

High-Quality Providers at Our Most Affordable Prices!

When you're looking for a plan for your business, the Value Plans are CareConnect's most affordable option!

Looking for coverage for your business or group?

Our Value Plans help you protect your employees while saving you money. You and your enrolled employees get:

- Low premiums
- No deductible[^] for most covered services—all you pay is your copay or coinsurance.
- Zero-copay generic drugs

Want to learn more?
Give us a call at **855-706-7545**
or visit [CareConnect.com/ValuePlans](https://www.CareConnect.com/ValuePlans)

SMALL GROUP VALUE PLANS*				
	Platinum	Gold 20/50	Gold 45/45	Silver
COPAYMENT				
Primary Care/ Specialist	\$20 / \$30	\$20 / \$50	\$45 / 45	\$35 / \$65
Emergency Room	\$250	\$250	\$250	\$250 after deductible
Inpatient Surgery Facility Fee	10% Coinsurance	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible
Urgent Care	\$75	\$75	\$75	\$75
Rehabilitative Services	\$30	\$50	\$45	\$65
Surgical Services	10% Coinsurance	20% Coinsurance after deductible	Covered in full	20% Coinsurance after deductible
Outpatient Hospital Facility Fee	10% Coinsurance	20% Coinsurance after deductible	\$250 after deductible	20% Coinsurance after deductible
Advanced Imaging	\$100	\$100	\$100	\$100
Diagnostic Imaging	\$40	\$60	\$90	\$75
Laboratory Procedures	Covered in full	\$40	Covered in full	\$75
DEDUCTIBLE (2x for Family)				
In-network	\$0	\$500	\$1,000	\$2,500
COINSURANCE				
In-network	10%	20%	10%	20%
MAXIMUM OUT OF POCKET (2x for Family)				
In-network	\$3,000	\$3,750	\$6,000	\$7,100
PRESCRIPTION DRUGS				
In-network	\$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)**
3rd QUARTER 2017 NASSAU AND SUFFOLK RATES				
Single	\$738	\$628	\$628	\$558
Couple	\$1,476	\$1,256	\$1,256	\$1,116
Parent with Child(ren)	\$1,255	\$1,068	\$1,068	\$949
Family	\$2,103	\$1,790	\$1,790	\$1,590
3rd QUARTER 2017 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX, & WESTCHESTER RATES				
Single	\$706	\$600	\$600	\$534
Couple	\$1,412	\$1,200	\$1,200	\$1,068
Parent with Child(ren)	\$1,200	\$1,020	\$1,020	\$908
Family	\$2,012	\$1,710	\$1,710	\$1,522

[^]A deductible applies for inpatient hospital stays and inpatient/outpatient procedures

* To learn more about our Value Plans visit [CareConnect.com/valueplans](https://www.CareConnect.com/valueplans)

** The plan deductible applies to Tier 3 drugs.

High-Quality Providers at Our Most Affordable Prices!

When you're looking for a plan for you and your family, the Value Plans are CareConnect's most affordable option!

Looking for coverage for yourself or your family?

Our Value Plans have a modest deductible—and once you've met it, you'll have little or no cost-sharing. You'll also get:

- Low premiums
- Two free visits with your primary care provider, and free preventive care
- Zero-copay generic drugs

Want to learn more?
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or visit CareConnect.com/ValuePlans

INDIVIDUAL VALUE PLANS				
	Platinum 100%	Gold 100%	Silver 100%	Silver 75%
COPAYMENT				
Primary Care/ Specialist	2 Free PCP Visits/ Covered in Full after Deductible	2 Free PCP Visits/ Covered in Full after Deductible	2 Free PCP Visits/ Covered in Full after Deductible	2 Free PCP Visits/ 25% Coinsurance after Deductible
Emergency Room	Covered in Full after Deductible	Covered in Full after Deductible	Covered in Full after Deductible	25% Coinsurance after Deductible
Inpatient Surgery Facility Fee	Covered in Full after Deductible	Covered in Full after Deductible	Covered in Full after Deductible	25% Coinsurance after Deductible
Urgent Care	Covered in Full after Deductible	Covered in Full after Deductible	Covered in Full after Deductible	25% Coinsurance after Deductible
Rehabilitative Services	Covered in Full after Deductible	Covered in Full after Deductible	Covered in Full after Deductible	25% Coinsurance after Deductible
Surgical Services	Covered in Full after Deductible	Covered in Full after Deductible	Covered in Full after Deductible	25% Coinsurance after Deductible
Outpatient Hospital Facility Fee	Covered in Full after Deductible	Covered in Full after Deductible	Covered in Full after Deductible	25% Coinsurance after Deductible
Advanced Imaging	Covered in Full after Deductible	Covered in Full after Deductible	Covered in Full after Deductible	25% Coinsurance after Deductible
Diagnostic Imaging	Covered in Full after Deductible	Covered in Full after Deductible	Covered in Full after Deductible	25% Coinsurance after Deductible
Laboratory Procedures	Covered in Full after Deductible	Covered in Full after Deductible	Covered in Full after Deductible	25% Coinsurance after Deductible
DEDUCTIBLE (2x for Family)				
In-network	\$1,200	\$2,250	\$4,600	\$3,000
COINSURANCE				
In-network	0%	0%	0%	25%
MAXIMUM OUT OF POCKET (2x for Family)				
In-network	\$1,200	\$2,250	\$4,600	\$6,850
PRESCRIPTION DRUGS				
In-network	\$0 Generic/Tier 2 and 3 covered in full after deductible	\$0 Generic/Tier 2 and 3 covered in full after deductible	\$0 Generic/Tier 2 and 3 covered in full after deductible	\$0 Generic/ Tier 2 and 3 25% coinsurance after deductible (max \$500)
2017 NASSAU AND SUFFOLK RATES				
Single	\$688	\$625	\$501	\$487
Couple	\$1,376	\$1,250	\$1,002	\$974
Parent with Child(ren)	\$1,170	\$1,063	\$852	\$828
Family	\$1,961	\$1,781	\$1,428	\$1,388
2017 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX, & WESTCHESTER RATES				
Single	\$688	\$625	\$501	\$487
Couple	\$1,376	\$1,250	\$1,002	\$974
Parent with Child(ren)	\$1,170	\$1,063	\$852	\$828
Family	\$1,961	\$1,781	\$1,428	\$1,388