

## Individual Rates

**N**avigating health care and health insurance is complicated, but CareConnect is here to change all that. Sure, we give our members easy access to affordable care but we're here to make things easier for our brokers too! Read on to get all your questions answered—no extraneous info included. Still need clarification? Give us a call: 855-228-0541.

## Individual Rates

	Standard Bronze EPO	Standard Silver EPO	Standard Gold EPO	Standard Platinum EPO	Tradition Platinum 30 HRx	Tradition Platinum 30 LRx
<b>COPAYMENT</b>						
Primary Care	50% coinsurance after deductible	\$30 after deductible	\$25 after deductible	\$15	\$30	\$30
Specialist	50% coinsurance after deductible	\$50 after deductible	\$40 after deductible	\$35	\$30	\$30
Emergency Room (waived if admitted within 24 hours)	50% coinsurance after deductible	\$150 after deductible	\$150 after deductible	\$100	\$200	\$200
Inpatient Surgery Facility Fee	50% coinsurance after deductible	\$1,500 per admit after deductible	\$1,000 per admit after deductible	\$500 per admit	\$500 per admit	\$500 per admit
Outpatient Surgery Facility Fee	50% coinsurance after deductible	\$100 after deductible	\$100 after deductible	\$100	\$200	\$200
<b>DEDUCTIBLE (2x for Family)</b>						
In-network	\$3,000	\$2,000	\$600	\$0	\$0	\$0
<b>COINSURANCE</b>						
In-network	50%	30%	20%	10%	NA	NA
<b>MAXIMUM OUT-OF-POCKET (2x for Family)</b>						
In-network	\$6,350	\$5,500	\$4,000	\$2,000	\$1,000	\$1,000
<b>PRESCRIPTION DRUGS</b>						
In-network	\$10/\$35/\$70 after ded.	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$30/\$60	\$15/\$35/\$75 after \$100 Rx deductible (ded. waived for tier 1)	\$10/\$50/50% coinsurance to max \$250
<b>2015 NASSAU AND SUFFOLK RATES</b>						
Single	\$334	\$420	\$476	\$547	\$558	\$549
Couple	\$668	\$840	\$952	\$1,094	\$1,116	\$1,098
Parent with Child(ren)	\$568	\$714	\$809	\$930	\$949	\$933
Family	\$952	\$1,197	\$1,357	\$1,559	\$1,590	\$1,565
<b>2015 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX, &amp; WESTCHESTER RATES</b>						
Single	\$313	\$394	\$446	\$513	\$522	\$515
Couple	\$626	\$788	\$892	\$1,026	\$1,044	\$1,030
Parent with Child(ren)	\$532	\$670	\$758	\$872	\$887	\$876
Family	\$892	\$1,123	\$1,271	\$1,462	\$1,488	\$1,468

Plans available on-exchange only

## Individual Rates

	Tradition Gold 30/50 HRx	Tradition Gold 30/50 LRx	Tradition Silver 40/60 HRx	Tradition Silver 40/60 LRx	Bronze HSA 70%	Catastrophic
<b>COPAYMENT</b>						
Primary Care	\$30	\$30	\$40	\$40	30% coinsurance after deductible	0% coinsurance after deductible
Specialist	\$50	\$50	\$60	\$60	30% coinsurance after deductible	0% coinsurance after deductible
Emergency Room (waived if admitted within 24 hours)	\$200	\$200	\$350	\$350	30% coinsurance after deductible	0% coinsurance after deductible
Inpatient Surgery Facility Fee	10% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	0% coinsurance after deductible
Outpatient Surgery Facility Fee	10% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	0% coinsurance after deductible
<b>DEDUCTIBLE (2x for Family)</b>						
In-network	\$1,000	\$1,000	\$4,000	\$4,000	\$3,400	\$6,600
<b>COINSURANCE</b>						
In-network	10%	10%	20%	20%	30%	0%
<b>MAXIMUM OUT-OF-POCKET (2x for Family)</b>						
In-network	\$3,000	\$3,000	\$6,600	\$6,600	\$6,350	\$6,600
<b>PRESCRIPTION DRUGS</b>						
In-network	\$15/\$35/\$75 after \$100 Rx deductible (ded. waived for tier 1)	\$10/\$50/50% coinsurance to max \$250	\$15/\$35/\$75 after \$100 Rx deductible (ded. waived for tier 1)	\$10/\$50/50% coin- surance to max \$250	\$15/\$35/\$75	0% coinsurance after deductible
<b>2015 NASSAU AND SUFFOLK RATES</b>						
Single	\$493	\$485	\$445	\$436	\$338	\$183
Couple	\$986	\$970	\$890	\$872	\$676	\$366
Parent with Child(ren)	\$838	\$825	\$757	\$741	\$575	\$311
Family	\$1,405	\$1,382	\$1,268	\$1,243	\$963	\$522
<b>2015 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX, &amp; WESTCHESTER RATES</b>						
Single	\$463	\$454	\$417	\$409	\$317	\$172
Couple	\$926	\$908	\$834	\$818	\$634	\$344
Parent with Child(ren)	\$787	\$772	\$709	\$695	\$539	\$292
Family	\$1,320	\$1,294	\$1,188	\$1,166	\$903	\$490

