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

Nassau County, NY 11565

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2017 Prepared On: 11/01/2016

Report ID: 31794527 SIC: 0000

	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 $746.00		1 x $736.00		1 x $710.00		1 x $657.00	
EE with Spouse	0 x $1,492.00		0 x $1,472.00		0 x $1,420.00		0 x $1,314.00	
EE with Child(ren)	0 x $1,268.00		0 x $1,251.00		0 x $1,207.00		0 x $1,117.00	
Family	1 x $2,126.00		1 x $2,098.00		1 x $2,024.00		1 x $1,872.00	
Monthly Cost	2 $2,872.00		2 $2,834.00		2 $2,734.00		2 $2,529.00	
Annual Cost	$34,464.00		$34,008.00		$32,808.00		$30,348.00	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	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 $643.00		1 x $635.00		1 x $626.00		1 x $604.00	
EE with Spouse	0 x $1,286.00		0 x $1,270.00		0 x $1,252.00		0 x $1,208.00	
EE with Child(ren)	0 x $1,093.00		0 x $1,080.00		0 x $1,064.00		0 x $1,027.00	
Family	1 x $1,833.00		1 x $1,810.00		1 x $1,784.00		1 x $1,721.00	
Monthly Cost	2 $2,476.00		2 $2,445.00		2 $2,410.00		2 $2,325.00	
Annual Cost	$29,712.00		$29,340.00		$28,920.00		$27,900.00	

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	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 $604.00		1 x $557.00		1 x $545.00		1 x $537.00	
EE with Spouse	0 x $1,208.00		0 x $1,114.00		0 x $1,090.00		0 x $1,074.00	
EE with Child(ren)	0 x $1,027.00		0 x $947.00		0 x $927.00		0 x $913.00	
Family	1 x $1,721.00		1 x $1,587.00		1 x $1,553.00		1 x $1,530.00	
Monthly Cost	2 $2,325.00		2 $2,144.00		2 $2,098.00		2 $2,067.00	
Annual Cost	$27,900.00		$25,728.00		$25,176.00		$24,804.00	

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	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	$467.00	1 x	$454.00
EE with Spouse	0 x	$934.00	0 x	$908.00
EE with Child(ren)	0 x	$794.00	0 x	$772.00
Family	1 x	$1,331.00	1 x	$1,294.00
Monthly Cost	2	$1,798.00	2	$1,748.00
Annual Cost		$21,576.00		$20,976.00

 Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible