

Applicant Information:  
Cliff Grekin, 54, Male

Spouse: N/A

Dependents: 0  
Effective Date: 1/1/2017

Report Id: 31946846  
Zip Code: 11565



In-Network

Out-Network

**Cost Share Information**

Individual Deductible	\$4,000
Family Deductible	\$8,000
OOP Limit - Individual	\$7,150 (incl ded)
OOP Limit - Family	\$14,300 (incl ded)
Co-insurance	50%
Lifetime Maximum	None

**Office Visits**

Primary Care	50% after ded
Specialist	50% after ded
Adult Preventive Care	No charge
Child Preventive Care	No charge
Maternity Prenatal/Postnatal Care	No charge
Rehabilitation Services	50% after ded; 60 visits/cond/yr comb PT/OT/ST
Chiropractic Care	50% after ded

**Inpatient Services**

Inpatient Hospital	50% after ded
Maternity Delivery/Inpatient	50% after ded

**Outpatient Services**

Outpatient Facility	50% after ded
Mental Health Outpatient	50% after ded
Lab/X-Ray	50% after ded

**Emergency Care**

Emergency Room	50% after ded
Urgent Care	50% after ded
Ambulance	50% after ded

**Prescription Drugs**

Rx Deductible	Integrated Medical/Rx
Rx Generic	\$10 after ded
Rx Preferred	\$35 after ded
Rx Non-Preferred	\$70 after ded

**Recovery/Special Needs**

Home Health Care	50% after ded; 40 visits/yr
Durable Medical Equipment	50% after ded

Optional Benefits: None

Applicant Information:

Spouse: N/A

Dependents: 0

Report Id: 31946846

Cliff Grekin, 54, Male

Effective Date: 1/1/2017

Zip Code: 11565

**CareConnect  
Bronze HSA 70%(EPO)**

In-Network

Out-Network

**Cost Share Information**

Individual Deductible	\$5,500
Family Deductible	\$11,000
OOP Limit - Individual	\$6,550 (incl ded)
OOP Limit - Family	\$13,100 (incl ded)
Co-insurance	30%
Lifetime Maximum	None

**Office Visits**

Primary Care	30% after ded
Specialist	30% after ded
Adult Preventive Care	No charge
Child Preventive Care	No charge
Maternity Prenatal/Postnatal Care	No charge
Rehabilitation Services	30% after ded; 60 visits/cond/yr comb PT/OT/ST
Chiropractic Care	30% after ded

**Inpatient Services**

Inpatient Hospital	30% after ded
Maternity Delivery/Inpatient	30% after ded

**Outpatient Services**

Outpatient Facility	30% after ded
Mental Health Outpatient	30% after ded
Lab/X-Ray	30% after ded

**Emergency Care**

Emergency Room	30% after ded
Urgent Care	30% after ded
Ambulance	30% after ded

**Prescription Drugs**

Rx Deductible	Integrated Medical/Rx
Rx Generic	\$15 after ded
Rx Preferred	\$35 after ded
Rx Non-Preferred	\$75 after ded

**Recovery/Special Needs**

Home Health Care	30% after ded; 40 visits/yr
Durable Medical Equipment	30% after ded

Optional Benefits	None
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Applicant Information:  
Cliff Grekin, 54, Male

Spouse: N/A

Dependents: 0  
Effective Date: 1/1/2017

Report Id: 31946846  
Zip Code: 11565

**CareConnect  
Standard Bronze HSA(EPO)**

In-Network

Out-Network

**Cost Share Information**

Individual Deductible	\$5,500
Family Deductible	\$11,000
OOP Limit - Individual	\$6,550 (incl ded)
OOP Limit - Family	\$13,100 (incl ded)
Co-insurance	50%
Lifetime Maximum	None

**Office Visits**

Primary Care	50% after ded
Specialist	50% after ded
Adult Preventive Care	No charge
Child Preventive Care	No charge
Maternity Prenatal/Postnatal Care	No charge
Rehabilitation Services	50% after ded; 60 visits/cond/yr comb PT/OT/ST
Chiropractic Care	50% after ded

**Inpatient Services**

Inpatient Hospital	50% after ded
Maternity Delivery/Inpatient	50% after ded

**Outpatient Services**

Outpatient Facility	50% after ded
Mental Health Outpatient	50% after ded
Lab/X-Ray	50% after ded

**Emergency Care**

Emergency Room	50% after ded
Urgent Care	50% after ded
Ambulance	50% after ded

**Prescription Drugs**

Rx Deductible	Integrated Medical/Rx
Rx Generic	\$10 after ded
Rx Preferred	\$35 after ded
Rx Non-Preferred	\$70 after ded

