

	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	\$571.00	1 x	\$564.00	1 x	\$501.00	1 x	\$494.00
EE with Spouse	0 x	\$1,142.00	0 x	\$1,128.00	0 x	\$1,002.00	0 x	\$988.00
EE with Child(ren)	0 x	\$971.00	0 x	\$959.00	0 x	\$852.00	0 x	\$840.00
Family	1 x	\$1,627.00	1 x	\$1,607.00	1 x	\$1,428.00	1 x	\$1,408.00
Monthly Cost	2	\$2,198.00	2	\$2,171.00	2	\$1,929.00	2	\$1,902.00
Annual Cost		\$26,376.00		\$26,052.00		\$23,148.00		\$22,824.00

	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 \$491.00		1 x \$485.00		1 x \$478.00		1 x \$448.00	
EE with Spouse	0 x \$982.00		0 x \$970.00		0 x \$956.00		0 x \$896.00	
EE with Child(ren)	0 x \$835.00		0 x \$825.00		0 x \$813.00		0 x \$762.00	
Family	1 x \$1,399.00		1 x \$1,382.00		1 x \$1,362.00		1 x \$1,277.00	
Monthly Cost	2 \$1,890.00		2 \$1,867.00		2 \$1,840.00		2 \$1,725.00	
Annual Cost	\$22,680.00		\$22,404.00		\$22,080.00		\$20,700.00	

	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 \$426.00		1 x \$417.00		1 x \$363.00		1 x \$351.00	
EE with Spouse	0 x \$852.00		0 x \$834.00		0 x \$726.00		0 x \$702.00	
EE with Child(ren)	0 x \$724.00		0 x \$709.00		0 x \$617.00		0 x \$597.00	
Family	1 x \$1,214.00		1 x \$1,188.00		1 x \$1,035.00		1 x \$1,000.00	
Monthly Cost	2 \$1,640.00		2 \$1,605.00		2 \$1,398.00		2 \$1,351.00	
Annual Cost	\$19,680.00		\$19,260.00		\$16,776.00		\$16,212.00	