2017 Individual Rates

CareConnect Healthier Insurance

	STANDARD PLANS						TRADITION PLANS				VALUE PLANS			
	Platinum	Gold	Silver	Bronze	Bronze HSA	Catastrophic	Platinum 30/30	Gold 30/50	Silver 40/60	Bronze HSA 70%	Platinum 100%	Gold 100%	Silver 100%	Silver 75%
IN-NETWORK COST-SHARE														
Primary Care	$15	$25 after deductible	$30 after deductible	50% coinsurance after deductible	50% coinsurance after deductible	3 Free PCP Visits/Covered in full after deductible	$30	$30	$40	30% coinsurance after deductible	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
Specialist	$35	$40 after deductible	$50 after deductible	50% coinsurance after deductible	50% coinsurance after deductible	Covered in full after deductible	$30	$50	$60	30% coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	25% coinsurance after deductible
Emergency Room (waived if admitted within 24 hours)	$100	$150 after deductible	$250 after deductible	50% coinsurance after deductible	50% coinsurance after deductible	Covered in full after deductible	$200	$200	$350	30% coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	25% coinsurance after deductible
Inpatient Surgery Facility Fee	$500 per admission	$1,000 per admit after deductible	$1,500 per admit after deductible	50% coinsurance after deductible	50% coinsurance after deductible	Covered in full after deductible	$500 per admission	10% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	25% coinsurance after deductible
Outpatient Surgery Facility Fee	$100	$100 after deductible	$100 after deductible	50% coinsurance after deductible	50% coinsurance after deductible	Covered in full after deductible	$200	10% coinsurance after deductible	$350	30% coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	25% coinsurance after deductible
Deductible (2x for Family)	$0	$600	$2,000	$4,000	$5,500	$7,150	$0	$1,000	$4,250	$5,500	$1,200	$2,250	$4,600	$3,000
Coinsurance	10%	20%	30%	50%	50%	0%	10%	10%	20%	30%	0%	0%	0%	25%
Maximum Out-Of-Pocket (2x for Family)	$2,000	$4,000	$6,750	$7,150	$6,550	$7,150	$1,000	$3,000	$7,150	$6,550	$1,200	$2,250	$4,600	$6,850
Prescription Drugs	$10/$30/$60	$10/$35/$70	$10/$35/$70	$10/$35/$70 after deductible	$10/$35/$70 after deductible	Covered in full after deductible	$15/$35/$75 after $100 Rx deductible (deductible waived for Tier 1)	$10/$50/50% coinsurance (up to max $250)	$10/$50/50% coinsurance (up to max $250)	$15/$35/$75 after deductible	$0 Generic/ Tier 2 and 3 covered in full after deductible	$0 Generic/ Tier 2 and 3 covered in full after deductible	$0 Generic/ Tier 2 and 3 covered in full after deductible	$0 Generic/ Tier 2 and 3 25% coinsurance after deductible (max $500)
2017 RATES														
Single	$746	$637	$544	$430	$443	$203	$761	$649	$565	$436	$688	$625	$501	$487
Couple	$1,492	$1,274	$1,088	$860	$886	$406	$1,522	$1,298	$1,130	$872	$1,376	$1,250	$1,002	$974
Parent with Child(ren)	$1,268	$1,083	$925	$731	$753	$345	$1,294	$1,103	$961	$741	$1,170	$1,063	$852	$828
Family	$2,126	$1,815	$1,550	$1,226	$1,263	$579	$2,169	$1,850	$1,610	$1,243	$1,961	$1,781	$1,428	$1,388

CareConnect Healthier Insurance

CareConnect Insurance Company, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-226-7318 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-226-7318 (TTY: 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務. 請致電 1-855-226-7318 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-226-7318 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-226-7318 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-226-7318 (TTY: 711)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-226-7318 (TTY: 711).

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-855-226-7318 (TTY: 711).

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-855-226-7318 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-226-7318 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-226-7318 (رقم هاتف الصم والبكم: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-226-7318 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-855-226-7318 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-226-7318 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-226-7318 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-226-7318 (TTY: 711).