# Prepared For : CareConnect 2015 3rd qtr New York City region New York County, NY 10001

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

### Health Plan Comparison Report (4L)

Prepared On : 4/24/2015 Report Id : 28326389

Effective Date : 07/01/2015 SIC : 0000

	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								
ndividual/Family Deductible	N/A		N/A		\$1,000/\$2,000		\$1,750/\$3,500	
ndividual/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	
npatient Services								
npatient Hospital	\$500/admit		\$500/admit		10% after ded		10% after ded	
Nental Health Inpatient	\$500/admit		\$500/admit		10% after ded		10% after ded	
Dutpatient Services								
Dutpatient Facility	\$200		\$100		10% after ded		10% after ded	
.ab/X-Ray	\$30		\$35		\$50 ded waived		\$40 ded waived	
Iental 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	
Jrgent Care	\$30		\$55		\$50 ded waived		\$40 ded waived	
Single	1 x \$568.00		1 x \$561.00		1 x \$499.00		1 x \$492.00	
EE with Spouse	0 x \$1,136.00		0 x \$1,122.00		0 x \$998.00		0 x \$984.00	
E with Child(ren)	0 x \$966.00		0 x \$954.00		0 x \$848.00		0 x \$836.00	
amily	1 x \$1,619.00		1 x \$1,599.00		1 x \$1,422.00		1 x \$1,402.00	
Monthly Cost	2 \$2,187.00		2 \$2,160.00		2 \$1,921.00		2 \$1,894.00	
Annual Cost	\$26,244.00		\$25,920.00		\$23,052.00		\$22,728.00	

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	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-Net	work	Out-Network	In-Net	work	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/\$9,60	00	
Individual/Family OOP Limit	\$6,000/\$12,000		\$4,000/\$8,000 (incl ded)		\$6,350/\$12,7	00		\$6,600/\$13,2	200 (incl ded)	
Co-Insurance	N/A		N/A		N/A			10%		
Office Visits									1	
Primary Care	\$40		\$25 after ded		\$30			\$30 ded waiv	/ed	
Specialist	\$60		\$40 after ded		\$50			\$50 ded waiv	ved	
Inpatient Services										
npatient Hospital	\$1,000/admit		\$1,000/admit after ded		\$500/day; \$1, max/admit	,500		10% after de	d	
Mental Health Inpatient	\$1,000/admit		\$1,000/admit after ded		\$500/day; \$1, max/admit	,500		10% after de	d	
Outpatient Services									1	
Outpatient Facility	\$300		\$100 after ded		\$300			10% after de	d	
_ab/X-Ray	\$60		\$40 after ded		\$30/\$50			\$50 ded waiv	/ed	
Mental Health Outpatient	\$40		\$25 after ded		\$30			\$30 ded waiv	ved	
Emergency Care	·		· · · · · · · · · · · · · · · · · · ·						1	
Emergency Room	\$300 (waived if admitted)		\$150 (waived if admitted) after ded		\$350 (waived	l if admitted)		\$300 (waived ded waived	d if admitted)	
Urgent Care	\$60		\$60 after ded		\$50			\$50 ded waiv	ved	
Single	1 x \$489.00		1 x \$483.00		1 x	\$476.00		1 x	\$446.00	
EE with Spouse	0 x \$978.00		0 x \$966.00		0 x	\$952.00		0 x	\$892.00	
EE with Child(ren)	0 x \$831.00		0 x \$821.00		0 x	\$809.00		0 x	\$758.00	
Family	1 x \$1,394.00		1 x \$1,377.00		1 x	\$1,357.00		1 x	\$1,271.00	
Monthly Cost	2 \$1,883.00		2 \$1,860.00		2	\$1,833.00		2	\$1,717.00	
Monthly Cost Annual Cost	\$22,596.00		2 \$1,860.00 \$22,320.00		2	\$1,833.00 \$21,996.00			\$1,717.00 \$20,604.00	
	ψ22,000.00		φ22,020.00			÷21,000.00			¥20,004.00	

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	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								
ndividual/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								
npatient 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 \$424.00		1 x \$415.00		1 x \$361.00		1 x \$349.00	
EE with Spouse	0 x \$848.00		0 x \$830.00		0 x \$722.00		0 x \$698.00	
EE with Child(ren)	0 x \$721.00		0 x \$706.00		0 x \$614.00		0 x \$593.00	
Family	1 x \$1,208.00		1 x \$1,183.00		1 x \$1,029.00		1 x \$995.00	
Monthly Cost	2 \$1,632.00		2 \$1,598.00		2 \$1,390.00		2 \$1,344.00	
Annual Cost	\$19,584.00		\$19,176.00		\$16,680.00		\$16,128.00	

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