

Prepared For: Long Island 4th Quarter  
Suffolk County, NY 11795

Effective Date: 11/01/2016

Health Plan Comparison Report (1P)

Prepared On: 10/11/2016

Prepared By: Group Coverage, Inc. -  
(516)576-0007

Report ID: 31623574

SIC: 0000

	CareConnect Value Gold 20/50 (EPOc) (UCR=N/A)	
	In-Network	Out-Network
<b>Prescription Drugs</b>		
Drug Card	0/50/50%to\$500 IntDed T3	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$500/\$1,000	
Individual/Family OOP Limit	\$3,750/\$7,500 (incl ded)	
Co-Insurance	20%	
<b>Office Visits</b>		
Primary Care	\$20 ded waived	
Specialist	\$50 ded waived	
Maternity Prenatal/Postnatal Care	No charge	
Chiropractic Care	\$50 ded waived	
<b>Inpatient Services</b>		
Inpatient Hospital	20% after ded	
Mental Health Inpatient	20% after ded	
Substance Abuse Inpatient	20% after ded	
<b>Outpatient Services</b>		
Outpatient Facility	20% after ded	
Lab/X-Ray	Lab-\$40 ded waived; X-ray-\$60 ded waived	
Advanced Radiology	\$100 ded waived	
Mental Health Outpatient	No charge	
Substance Abuse Outpatient	No charge	
<b>Emergency Care</b>		
Emergency Room	\$250 (waived if admitted) ded waived	
Ambulance	\$100 ded waived	
Urgent Care	\$75 ded waived	
<b>Recovery/Special Needs</b>		
Home Health Care	\$20 ded waived; 40 visits/yr	
Skilled Nursing	20% after ded; 200 days/yr	
Durable Medical Equipment	20% after ded	
Single	1 x	\$450.00
EE with Spouse	1 x	\$901.00
EE with Child(ren)	1 x	\$766.00
Family	1 x	\$1,284.00
Monthly Cost	4	\$3,401.00
Annual Cost		\$40,812.00

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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**Footnote Report**  
Prepared On: 10/11/2016  
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## FootNote Report

### Disclosure

#### NY Commission Disclosure

New York Regulation (11 NYCRR 30)) requires disclosure of the compensation a licensed agent or broker (producer) receives from your purchase or renewal of health coverage. Compensation may be in the form of a commission, fee(s), or possibly other valuable consideration, or a combination of all three. Total commission levels per carrier are as follows: Aetna -Based on a tiered per employee, per month (PEPM) model, 1-100 subs \$23 PEPM. ; Emblem 3%-4% depending on selected plan; HealthPass -same as commission paid by carrier; Oxford -3%. An additional commission will be paid to a general agent if they are involved in the sale; this amount may vary based on carrier and plan design. The commissions do not directly affect the premium paid for the plan and no plan can be purchased through another distributor or from the carrier directly with a different commission amount or at a lower cost. Final commission dollar amounts cannot be determined until enrollment is complete and is subject to change based on the number of members covered each month.