

	STANDARD PLANS				TRADITION PLANS						VALUE PLANS*			
	Platinum	Gold	Silver	Bronze	Tradition Platinum 30/30	Tradition Gold Copay	Tradition Gold 30/50/1000	Tradition Gold 40/60	Silver HSA 100%	Bronze HSA 100%	Platinum	Gold 20/50	Gold 45/45	Silver
COPAYMENT														
Primary Care / Specialist	\$15 / \$35	\$25 after deductible / \$40 after deductible	\$30 after deductible / \$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	\$150 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 admit	\$1000 per admit after deductible	\$1500 per admit after deductible	50% Coinsurance after deductible	\$500 per admit	\$500 per day up to \$1500 max per admission	10% Coinsurance after deductible	\$1500 per admit	Covered in full after deductible	Covered in full after deductible	10% Coinsurance	20% Coinsurance after deductible	\$250/ Day up to \$2500 max per admission	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	\$30	\$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)														
In-network	\$0	\$600	\$2,000	\$3,500	\$0	\$0	\$1,000	\$0	\$3,400	\$6,000	\$0	\$500	\$750	\$2,250
MAXIMUM OUT OF POCKET (2x for Family)														
In-network	\$2,000	\$4,000	\$5,500	\$6,850	\$1,000	\$6,350	\$3,000	\$6,850	\$3,400	\$6,000	\$3,000	\$3,750	\$6,000	\$6,850
PRESCRIPTION DRUGS														
In-network	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70 after deductible	\$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)	\$15/\$35/\$75 after \$100 Rx (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)**
2nd QUARTER 2016 NASSAU AND SUFFOLK RATES														
Single	\$611	\$529	\$463	\$395	\$620	\$520	\$547	\$535	\$453	\$380	\$520	\$443	\$443	\$416
Couple	\$1,222	\$1,057	\$926	\$791	\$1,241	\$1,041	\$1,093	\$1,069	\$906	\$761	\$1,041	\$886	\$886	\$831
Parent with Child(ren)	\$1,039	\$898	\$787	\$672	\$1,055	\$885	\$929	\$909	\$770	\$646	\$885	\$753	\$753	\$706
Family	\$1,742	\$1,506	\$1,319	\$1,127	\$1,768	\$1,483	\$1,558	\$1,524	\$1,291	\$1,084	\$1,483	\$1,262	\$1,262	\$1,184
2nd QUARTER 2016 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX & WESTCHESTER RATES														
Single	\$585	\$505	\$442	\$378	\$593	\$497	\$522	\$511	\$434	\$363	\$497	\$423	\$423	\$397
Couple	\$1,170	\$1,011	\$884	\$756	\$1,186	\$995	\$1,045	\$1,023	\$867	\$726	\$995	\$845	\$845	\$795
Parent with Child(ren)	\$995	\$859	\$751	\$643	\$1,008	\$845	\$888	\$869	\$737	\$617	\$845	\$718	\$718	\$676
Family	\$1,667	\$1,440	\$1,259	\$1,078	\$1,690	\$1,417	\$1,489	\$1,457	\$1,236	\$1,035	\$1,417	\$1,204	\$1,204	\$1,133

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

* To learn more about our Value Plans visit CareConnect.com/valueplans
 ** The plan deductible applies to Tier 3 drugs.

	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
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 only applies to Tier 3 drugs.