$439	\$412	\$725	\$609	\$569	\$530	\$460
Couple	\$1,212	\$1,048	\$918	\$784	\$1,230	\$1,032	\$1,060	\$898	\$754	\$1,032	\$878	\$878	\$824	\$1,450	\$1,218	\$1,138	\$1,060	\$920
Parent with Child(ren)	\$1,030	\$891	\$780	\$666	\$1,046	\$877	\$901	\$763	\$641	\$877	\$746	\$746	\$700	\$1,233	\$1,035	\$967	\$901	\$782
Family	\$1,727	\$1,493	\$1,308	\$1,117	\$1,753	\$1,471	\$1,511	\$1,280	\$1,074	\$1,471	\$1,251	\$1,251	\$1,174	\$2,066	\$1,736	\$1,622	\$1,511	\$1,311
<b>1st QUARTER 2016 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX, &amp; WESTCHESTER RATES</b>																		
Single	\$580	\$501	\$438	\$375	\$588	\$493	\$507	\$430	\$360	\$493	\$419	\$419	\$394	\$693	\$582	\$544	\$507	\$440
Couple	\$1,160	\$1,002	\$876	\$750	\$1,176	\$986	\$1,014	\$860	\$720	\$986	\$838	\$838	\$788	\$1,386	\$1,164	\$1,088	\$1,014	\$880
Parent with Child(ren)	\$986	\$852	\$745	\$638	\$1,000	\$838	\$862	\$731	\$612	\$838	\$712	\$712	\$670	\$1,178	\$989	\$925	\$862	\$748
Family	\$1,653	\$1,428	\$1,248	\$1,069	\$1,676	\$1,405	\$1,445	\$1,226	\$1,026	\$1,405	\$1,194	\$1,194	\$1,123	\$1,975	\$1,659	\$1,550	\$1,445	\$1,254

Rates are up to Age 26.  
Pediatric dental and vision included in coverage.

## Our Plans: Standard, Tradition, Value, and Access

No two businesses are alike, so our plans are designed to satisfy differences in needs and price points. Standard, Tradition, Value or Access—all provide easy access to affordable, superior care.

**Standard plans** have the classic “deductible first” design that your clients will find familiar. In other words, most of these plans have a deductible that members must meet before CareConnect starts to pay for covered, medically necessary health services. After members with the plans meet their deductible, they are responsible only for cost-sharing, which can take the form of copays or coinsurance. (Standard Platinum plans are an exception to this rule. With a zero deductible made possible by higher premiums, Platinum plans offer members a way to spread their medical costs more predictably over the year. Members receiving covered, medically necessary services are responsible only for cost-sharing.)

**Tradition plans** offer “first dollar” coverage. Members need not meet a deductible before CareConnect will start covering doctor visits; instead, they are responsible only for cost-sharing. Members do have to meet a deductible for inpatient or outpatient hospital care and for ambulance services; they also have a separate, small deductible for pharmacy costs. After these deductibles are met, members are responsible only for cost-sharing.

**Value plans** are designed to be our most affordable options. New for 2016, they have a deductible only for inpatient hospital stays and inpatient or outpatient procedures. For all other covered, medical necessary services, members are responsible only for cost-sharing. Our Value plans’ pharmacy feature offers zero-copay generic drugs, with higher cost-sharing responsibilities for brand-name pharmaceuticals.

**Access plans** enable members to utilize our national network, powered by MultiPlan, the market-leading provider of network accessibility. These plans allow group members to find in-network medical care anywhere in the country. Access plans are Exclusive Provider

Organization (EPO) plans, which means that, generally speaking, only in-network care is covered. No referrals are required for specialist visits.

Underwriting guidelines apply, so ask your sales representative for details.

## Benefits: The Basics

**Copay:** Copay: An amount that members are required to pay toward the cost of a covered service (like a doctor’s visit) after their deductible has been met. The copay is usually expressed as a fixed dollar amount—say, \$15 or \$25.

**Coinsurance:** A percent of the bill for a covered service that members are required to pay after their deductible has been met. After a member pays the coinsurance, CareConnect is responsible for the rest of the bill for the covered service.

**Deductible:** The amount members are responsible for paying for covered medical expenses each policy period before CareConnect starts paying. The amount of the deductible depends on the plan the member has selected. After the member meets the deductible for a policy period, we will take care of the bill for covered services, although the member may have to pay a copay or coinsurance. If services are not covered by the plan, the member must pay those costs out of pocket, and they do not count toward the deductible.

**Maximum Out of Pocket:** The maximum amount the member has to pay toward covered services during a policy period, including deductible and copays and coinsurance for covered services. After the member pays the Maximum Out Of Pocket (MOOP), CareConnect will pay 100% of the cost of covered services. Out of pocket payments for services not covered by the plan do not count toward the MOOP.

# 1st Quarter 2016

## Better for your Bottom Line

Your clients have to watch out for their bottom lines, so CareConnect plans help them save money *and* protect their employees. Lower premiums and easy access to excellent care—that’s healthier insurance.