**Recovery/Special Needs**

Home Health Care	50% after ded; 40 visits/yr
Durable Medical Equipment	50% after ded

Optional Benefits: None





Applicant Information:

Spouse: N/A

Dependents: 0

Report Id: 31946846

Cliff Grekin, 54, Male

Effective Date: 1/1/2017

Zip Code: 11565

<b>CareConnect Standard Silver(EPO)</b>	
In-Network	Out-Network

**Cost Share Information**

Individual Deductible	\$2,000
Family Deductible	\$4,000
OOP Limit - Individual	\$6,750 (incl ded)
OOP Limit - Family	\$13,500 (incl ded)
Co-insurance	0%
Lifetime Maximum	None

**Office Visits**

Primary Care	\$30 after ded
Specialist	\$50 after ded
Adult Preventive Care	No charge
Child Preventive Care	No charge
Maternity Prenatal/Postnatal Care	No charge
Rehabilitation Services	\$30 after ded; 60 visits/cond/yr comb PT/OT/ST
Chiropractic Care	\$50 after ded

**Inpatient Services**

Inpatient Hospital	\$1,500/admit after ded
Maternity Delivery/Inpatient	\$1,500/admit after ded

**Outpatient Services**

Outpatient Facility	\$100 after ded
Mental Health Outpatient	\$30 after ded
Lab/X-Ray	\$50 after ded

**Emergency Care**

Emergency Room	\$250 (waived if admitted) after ded
Urgent Care	\$70 after ded
Ambulance	\$150 after ded

**Prescription Drugs**

Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$35
Rx Non-Preferred	\$70

**Recovery/Special Needs**

Home Health Care	\$30 after ded; 40 visits/yr
Durable Medical Equipment	30% after ded

Optional Benefits	None
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Applicant Information:  
Cliff Grekin, 54, Male

Spouse: N/A

Dependents: 0  
Effective Date: 1/1/2017

Report Id: 31946846  
Zip Code: 11565



In-Network

Out-Network

**Cost Share Information**

Individual Deductible	\$4,250
Family Deductible	\$8,500
OOP Limit - Individual	\$7,150 (incl ded)
OOP Limit - Family	\$14,300 (incl ded)
Co-insurance	20%
Lifetime Maximum	None

**Office Visits**

Primary Care	\$40 ded waived
Specialist	\$60 ded waived
Adult Preventive Care	No charge
Child Preventive Care	No charge
Maternity Prenatal/Postnatal Care	No charge
Rehabilitation Services	\$60 ded waived; 60 visits/cond/yr comb PT/OT/ST
Chiropractic Care	\$60 ded waived

**Inpatient Services**

Inpatient Hospital	20% after ded
Maternity Delivery/Inpatient	20% after ded

**Outpatient Services**

Outpatient Facility	\$350 ded waived
Mental Health Outpatient	\$40 ded waived
Lab/X-Ray	Lab-\$60 ded waived; X-ray-\$40 ded waived

**Emergency Care**

Emergency Room	\$350 (waived if admitted) ded waived
Urgent Care	\$60 ded waived
Ambulance	\$150 ded waived

**Prescription Drugs**

Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$50
Rx Non-Preferred	50%; \$250 max/script

**Recovery/Special Needs**

Home Health Care	\$40 ded waived; 40 visits/yr
Durable Medical Equipment	20% after ded

Optional Benefits: None

The above rates and benefits are for general information and discussion purposes only and are not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy issued by the carrier and not the rates and descriptions on this report or in this website will form the contract between the insured and the carrier. Please do not cancel any current coverage until you have been approved for a new policy.

Applicant Information:

Spouse: N/A

Dependents: 0

Report Id: 31946846

Cliff Grekin, 54, Male

Effective Date: 1/1/2017

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In-Network

Out-Network

**Cost Share Information**

Individual Deductible	\$2,250
Family Deductible	\$4,500
OOP Limit - Individual	\$2,250 (incl ded)
OOP Limit - Family	\$4,500 (incl ded)
Co-insurance	0%
Lifetime Maximum	None

**Office Visits**

Primary Care	No charge visits 1-2; 0% after ded visits 3+
Specialist	0% after ded
Adult Preventive Care	No charge
Child Preventive Care	No charge
Maternity Prenatal/Postnatal Care	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/yr comb PT/OT/ST
Chiropractic Care	0% after ded

**Inpatient Services**

Inpatient Hospital	0% after ded
Maternity Delivery/Inpatient	0% after ded

**Outpatient Services**

Outpatient Facility	0% after ded
Mental Health Outpatient	0% after ded
Lab/X-Ray	0% after ded

**Emergency Care**

Emergency Room	0% after ded
Urgent Care	0% after ded
Ambulance	0% after ded

**Prescription Drugs**

Rx Deductible	Integrated Medical/Rx
Rx Generic	No charge
Rx Preferred	0% after ded
Rx Non-Preferred	0% after ded

