Small Group Rates • Q3 2017

CareConnect Healthier Insurance

	STANDARD PLANS				TRADITION PLANS						VALUE PLANS			
	Platinum	Gold	Silver	Bronze	Platinum 30/30 HRx	Gold Copay	Gold 30/50/1000 HRx	Gold 40/60 HRx	Silver HSA 100%	Bronze HSA 100%	Platinum	Gold 20/50	Gold 45/45	Silver
IN-NETWORK COST-SHARE														
Primary Care / Specialist	$15 / $35	$25 / $40 after deductible	$30 / $50 after deductible	50% coinsurance after deductible	$30 / $30	$30 / $50	$30 / $50	$40 / $60	Covered in full after deductible	Covered in full after deductible	$20 / $30	$20 / $50	$45 / $45	$35 / $65
Emergency Room	$100	$150 after deductible	$250 after deductible	50% coinsurance after deductible	$200	$350	$200	25% coinsurance	Covered in full after deductible	Covered in full after deductible	$250	$250	$250	$250 after deductible
Inpatient Surgery Facility Fee	$500 per admission	$1,000 per admission after deductible	$1,500 per admission after deductible	50% coinsurance after deductible	$500 per admit	$500 per day up to $1,500 max per admission	10% coinsurance after deductible	$1,500 per admission	Covered in full after deductible	Covered in full after deductible	10% coinsurance	20% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible
Urgent Care	$55	$60 after deductible	$70 after deductible	50% coinsurance after deductible	$30	$50	$50	$60	Covered in full after deductible	Covered in full after deductible	$75	$75	$75	$75
Rehabilitative Services	$25	$30 after deductible	$30 after deductible	50% coinsurance after deductible	$30	$30	$30	$60	Covered in full after deductible	Covered in full after deductible	$30	$50	$45	$65
Surgical Services	$100	$100 after deductible	$100 after deductible	50% coinsurance after deductible	Covered in full	$500	10% coinsurance after deductible	Covered in full	Covered in full after deductible	Covered in full after deductible	10% coinsurance	20% coinsurance after deductible	Covered in full	20% coinsurance after deductible
Outpatient Hospital Facility Fee	$100	$100 after deductible	$100 after deductible	50% coinsurance after deductible	$200	$300	10% coinsurance after deductible	$300	Covered in full after deductible	Covered in full after deductible	10% coinsurance	20% coinsurance after deductible	$250 after deductible	20% coinsurance after deductible
Advanced Imaging	$35	$40 after deductible	$50 after deductible	50% coinsurance after deductible	$30	$100	10% coinsurance after deductible	$60	Covered in full after deductible	Covered in full after deductible	$100	$100	$100	$100
Diagnostic Imaging	$15	$25 after deductible	$30 after deductible	50% coinsurance after deductible	$30	$30	10% coinsurance after deductible	$40	Covered in full after deductible	Covered in full after deductible	$40	$60	$90	$75
Laboratory Procedures	$15	$25 after deductible	$30 after deductible	50% coinsurance after deductible	$30	$30	10% coinsurance after deductible	$60	Covered in full after deductible	Covered in full after deductible	Covered in full	$40	Covered in full	$75
Deductible (2x for Family)	$0	$600	$2,000	$4,000	$0	$0	$1,000	$0	$3,600	$6,350	$0	$500	$1,000	$2,500
Maximum Out-of-Pocket (2x for Family)	$2,000	$4,000	$6,750	$7,150	$1,000	$7,150	$3,000	$7,150	$3,600	$6,350	$3,000	$3,750	$6,000	$7,100
Prescription Drugs	$10/$30/$60	$10/$35/$70	$10/$35/$70	$10/$35/$70 after deductible	$15/$35/$75 after $100 Rx deductible (deductible waived for Tier 1)	$15/$35/$75 after $100 Rx deductible (deductible waived for Tier 1)	$15/$35/$75 after $100 Rx deductible (deductible waived for Tier 1)	$15/$35/$75 after $100 Rx deductible (deductible waived for Tier 1)	Covered in full after deductible	Covered in full after deductible	$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	$765	$660	$578	$485	$775	$650	$683	$668	$567	$472	$738	$628	$628	$558
Couple	$1,530	$1,320	$1,156	$970	$1,550	$1,300	$1,366	$1,336	$1,134	$944	$1,476	$1,256	$1,256	$1,116
Parent with Child(ren)	$1,301	$1,122	$983	$825	$1,318	$1,105	$1,161	$1,136	$964	$802	$1,255	$1,068	$1,068	$949
Family	$2,180	$1,881	$1,647	$1,382	$2,209	$1,853	$1,947	$1,904	$1,616	$1,345	$2,103	$1,790	$1,790	$1,590
3rd QUARTER 2017 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX & WESTCHESTER RATES														
Single	$731	$631	$553	$464	$741	$622	$653	$639	$542	$452	$706	$600	$600	$534
Couple	$1,462	$1,262	$1,106	$928	$1,482	$1,244	$1,306	$1,278	$1,084	$904	$1,412	$1,200	$1,200	$1,068
Parent with Child(ren)	$1,243	$1,073	$940	$789	$1,260	$1,057	$1,110	$1,086	$921	$768	$1,200	$1,020	$1,020	$908
Family	$2,083	$1,798	$1,576	$1,322	$2,112	$1,773	$1,861	$1,821	$1,545	$1,288	$2,012	$1,710	$1,710	$1,522

