

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.

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

| | 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 admission | \$500 per 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 | \$250/Day up to \$2,500 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)* |
| 1st QUARTER 2016 NASSAU AND SUFFOLK RATES | | | | | | | | | |
| Single | \$725 | \$609 | \$569 | \$530 | \$460 | \$609 | \$518 | \$518 | \$486 |
| Couple | \$1,450 | \$1,218 | \$1,138 | \$1,060 | \$920 | \$1,218 | \$1,036 | \$1,036 | \$972 |
| Parent with Child(ren) | \$1,233 | \$1,035 | \$967 | \$901 | \$782 | \$1,035 | \$881 | \$881 | \$826 |
| Family | \$2,066 | \$1,736 | \$1,622 | \$1,511 | \$1,311 | \$1,736 | \$1,476 | \$1,476 | \$1,385 |
| 1st QUARTER 2016 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX, & WESTCHESTER RATES | | | | | | | | | |
| Single | \$693 | \$582 | \$544 | \$507 | \$440 | \$582 | \$495 | \$495 | \$465 |
| Couple | \$1,386 | \$1,164 | \$1,088 | \$1,014 | \$880 | \$1,164 | \$990 | \$990 | \$930 |
| Parent with Child(ren) | \$1,178 | \$989 | \$925 | \$862 | \$748 | \$989 | \$842 | \$842 | \$791 |
| Family | \$1,975 | \$1,659 | \$1,550 | \$1,445 | \$1,254 | \$1,659 | \$1,411 | \$1,411 | \$1,325 |