**Recovery/Special Needs**

Home Health Care	0% after ded; 40 visits/yr
Durable Medical Equipment	0% after ded

Optional Benefits	None
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Applicant Information:

Spouse: N/A

Dependents: 0

Report Id: 31946846

Cliff Grekin, 54, Male

Effective Date: 1/1/2017

Zip Code: 11565

**CareConnect  
Standard Gold(EPO)**

In-Network

Out-Network

**Cost Share Information**

Individual Deductible	\$600
Family Deductible	\$1,200
OOP Limit - Individual	\$4,000 (incl ded)
OOP Limit - Family	\$8,000 (incl ded)
Co-insurance	0%
Lifetime Maximum	None

**Office Visits**

Primary Care	\$25 after ded
Specialist	\$40 after ded
Adult Preventive Care	No charge
Child Preventive Care	No charge
Maternity Prenatal/Postnatal Care	No charge
Rehabilitation Services	\$30 after ded; 60 visits/cond/yr comb PT/OT/ST
Chiropractic Care	\$40 after ded

**Inpatient Services**

Inpatient Hospital	\$1,000/admit after ded
Maternity Delivery/Inpatient	\$1,000/admit after ded

**Outpatient Services**

Outpatient Facility	\$100 after ded
Mental Health Outpatient	\$25 after ded
Lab/X-Ray	\$40 after ded

**Emergency Care**

Emergency Room	\$150 (waived if admitted) after ded
Urgent Care	\$60 after ded
Ambulance	\$150 after ded

**Prescription Drugs**

Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$35
Rx Non-Preferred	\$70

**Recovery/Special Needs**

Home Health Care	\$25 after ded; 40 visits/yr
Durable Medical Equipment	20% after ded

Optional Benefits	None
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Applicant Information:

Spouse: N/A

Dependents: 0

Report Id: 31946846

Cliff Grekin, 54, Male

Effective Date: 1/1/2017

Zip Code: 11565

**CareConnect**  
Tradition Gold 30/50(EPO)

In-Network

Out-Network

**Cost Share Information**

Individual Deductible	\$1,000
Family Deductible	\$2,000
OOP Limit - Individual	\$3,000 (incl ded)
OOP Limit - Family	\$6,000 (incl ded)
Co-insurance	10%
Lifetime Maximum	None

**Office Visits**

Primary Care	\$30 ded waived
Specialist	\$50 ded waived
Adult Preventive Care	No charge
Child Preventive Care	No charge
Maternity Prenatal/Postnatal Care	No charge
Rehabilitation Services	\$50 ded waived; 60 visits/cond/yr comb PT/OT/ST
Chiropractic Care	\$50 ded waived

**Inpatient Services**

Inpatient Hospital	10% after ded
Maternity Delivery/Inpatient	10% after ded

**Outpatient Services**

Outpatient Facility	10% after ded
Mental Health Outpatient	\$30 ded waived
Lab/X-Ray	10% after ded

**Emergency Care**

Emergency Room	\$200 (waived if admitted) ded waived
Urgent Care	\$50 ded waived
Ambulance	\$100 ded waived

**Prescription Drugs**

Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$50
Rx Non-Preferred	50% up to \$250

**Recovery/Special Needs**

Home Health Care	\$30 ded waived; 40 visits/yr
Durable Medical Equipment	10% after ded

Optional Benefits	None
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Applicant Information:

Spouse: N/A

Dependents: 0

Report Id: 31946846

Cliff Grekin, 54, Male

Effective Date: 1/1/2017

Zip Code: 11565

**CareConnect  
Standard Platinum(EPO)**

In-Network

Out-Network

**Cost Share Information**

Individual Deductible	N/A
Family Deductible	N/A
OOP Limit - Individual	\$2,000
OOP Limit - Family	\$4,000
Co-insurance	0%
Lifetime Maximum	None

**Office Visits**

Primary Care	\$15
Specialist	\$35
Adult Preventive Care	No charge
Child Preventive Care	No charge
Maternity Prenatal/Postnatal Care	No charge
Rehabilitation Services	\$25; 60 visits/cond/yr comb PT/OT/ST
Chiropractic Care	\$35

**Inpatient Services**

Inpatient Hospital	\$500/admit
Maternity Delivery/Inpatient	\$500/admit

**Outpatient Services**

Outpatient Facility	\$100
Mental Health Outpatient	\$15
Lab/X-Ray	\$35

**Emergency Care**

Emergency Room	\$100 (waived if admitted)
Urgent Care	\$55
Ambulance	\$100

**Prescription Drugs**

Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$30
Rx Non-Preferred	\$60

**Recovery/Special Needs**

Home Health Care	\$15; 40 visits/yr
Durable Medical Equipment	10%

Optional Benefits	None
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Applicant Information:

