

# Small Group Rates • Q1 2017



	STANDARD PLANS				TRADITION PLANS						VALUE PLANS			
	Platinum	Gold	Silver	Bronze	Platinum 30/30 HRx	Gold Copay	Gold 30/50/1000 HRx	Gold 40/60 HRx	Silver HSA 100%	Bronze HSA 100%	Platinum	Gold 20/50	Gold 45/45	Silver

## IN-NETWORK COST-SHARE

Primary Care / Specialist	\$15 / \$35	\$25 / \$40 after deductible	\$30 / \$50 after deductible	50% coinsurance after deductible	\$30 / \$30	\$30 / \$50	\$30 / \$50	\$40 / \$60	Covered in full after deductible	Covered in full after deductible	\$20 / \$30	\$20 / \$50	\$45 / \$45	\$35 / \$65
Emergency Room	\$100	\$150 after deductible	\$250 after deductible	50% coinsurance after deductible	\$200	\$350	\$200	25% coinsurance	Covered in full after deductible	Covered in full after deductible	\$250	\$250	\$250	\$250 after deductible
Inpatient Surgery Facility Fee	\$500 per admission	\$1,000 per admission after deductible	\$1,500 per admission after deductible	50% coinsurance after deductible	\$500 per admit	\$500 per day up to \$1,500 max per admission	10% coinsurance after deductible	\$1,500 per admission	Covered in full after deductible	Covered in full after deductible	10% coinsurance	20% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible
Urgent Care	\$55	\$60 after deductible	\$70 after deductible	50% coinsurance after deductible	\$30	\$50	\$50	\$60	Covered in full after deductible	Covered in full after deductible	\$75	\$75	\$75	\$75
Rehabilitative Services	\$25	\$30 after deductible	\$30 after deductible	50% coinsurance after deductible	\$30	\$30	\$30	\$60	Covered in full after deductible	Covered in full after deductible	\$30	\$50	\$45	\$65
Surgical Services	\$100	\$100 after deductible	\$100 after deductible	50% coinsurance after deductible	Covered in full	\$500	10% coinsurance after deductible	Covered in full	Covered in full after deductible	Covered in full after deductible	10% coinsurance	20% coinsurance after deductible	Covered in full	20% coinsurance after deductible
Outpatient Hospital Facility Fee	\$100	\$100 after deductible	\$100 after deductible	50% coinsurance after deductible	\$200	\$300	10% coinsurance after deductible	\$300	Covered in full after deductible	Covered in full after deductible	10% coinsurance	20% coinsurance after deductible	\$250 after deductible	20% coinsurance after deductible
Advanced Imaging	\$35	\$40 after deductible	\$50 after deductible	50% coinsurance after deductible	\$30	\$100	10% coinsurance after deductible	\$60	Covered in full after deductible	Covered in full after deductible	\$100	\$100	\$100	\$100
Diagnostic Imaging	\$15	\$25 after deductible	\$30 after deductible	50% coinsurance after deductible	\$30	\$30	10% coinsurance after deductible	\$40	Covered in full after deductible	Covered in full after deductible	\$40	\$60	\$90	\$75
Laboratory Procedures	\$15	\$25 after deductible	\$30 after deductible	50% coinsurance after deductible	\$30	\$30	10% coinsurance after deductible	\$60	Covered in full after deductible	Covered in full after deductible	Covered in full	\$40	Covered in full	\$75
Deductible (2x for Family)	\$0	\$600	\$2,000	\$4,000	\$0	\$0	\$1,000	\$0	\$3,600	\$6,350	\$0	\$500	\$1,000	\$2,500
Maximum Out-of-Pocket (2x for Family)	\$2,000	\$4,000	\$6,750	\$7,150	\$1,000	\$7,150	\$3,000	\$7,150	\$3,600	\$6,350	\$3,000	\$3,750	\$6,000	\$7,100
Prescription Drugs	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70 after deductible	\$15/\$35/\$75 after \$100 Rx deductible (deductible waived for Tier 1)	\$15/\$35/\$75 after \$100 Rx deductible (deductible waived for Tier 1)	\$15/\$35/\$75 after \$100 Rx deductible (deductible waived for Tier 1)	\$15/\$35/\$75 after \$100 Rx deductible (deductible waived for Tier 1)	Covered in full after deductible	Covered in full after deductible	\$0/\$50/50% coinsurance (up to max \$500)	\$0/\$50/50% coinsurance (up to max \$500)**	\$0/\$50/50% coinsurance (up to max \$500)**	\$0/\$50/50% coinsurance (up to max \$500)**

## 1st QUARTER 2017 NASSAU AND SUFFOLK RATES

Single	\$736	\$635	\$557	\$467	\$746	\$626	\$657	\$643	\$545	\$454	\$710	\$604	\$604	\$537
Couple	\$1,472	\$1,270	\$1,114	\$934	\$1,492	\$1,252	\$1,314	\$1,286	\$1,090	\$908	\$1,420	\$1,208	\$1,208	\$1,074
Parent with Child(ren)	\$1,251	\$1,080	\$947	\$794	\$1,268	\$1,064	\$1,117	\$1,093	\$927	\$772	\$1,207	\$1,027	\$1,027	\$913
Family	\$2,098	\$1,810	\$1,587	\$1,331	\$2,126	\$1,784	\$1,872	\$1,833	\$1,553	\$1,294	\$2,024	\$1,721	\$1,721	\$1,530