Plans available on-exchange only

## Frequently Asked Questions

Navigating health care and health insurance is complicated, but CareConnect is here to make it easy for our members—and our brokers. Our vision is simple: We give consumers easy access to affordable, superior care. Providing you with the tools you need is just one part of achieving that vision.

### Q. What is the difference between Standard and Tradition plans?

**A. Standard:** For **Standard Platinum** plans, there are no medical or pharmacy deductibles. Members are only responsible for copays. For all other metal tiers, cost sharing comes into effect only after the deductible is met as outlined below.

**Standard Gold and Silver:** There is a medical deductible. After the deductible is met, members are only responsible for copays. There are no pharmacy deductibles so members are only responsible for copays.

**Standard Bronze:** There is a single deductible covering both medical and pharmacy. This deductible can be met through any combination of medical and pharmacy expenses. After the deductible is met, members are only responsible for medical and pharmacy copays.

*Example:* Ms. Jackson has a Standard Bronze Plan with a \$3,000 deductible. This means she is responsible for her first \$3,000 of medical and/or pharmacy bills. If she spends \$2,000 on medical bills and \$1,000 on pharmacy bills, she will meet her deductible. She could also meet her deductible by spending \$3,000 on medical bills or \$3,000 on pharmacy bills or any other combination totaling \$3,000. After that, she is only responsible for copays.

**Tradition:** There is no deductible for doctor visits, so members are only responsible for the copay. Hospital visits (inpatient and outpatient) and ambulance services have a deductible. After the deductible is met, members are only responsible for the copay. A small, separate deductible is applicable to pharmacy costs. After the deductible is met, members are only responsible for copays.

### Q. Where are CareConnect plans available?

**A. On-and off-exchange:** Bronx, Brooklyn, Nassau, Queens, Richmond, Suffolk, Westchester

**Off-exchange:** New York County

### Q. What do CareConnect members have access to?

**A.** CareConnect's plans feature in-network access to 28 hospitals and over 14,000 participating providers in Long Island, New York's five boroughs, Westchester and the surrounding area.

### Q. I've noticed rates vary in different counties. How are they determined?

**A.** There are two different rating regions: Long Island, including both Nassau and Suffolk counties, and New York which includes Brooklyn, Bronx, New York County, Queens, Richmond and Westchester.

### Q. Where can members fill prescriptions?

**A.** Members can use any CVS Caremark location, which includes almost all major retailers as well as most local pharmacies. Major retail pharmacies include Costco, CVS, Duane Reade, Pathmark, Rite Aid, Stop & Shop, Target, Waldbaums, Walgreens and Walmart. A complete list can be found at [careconnect.com/prescription-drug-information](https://www.careconnect.com/prescription-drug-information)

### Q. What's the difference between plans with embedded deductibles and non-embedded deductibles?

**A. Embedded Deductible:** Plans with an embedded deductible have two kinds of deductibles: individual and family. When a family member meets their own *individual* deductible, their cost sharing begins and they are now only responsible for their copays. When the *family* deductible is met, cost sharing begins for **all** family members, even for members who haven't met their individual deductible. If the family deductible is, say, \$3,000, it can be met by combinations of expenditures that add up to \$3,000. Here are a few simple examples.