Spouse: N/A

Dependents: 0

Report Id: 31946847

Cliff Grekin, 54, Male

Effective Date: 1/1/2017

Zip Code: 11565

## CareConnect Standard Bronze

\$430.00

Individual Deductible	\$4,000
Family Deductible	\$8,000
Primary Care	50% after ded
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	50% after ded
Maternity Delivery/Inpatient	50% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	\$10 after ded
Rx Preferred	\$35 after ded

## CareConnect Bronze HSA 70%

\$436.00

Individual Deductible	\$5,500
Family Deductible	\$11,000
Primary Care	30% after ded
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	30% after ded
Maternity Delivery/Inpatient	30% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	\$15 after ded
Rx Preferred	\$35 after ded

## CareConnect Standard Bronze HSA

\$443.00

Individual Deductible	\$5,500
Family Deductible	\$11,000
Primary Care	50% after ded
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	50% after ded
Maternity Delivery/Inpatient	50% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	\$10 after ded
Rx Preferred	\$35 after ded

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Cliff Grekin, 54, Male

Spouse: N/A

Dependents: 0  
Effective Date: 1/1/2017

Report Id: 31946847  
Zip Code: 11565

## CareConnect Value Silver 75%

\$487.00

Individual Deductible	\$3,000
Family Deductible	\$6,000
Primary Care	No charge visits 1-2; 25% after ded visits 3+
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	25% after ded
Maternity Delivery/Inpatient	25% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	No charge
Rx Preferred	25% after ded; \$500 max/script

## CareConnect Value Silver 100%

\$501.00

Individual Deductible	\$4,600
Family Deductible	\$9,200
Primary Care	No charge visits 1-2; 0% after ded visits 3+
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	0% after ded
Maternity Delivery/Inpatient	0% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	No charge
Rx Preferred	0% after ded

## CareConnect Standard Silver

\$544.00

Individual Deductible	\$2,000
Family Deductible	\$4,000
Primary Care	\$30 after ded
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	\$1,500/admit after ded
Maternity Delivery/Inpatient	\$1,500/admit after ded
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$35

Applicant Information:

Spouse: N/A

Dependents: 0

Report Id: 31946847

Cliff Grekin, 54, Male

Effective Date: 1/1/2017

Zip Code: 11565

## CareConnect Tradition Silver 40/60

\$565.00

Individual Deductible	\$4,250
Family Deductible	\$8,500
Primary Care	\$40 ded waived
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	20% after ded
Maternity Delivery/Inpatient	20% after ded
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$50

## CareConnect Value Gold 100%

\$625.00

Individual Deductible	\$2,250
Family Deductible	\$4,500
Primary Care	No charge visits 1-2; 0% after ded visits 3+
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	0% after ded
Maternity Delivery/Inpatient	0% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	No charge
Rx Preferred	0% after ded

## CareConnect Standard Gold

\$637.00

Individual Deductible	\$600
Family Deductible	\$1,200
Primary Care	\$25 after ded
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	\$1,000/admit after ded
Maternity Delivery/Inpatient	\$1,000/admit after ded
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$35

Applicant Information:

Spouse: N/A

Dependents: 0

Report Id: 31946847

Cliff Grekin, 54, Male

Effective Date: 1/1/2017

Zip Code: 11565

## CareConnect Tradition Gold 30/50

\$649.00

Individual Deductible	\$1,000
Family Deductible	\$2,000
Primary Care	\$30 ded waived
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	10% after ded
Maternity Delivery/Inpatient	10% after ded
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$50

## CareConnect Value Platinum 100%

\$688.00

Individual Deductible	\$1,200
Family Deductible	\$2,400
Primary Care	No charge visits 1-2; 0% after ded visits 3+
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	0% after ded
Maternity Delivery/Inpatient	0% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	No charge
Rx Preferred	0% after ded

## CareConnect Standard Platinum

\$746.00

Individual Deductible	N/A
Family Deductible	N/A
Primary Care	\$15
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	\$500/admit
Maternity Delivery/Inpatient	\$500/admit
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$30

Applicant Information:

Cliff Grekin, 54, Male

Spouse: N/A

Dependents: 0

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Zip Code: 11565

CareConnect Tradition Platinum 30/30

\$761.00

Individual Deductible	N/A
Family Deductible	N/A
Primary Care	\$30
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	\$500/admit
Maternity Delivery/Inpatient	\$500/admit
Rx Deductible	\$100 ind/\$300 fam
Rx Generic	\$15 ded waived
Rx Preferred	\$35 after ded