## 1st QUARTER 2017 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX & WESTCHESTER RATES

Single	\$704	\$608	\$532	\$447	\$713	\$598	\$628	\$615	\$521	\$435	\$679	\$578	\$578	\$514
Couple	\$1,408	\$1,216	\$1,064	\$894	\$1,426	\$1,196	\$1,256	\$1,230	\$1,042	\$870	\$1,358	\$1,156	\$1,156	\$1,028
Parent with Child(ren)	\$1,197	\$1,034	\$904	\$760	\$1,212	\$1,017	\$1,068	\$1,046	\$886	\$740	\$1,154	\$983	\$983	\$874
Family	\$2,006	\$1,733	\$1,516	\$1,274	\$2,032	\$1,704	\$1,790	\$1,753	\$1,485	\$1,240	\$1,935	\$1,647	\$1,647	\$1,465

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

\*\* The plan deductible applies to Tier 3 drugs.

# Small Group Rates • Q1 2017



	ACCESS PLANS*					VALUE ACCESS PLANS*			
	Platinum 30/30	Gold Copay	Silver 40/60	Silver HSA 100%	Bronze HSA 70%	Platinum	Gold 20/50	Gold 45/45	Silver
<b>IN-NETWORK COST-SHARE</b>									
Primary Care / Specialist	\$30 / \$30	\$30 / \$50	\$40 / \$60	Covered in full after deductible	30% coinsurance after deductible	\$20 / \$30	\$20 / \$50	\$45 / \$45	\$35 / \$65
Emergency Room	\$200	\$350	\$350	Covered in full after deductible	30% coinsurance after deductible	\$250	\$250	\$250	\$250 after deductible
Inpatient Surgery Facility Fee	\$500 per admission	\$500/day up to \$1,500 max per admission	20% coinsurance after deductible	Covered in full after deductible	30% coinsurance after deductible	10% coinsurance	20% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible
Urgent Care	\$30	\$50	\$60	Covered in full after deductible	30% coinsurance after deductible	\$75	\$75	\$75	\$75
Rehabilitative Services	\$30	\$30	\$60	Covered in full after deductible	30% coinsurance after deductible	\$30	\$50	\$45	\$65
Surgical Services	Covered in full	\$500	\$100	Covered in full after deductible	30% coinsurance after deductible	10% coinsurance	20% coinsurance after deductible	Covered in full	20% coinsurance after deductible
Outpatient Hospital Facility Fee	\$200	\$300	\$350	Covered in full after deductible	30% coinsurance after deductible	10% coinsurance	20% coinsurance after deductible	\$250 after deductible	20% coinsurance after deductible
Advanced Imaging	\$30	\$100	\$60	Covered in full after deductible	30% coinsurance after deductible	\$100	\$100	\$100	\$100
Diagnostic Imaging	\$30	\$30	\$40	Covered in full after deductible	30% coinsurance after deductible	\$40	\$60	\$90	\$75
Laboratory Procedures	\$30	\$30	\$40	Covered in full after deductible	30% coinsurance after deductible	Covered in full	\$40	Covered in full	\$75
Deductible (2x for Family)	\$0	\$0	\$4,250	\$3,600	\$5,500	\$0	\$500	\$1,000	\$2,500
Maximum Out-of-Pocket (2x for Family)	\$1,000	\$7,150	\$7,150	\$3,600	\$6,550	\$3,000	\$3,750	\$6,000	\$7,100
Prescription Drugs	\$15/\$35/\$75 after \$100 Rx deductible (deductible waived for Tier 1)	\$15/\$35/\$75 after \$100 Rx deductible (deductible waived for Tier 1)	\$15/\$35/\$75 after \$100 Rx deductible (deductible waived for Tier 1)	Covered in full after deductible	\$15/\$35/\$75 after deductible	\$0/\$50/50% coinsurance (up to max \$500)	\$0/\$50/50% coinsurance (up to max \$500)**	\$0/\$50/50% coinsurance (up to max \$500)**	\$0/\$50/50% coinsurance (up to max \$500)**
<b>1st QUARTER 2017 NASSAU AND SUFFOLK RATES</b>									
Single	\$880	\$738	\$691	\$643	\$556	\$838	\$713	\$713	\$634
Couple	\$1,760	\$1,476	\$1,382	\$1,286	\$1,112	\$1,676	\$1,426	\$1,426	\$1,268
Parent with Child(ren)	\$1,496	\$1,255	\$1,175	\$1,093	\$945	\$1,425	\$1,212	\$1,212	\$1,078
Family	\$2,508	\$2,103	\$1,969	\$1,833	\$1,585	\$2,388	\$2,032	\$2,032	\$1,807
<b>1st QUARTER 2017 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX &amp; WESTCHESTER RATES</b>									
Single	\$842	\$706	\$660	\$615	\$531	\$801	\$681	\$681	\$606
Couple	\$1,684	\$1,412	\$1,320	\$1,230	\$1,062	\$1,602	\$1,362	\$1,362	\$1,212
Parent with Child(ren)	\$1,431	\$1,200	\$1,122	\$1,046	\$903	\$1,362	\$1,158	\$1,158	\$1,030
Family	\$2,400	\$2,012	\$1,881	\$1,753	\$1,513	\$2,283	\$1,941	\$1,941	\$1,727

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

\* To learn more about our Access Plans visit [CareConnect.com/accessplans](http://CareConnect.com/accessplans). Underwriting guidelines apply; ask your Sales Representative for details.

\*\* The plan deductible applies to Tier 3 drugs.