

High-Quality Providers at Our Most Affordable Prices!

When you're looking for a plan for your business, the Value Plans are CareConnect's most affordable option!

Looking for coverage for your business or group?

Our Value Plans help you protect your employees while saving you money. You and your enrolled employees get:

- Low premiums
- No deductible[^] for most covered services—all you pay is your copay or coinsurance.
- Zero-copay generic drugs

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

| SMALL GROUP VALUE PLANS* | | | | |
|--|--|--|--|--|
| | Platinum | Gold 20/50 | Gold 45/45 | Silver |
| COPAYMENT | | | | |
| Primary Care/ Specialist | \$20 / \$30 | \$20 / \$50 | \$45 / 45 | \$35 / \$65 |
| Emergency Room | \$250 | \$250 | \$250 | \$250 after deductible |
| Inpatient Surgery Facility Fee | 10% Coinsurance | 20% Coinsurance after deductible | \$250/ Day up to \$2500 max per admission | 20% Coinsurance after deductible |
| Urgent Care | \$75 | \$75 | \$75 | \$75 |
| Rehabilitative Services | \$30 | \$50 | \$45 | \$65 |
| Surgical Services | 10% Coinsurance | 20% Coinsurance after deductible | Covered in full | 20% Coinsurance after deductible |
| Outpatient Hospital Facility Fee | 10% Coinsurance | 20% Coinsurance after deductible | \$250 after deductible | 20% Coinsurance after deductible |
| Advanced Imaging | \$100 | \$100 | \$100 | \$100 |
| Diagnostic Imaging | \$40 | \$60 | \$90 | \$75 |
| Laboratory Procedures | Covered in full | \$40 | Covered in full | \$75 |
| DEDUCTIBLE (2x for Family) | | | | |
| In-network | \$0 | \$500 | \$750 | \$2,250 |
| COINSURANCE | | | | |
| In-network | 10% | 20% | 10% | 20% |
| MAXIMUM OUT OF POCKET (2x for Family) | | | | |
| In-network | \$3,000 | \$3,750 | \$6,000 | \$6,850 |
| PRESCRIPTION DRUGS | | | | |
| In-network | \$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 2016 NASSAU AND SUFFOLK RATES | | | | |
| Single | \$525 | \$447 | \$447 | \$419 |
| Couple | \$1,050 | \$893 | \$893 | \$838 |
| Parent with Child(ren) | \$892 | \$759 | \$759 | \$713 |
| Family | \$1,496 | \$1,273 | \$1,273 | \$1,195 |
| 3rd QUARTER 2016 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX, & WESTCHESTER RATES | | | | |
| Single | \$502 | \$426 | \$426 | \$401 |
| Couple | \$1,003 | \$853 | \$853 | \$802 |
| Parent with Child(ren) | \$853 | \$725 | \$725 | \$681 |
| Family | \$1,429 | \$1,215 | \$1,215 | \$1,142 |

[^]A deductible applies for inpatient hospital stays and inpatient/outpatient procedures

* To learn more about our Value Plans visit CareConnect.com/valueplans

** The plan deductible applies to Tier 3 drugs.

High-Quality Providers at Our Most Affordable Prices!

When you're looking for a plan for you and your family, the Value Plans are CareConnect's most affordable option!

Looking for coverage for yourself or your family?

Our Value Plans have a modest deductible—and once you've met it, you'll have little or no cost-sharing. You'll also get:

- Low premiums
- Two free visits with your primary care provider, and free preventive care
- Zero-copay generic drugs

Want to learn more?
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or visit CareConnect.com/ValuePlans

| INDIVIDUAL VALUE PLANS | | | | |
|--|---|---|---|--|
| | Platinum 100% | Gold 100% | Silver 100% | Silver 75% |
| COPAYMENT | | | | |
| Primary Care/ Specialist | 2 Free PCP Visits/ Covered in Full after Deductible | 2 Free PCP Visits/ Covered in Full after Deductible | 2 Free PCP Visits/ Covered in Full after Deductible | 2 Free PCP Visits/ 25% Coinsurance after Deductible |
| Emergency Room | Covered in Full after Deductible | Covered in Full after Deductible | Covered in Full after Deductible | 25% Coinsurance after Deductible |
| Inpatient Surgery Facility Fee | Covered in Full after Deductible | Covered in Full after Deductible | Covered in Full after Deductible | 25% Coinsurance after Deductible |
| Urgent Care | Covered in Full after Deductible | Covered in Full after Deductible | Covered in Full after Deductible | 25% Coinsurance after Deductible |
| Rehabilitative Services | Covered in Full after Deductible | Covered in Full after Deductible | Covered in Full after Deductible | 25% Coinsurance after Deductible |
| Surgical Services | Covered in Full after Deductible | Covered in Full after Deductible | Covered in Full after Deductible | 25% Coinsurance after Deductible |
| Outpatient Hospital Facility Fee | Covered in Full after Deductible | Covered in Full after Deductible | Covered in Full after Deductible | 25% Coinsurance after Deductible |
| Advanced Imaging | Covered in Full after Deductible | Covered in Full after Deductible | Covered in Full after Deductible | 25% Coinsurance after Deductible |
| Diagnostic Imaging | Covered in Full after Deductible | Covered in Full after Deductible | Covered in Full after Deductible | 25% Coinsurance after Deductible |
| Laboratory Procedures | Covered in Full after Deductible | Covered in Full after Deductible | Covered in Full after Deductible | 25% Coinsurance after Deductible |
| DEDUCTIBLE (2x for Family) | | | | |
| In-network | \$1,250 | \$2,250 | \$4,500 | \$3,000 |
| COINSURANCE | | | | |
| In-network | 0% | 0% | 0% | 25% |
| MAXIMUM OUT OF POCKET (2x for Family) | | | | |
| In-network | \$1,250 | \$2,250 | \$4,500 | \$6,850 |
| PRESCRIPTION DRUGS | | | | |
| In-network | \$0/Covered in full after Deductible | \$0/Covered in full after Deductible | \$0/Covered in full after Deductible | \$0/25% Coinsurance after Deductible (up to max \$500) |
| 2016 NASSAU AND SUFFOLK RATES | | | | |
| Single | \$542 | \$493 | \$395 | \$383 |
| Couple | \$1,084 | \$986 | \$790 | \$766 |
| Parent with Child(ren) | \$921 | \$838 | \$672 | \$651 |
| Family | \$1,545 | \$1,405 | \$1,126 | \$1,092 |
| 2016 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX, & WESTCHESTER RATES | | | | |
| Single | \$518 | \$471 | \$377 | \$366 |
| Couple | \$1,036 | \$942 | \$754 | \$732 |
| Parent with Child(ren) | \$881 | \$801 | \$641 | \$622 |
| Family | \$1,476 | \$1,342 | \$1,074 | \$1,043 |