Prepared For: **CareConnect 2017 3rd qtr New**
New York County, NY 10001
Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)
Effective Date: 07/01/2017 Prepared On: 04/20/2017
Report ID: 32846410 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 $741.00		1 x $731.00		1 x $706.00		1 x $653.00	
EE with Spouse	0 x $1,482.00		0 x $1,462.00		0 x $1,412.00		0 x $1,306.00	
EE with Child(ren)	0 x $1,260.00		0 x $1,243.00		0 x $1,200.00		0 x $1,110.00	
Family	1 x $2,112.00		1 x $2,083.00		1 x $2,012.00		1 x $1,861.00	
Monthly Cost	2 $2,853.00		2 $2,814.00		2 $2,718.00		2 $2,514.00	
Annual Cost	$34,236.00		$33,768.00		$32,616.00		$30,168.00	

 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 $639.00		1 x $631.00		1 x $622.00		1 x $600.00	
EE with Spouse	0 x $1,278.00		0 x $1,262.00		0 x $1,244.00		0 x $1,200.00	
EE with Child(ren)	0 x $1,086.00		0 x $1,073.00		0 x $1,057.00		0 x $1,020.00	
Family	1 x $1,821.00		1 x $1,798.00		1 x $1,773.00		1 x $1,710.00	
Monthly Cost	2 $2,460.00		2 $2,429.00		2 $2,395.00		2 $2,310.00	
Annual Cost	$29,520.00		$29,148.00		$28,740.00		$27,720.00	

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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 $600.00		1 x $553.00		1 x $542.00		1 x $534.00	
EE with Spouse	0 x $1,200.00		0 x $1,106.00		0 x $1,084.00		0 x $1,068.00	
EE with Child(ren)	0 x $1,020.00		0 x $940.00		0 x $921.00		0 x $908.00	
Family	1 x $1,710.00		1 x $1,576.00		1 x $1,545.00		1 x $1,522.00	
Monthly Cost	2 $2,310.00		2 $2,129.00		2 $2,087.00		2 $2,056.00	
Annual Cost	$27,720.00		$25,548.00		$25,044.00		$24,672.00	

 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	$464.00	1 x	$452.00
EE with Spouse	0 x	$928.00	0 x	$904.00
EE with Child(ren)	0 x	$789.00	0 x	$768.00
Family	1 x	$1,322.00	1 x	$1,288.00
Monthly Cost	2	$1,786.00	2	$1,740.00
Annual Cost		$21,432.00		$20,880.00

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