

ACCESS PLANS

NEW FOR 2016: ACCESS PLANS



National Coverage at Affordable Prices!

Do you want CareConnect's renowned customer-service and emphasis on affordability—but need access to providers across the country?

Introducing the CareConnect solution!

Our Access Plans offer a national network provided by MultiPlan. These plans are a great option if your group includes:

- Employees who live outside of CareConnect's service area.
- Employees with children who attend college out of the area.
- Frequent travelers who want in-network coverage for out-of-state care.

What you need to know:

- Access Plans are available only to groups—large and small.
- Any group can purchase an Access plan, but if more than 20% of your employees live outside of CareConnect's service area, we will only cover your employees living in our service area [and their dependents, regardless of where they are located].
- You may offer your group multiple plans from the Access product suite. You must have at least five subscribers to offer two plans and at least ten subscribers to offer three plans.
- If you offer an Access Plan, all plans for your group must be from our Access product suite.
- If you receive care inside CareConnect's service area, you must use CareConnect's network.
- Access Plans are EPO plans, so only in-network care is covered [exceptions may apply, such as for emergency care].
- Value Access Plans have \$0 copays for generic drugs and higher cost-sharing responsibilities for brand-name pharmaceuticals.
- Depending on where an employee resides, coverage restrictions may apply. Contact your CareConnect Sales Representative for more information.

Access Plans are easy!

- You don't need a referral to see a specialist.
- You can search for MultiPlan providers and facilities on our website: provider.CareConnect.com

**Want to learn more? Give us a call at 855-706-7545
or visit provider.CareConnect.com**

	ACCESS PLANS					VALUE ACCESS PLANS			
	Platinum 30/30	Gold Copay	Silver 40/60	Silver HSA 100%	Bronze HSA 70%	Value Platinum	Value Gold 20/50	Value Gold 45/45	Value Silver
COPAYMENT									
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 admit	\$500/day up to \$1500 max per admission	20% Coinsurance after deductible	Covered in full after deductible	30% Coinsurance after deductible	10% Coinsurance	20% Coinsurance after deductible	\$250/ Day up to \$2500 max per admission	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	\$40	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)									
In-network	\$0	\$0	\$4,000	\$3,400	\$4,450	\$0	\$500	\$750	\$2,250
COINSURANCE									
In-network	10%^	20%^	20%	0%	30%	10%	20%	10%	20%
MAXIMUM OUT OF POCKET (2x for Family)									
In-network	\$1,000	\$6,350	\$6,600	\$3,400	\$6,450	\$3,000	\$3,750	\$6,000	\$6,850
PRESCRIPTION DRUGS									
In-network	\$15/\$35/\$75 after \$100 Rx (deductible waived for tier 1)	\$15/\$35/\$75 after \$100 Rx deductible	\$15/\$35/\$75 after \$100 Rx (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)**
2nd QUARTER 2016 NASSAU AND SUFFOLK RATES									
Single	\$731	\$614	\$574	\$535	\$464	\$614	\$522	\$522	\$490
Couple	\$1,463	\$1,229	\$1,148	\$1,069	\$928	\$1,229	\$1,045	\$1,045	\$980
Parent with Child(ren)	\$1,243	\$1,044	\$976	\$909	\$789	\$1,044	\$888	\$888	\$833
Family	\$2,084	\$1,751	\$1,636	\$1,524	\$1,322	\$1,751	\$1,489	\$1,489	\$1,397
2nd QUARTER 2016 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX, & WESTCHESTER RATES									
Single	\$699	\$587	\$549	\$511	\$444	\$587	\$499	\$499	\$469
Couple	\$1,398	\$1,174	\$1,097	\$1,023	\$888	\$1,174	\$999	\$999	\$938
Parent with Child(ren)	\$1,188	\$998	\$933	\$869	\$754	\$998	\$849	\$849	\$797
Family	\$1,992	\$1,673	\$1,564	\$1,457	\$1,265	\$1,673	\$1,423	\$1,423	\$1,337

Underwriting guidelines apply; ask your sales representative for details. * To learn more about our Access Plans visit CareConnect.com/accessplans

** The plan deductible applies to Tier 3 drugs.

^ Only applies to pediatric lenses and frames.