Rates are up to Age 26. Pediatric dental and vision included in coverage.

** The plan deductible applies to Tier 3 drugs.

Small Group Rates • Q3 2017

CareConnect Healthier Insurance

	ACCESS PLANS*					VALUE ACCESS PLANS*			
	Platinum 30/30	Gold Copay	Silver 40/60	Silver HSA 100%	Bronze HSA 70%	Platinum	Gold 20/50	Gold 45/45	Silver
IN-NETWORK COST-SHARE									
Primary Care / Specialist	$30 / $30	$30 / $50	$40 / $60	Covered in full after deductible	30% coinsurance after deductible	$20 / $30	$20 / $50	$45 / $45	$35 / $65
Emergency Room	$200	$350	$350	Covered in full after deductible	30% coinsurance after deductible	$250	$250	$250	$250 after deductible
Inpatient Surgery Facility Fee	$500 per admission	$500/day up to $1,500 max per admission	20% coinsurance after deductible	Covered in full after deductible	30% coinsurance after deductible	10% coinsurance	20% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible
Urgent Care	$30	$50	$60	Covered in full after deductible	30% coinsurance after deductible	$75	$75	$75	$75
Rehabilitative Services	$30	$30	$60	Covered in full after deductible	30% coinsurance after deductible	$30	$50	$45	$65
Surgical Services	Covered in full	$500	$100	Covered in full after deductible	30% coinsurance after deductible	10% coinsurance	20% coinsurance after deductible	Covered in full	20% coinsurance after deductible
Outpatient Hospital Facility Fee	$200	$300	$350	Covered in full after deductible	30% coinsurance after deductible	10% coinsurance	20% coinsurance after deductible	$250 after deductible	20% coinsurance after deductible
Advanced Imaging	$30	$100	$60	Covered in full after deductible	30% coinsurance after deductible	$100	$100	$100	$100
Diagnostic Imaging	$30	$30	$40	Covered in full after deductible	30% coinsurance after deductible	$40	$60	$90	$75
Laboratory Procedures	$30	$30	$40	Covered in full after deductible	30% coinsurance after deductible	Covered in full	$40	Covered in full	$75
Deductible (2x for Family)	$0	$0	$4,250	$3,600	$5,500	$0	$500	$1,000	$2,500
Maximum Out-of-Pocket (2x for Family)	$1,000	$7,150	$7,150	$3,600	$6,550	$3,000	$3,750	$6,000	$7,100
Prescription Drugs	$15/$35/$75 after $100 Rx deductible (deductible waived for Tier 1)	$15/$35/$75 after $100 Rx deductible (deductible waived for Tier 1)	$15/$35/$75 after $100 Rx deductible (deductible waived for Tier 1)	Covered in full after deductible	$15/$35/$75 after deductible	$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	$915	$767	$718	$669	$577	$871	$741	$741	$659
Couple	$1,830	$1,534	$1,436	$1,338	$1,154	$1,742	$1,482	$1,482	$1,318
Parent with Child(ren)	$1,556	$1,304	$1,221	$1,137	$981	$1,481	$1,260	$1,260	$1,120
Family	$2,608	$2,186	$2,046	$1,907	$1,644	$2,482	$2,112	$2,112	$1,878
3rd QUARTER 2017 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX & WESTCHESTER RATES									
Single	$875	$734	$686	$639	$552	$833	$708	$708	$630
Couple	$1,750	$1,468	$1,372	$1,278	$1,104	$1,666	$1,416	$1,416	$1,260
Parent with Child(ren)	$1,488	$1,248	$1,166	$1,086	$938	$1,416	$1,204	$1,204	$1,071
Family	$2,494	$2,092	$1,955	$1,821	$1,573	$2,374	$2,018	$2,018	$1,796

Rates are up to Age 26. Pediatric dental and vision included in coverage.

* To learn more about our Access Plans visit CareConnect.com/accessplans. Underwriting guidelines apply; ask your Sales Representative for details.
** The plan deductible applies to Tier 3 drugs.