

CARE CONNECT (NORTH SHORE/LIJ)

2015 RATES FOR LONG ISLAND, NEW YORK CITY, WESTCHESTER

	PLATINUM PLANS		
	Tradition HRx EPO	Tradition LRx EPO	Standard EPO
IN-NETWORK			
Gatekeeper Required	No	No	No
Deductible - Single	\$0	\$0	\$0
Deductible - Family	\$0	\$0	\$0
Coinsurance	100%	100%	90%
Out-of-Pocket Maximum - Single	\$1,000	\$1,000	\$2,000
Out-of-Pocket Maximum - Family	\$2,000	\$2,000	\$4,000
Primary Office Visit	\$30	\$30	\$15
Specialist Office Visit Copay	\$30	\$30	\$35
Inpatient Hospital Copay	\$500	\$500	\$500
Outpatient Hospital Copay	\$200	\$200	\$100
Surgeon fee			\$100
Emergency Room Copay	\$200	\$200	\$100
Diagnostic Testing			\$35
PRESCRIPTIONS			
Deductible	\$100 (waived class I)	\$0	0
Tier I Drugs	\$15	\$10	\$10
Tier II Drugs	\$35	\$50	\$30
Tier III Drugs	\$75	50% to \$250	\$60
RATE EXHIBIT (Nassau & Suffolk)			
Single	\$558.00	\$549.00	\$547.00
Employee + Spouse	\$1,116.00	\$1,098.00	\$1,094.00
Employee + Children	\$949.00	\$933.00	\$930.00
Family	\$1,590.00	\$1,565.00	\$1,559.00
RATE EXHIBIT (NYC and Westchester)			
Single	\$522.00	\$515.00	\$513.00
Employee + Spouse	\$1,044.00	\$1,030.00	\$1,026.00
Employee + Children	\$887.00	\$876.00	\$872.00
Family	\$1,488.00	\$1,468.00	\$1,462.00

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The Granite Insurance Brokerage, LLC
8 Forest Ave., Lynbrook, NY 11563
Phone (516) 222-7979



CARE CONNECT (NORTH SHORE/LIJ)

2015 RATES FOR LONG ISLAND, NEW YORK CITY, WESTCHESTER

	Tradition HRx EPO	GOLD PLANS Tradition LRx EPO	Standard EPO
IN-NETWORK			
Gatekeeper Required	No	No	No
Deductible - Single	\$1,000	\$1,000	\$600
Deductible - Family	\$2,000	\$2,000	\$1,200
Coinsurance	90%	90%	80%
Out-of-Pocket Maximum - Single	\$3,000	\$3,000	\$4,000
Out-of-Pocket Maximum - Family	\$6,000	\$6,000	\$8,000
Primary Office Visit	\$30	\$30	\$25 after deductible
Specialist Office Visit Copay	\$50	\$50	\$40 after deductible
Inpatient Hospital Copay	Ded. + coinsurance	Ded. + coinsurance	\$1,000 after deductible
Outpatient Hospital Copay	Ded. + coinsurance	Ded. + coinsurance	\$100 after deductible
Surgeon fee			\$100 after deductible
Emergency Room Copay	\$200	\$200	\$150 after deductible
Diagnostic Testing			\$40 after deductible
PRESCRIPTIONS			
Deductible	\$100 (waived class I)	\$0	0
Tier I Drugs	\$15	\$10	\$10
Tier II Drugs	\$35	\$50	\$35
Tier III Drugs	\$75	50% to \$250	\$70
RATE EXHIBIT (Nassau & Suffolk)			
Single	\$493.00	\$485.00	\$476.00
Employee + Spouse	\$986.00	\$970.00	\$952.00
Employee + Children	\$838.00	\$825.00	\$809.00
Family	\$1,405.00	\$1,382.00	\$1,357.00
RATE EXHIBIT (NYC and Westchester)			
Single	\$463.00	\$454.00	\$446.00
Employee + Spouse	\$926.00	\$908.00	\$892.00
Employee + Children	\$787.00	\$772.00	\$758.00
Family	\$1,320.00	\$1,294.00	\$1,271.00

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CARE CONNECT (NORTH SHORE/LIJ)

2015 RATES FOR LONG ISLAND, NEW YORK CITY, WESTCHESTER

	SILVER PLANS			BRONZE PLAN
	Tradition HRx EPO	Tradition LRx EPO	Standard EPO	Standard EPO
IN-NETWORK				
Gatekeeper Required	No	No	No	No
Deductible - Single	\$4,000	\$4,000	\$2,000	\$3,000
Deductible - Family	\$8,000	\$8,000	\$4,000	\$6,000
Coinsurance	80%	80%	70%	50%
Out-of-Pocket Maximum - Single	\$6,600	\$6,600	\$5,500	\$6,350
Out-of-Pocket Maximum - Family	\$13,200	\$13,200	\$11,000	\$12,700
Primary Office Visit	\$40	\$40	\$30 after deductible	Ded. + coinsurance
Specialist Office Visit Copay	\$60	\$60	\$50 after deductible	Ded. + coinsurance
Inpatient Hospital Copay	Ded. + coinsurance	Ded. + coinsurance	\$1,500 after deductible	Ded. + coinsurance
Outpatient Hospital Copay	Ded. + coinsurance	Ded. + coinsurance	\$100 after deductible	Ded. + coinsurance
Surgeon fee			\$100 after deductible	Ded. + coinsurance
Emergency Room Copay	\$350	\$350	\$150 after deductible	Ded. + coinsurance
Diagnostic Testing			\$50 after deductible	Ded. + coinsurance
PRESCRIPTIONS				
Deductible	\$100 (waived class I)	\$0	0	Same as above
Tier I Drugs	\$15	\$10	\$10	\$10
Tier II Drugs	\$35	\$50	\$35	\$35
Tier III Drugs	\$75	50% to \$250	\$70	\$70
RATE EXHIBIT (Nassau & Suffolk)				
Single	\$445.00	\$436.00	\$420.00	\$334.00
Employee + Spouse	\$890.00	\$872.00	\$840.00	\$668.00
Employee + Children	\$757.00	\$741.00	\$714.00	\$568.00
Family	\$1,268.00	\$1,243.00	\$1,197.00	\$952.00
RATE EXHIBIT (NYC and Westchester)				
Single	\$417.00	\$409.00	\$394.00	\$313.00
Employee + Spouse	\$834.00	\$818.00	\$788.00	\$626.00
Employee + Children	\$709.00	\$695.00	\$670.00	\$532.00
Family	\$1,188.00	\$1,166.00	\$1,123.00	\$892.00

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