Mom, Dad, Jack and Diane each have an *individual* deductible of \$1,000. The *family* deductible is \$3,000 (family deductibles are not the total of the individual deductibles.) When Mom meets her individual deductible of \$1,000, her cost sharing begins and she is only responsible for copays. When Dad and Jack both meet their individual deductibles of \$1,000 each, their cost sharing begins and they are only responsible for copays.

After three family members – Mom, Dad and Jack– meet their *individual* deductibles of \$1,000 each, the *family* deductible of

\$3,000 has also been met. At that point, all family members enjoy cost sharing even if their individual deductible hasn't been met. So now, Diane is only responsible for copays even though she hasn't met her individual deductible.

The family deductible can also be met if Mom, Dad, Jack and Diane each spend \$750. Because, again, combinations of expenditures that add up to \$3,000 meet the family deductible.

What happens if Dad spends \$3,000 on a hospital procedure? Is the family deductible met? The answer is no. Each family member can only "contribute" up to the amount of their individual deductible (in this case, \$1,000) to the family deductible.

Mom, Dad, Jack and Diane have a *family* deductible of \$3,000. The family deductible will be met if Mom, Dad and Jack each spend \$1,000. The family deductible will also be met if Mom, Dad, Jack and Diane each spend \$750. Once the family deductible is met, cost sharing begins for the entire family.

The family deductible will also be met if Mom pays \$2,500 for a hospital procedure and Dad pays \$500 for a doctor visit. Or even if Jack spends the entire \$3,000 on his own. **Please Note:** HSA compatible plans are the only non-embedded options available through CareConnect.

Embedded Deductible			
Mom \$1,000 ✓	Dad \$1,000 ✓	Jack \$1,000 ✓	Diane \$0 ✓
Mom \$750 ✓	Dad \$750 ✓	Jack \$750 ✓	Diane \$750 ✓
Mom \$0 ✗	Dad \$3,000 ✓	Jack \$0 ✗	Diane \$0 ✗

✓ Cost sharing in effect   ✗ Deductible not met, no cost sharing

**Non-Embedded Deductible:** Plans with a non-embedded deductible only have a *family* deductible. The entire family deductible must be met before any family members experience cost sharing. The *family* deductible can be met by any combination of expenses totaling \$3,000 including if one family member spends the entire \$3,000. Here are a few simple examples.

Non-Embedded Deductible			
Mom \$1,000 ✓	Dad \$1,000 ✓	Jack \$1,000 ✓	Diane \$0 ✓
Mom \$750 ✓	Dad \$750 ✓	Jack \$750 ✓	Diane \$750 ✓
Mom \$2,500 ✓	Dad \$500 ✓	Jack \$0 ✓	Diane \$0 ✓
Mom \$0 ✓	Dad \$0 ✓	Jack \$3,000 ✓	Diane \$0 ✓

✓ Cost sharing in effect

**Q. Are there any out-of-network benefits?**

**A.** Yes. Emergency services are covered, at cost shares, as if the services were provided in-network.

**Q. What if a member has a non-emergency medical issue while out of CareConnect's service areas?**

**A.** Members can use any of CVS's 850 MinuteClinics across the country. These clinics are good for more than just urgent care. Members can also get vaccines and wellness services such as blood pressure screenings for an affordable copay. Locations can be found at [cvs.com/minuteclinic](https://www.cvs.com/minuteclinic)

**Q. Are all plans EPO?**

**A.** Yes, all plans are non-gated, open access. No referral needed.

**Q. Do your plans come with dental or vision benefits?**

**A.** All CareConnect plans include pediatric vision and dental coverage.

**Q. Is there a treatment cost estimator available for deductible first plans?**

**A.** Yes. This is a great resource where members can estimate out of pocket expenses for procedures. It can be found on our website at [careconnect.com/cost-estimator](https://www.careconnect.com/cost-estimator).

**Q. Are catastrophic plans available?**

**A.** CareConnect offers a catastrophic plan on-exchange for individuals under the age of 30. This plan includes three doctors' visits per year and is not eligible for a subsidy.