ndividual/Family Healt	h Proposal		IFP Single Plan De
Applicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946846
Cliff Grekin, 54, Male		Effective Date: 1/1/2017	Zip Code: 11565
	CareConnect		
	Standard Bronze(I	EPO)	
	In-Network	Out-Network	
Cost Share Information	III-INGIWOIK	Out-Network	
Individual Deductible	\$4,000		
Family Deductible	\$8,000		
OOP Limit - Individual	\$7,150 (incl ded)		
OOP Limit - Family	\$14,300 (incl ded)		
Co-insurance	50%		
Lifetime Maximum	None		
Office Visits			
Primary Care	50% after ded		
Specialist	50% after ded		
Adult Preventive Care	No charge		
Child Preventive Care	No charge		
Maternity Prenatal/Postnatal Care	No charge		
Rehabilitation Services	50% after ded; 60 visits/cond/yr comb PT/OT/ST		
Chiropractic Care	50% after ded		
Inpatient Services			
Inpatient Hospital	50% after ded		
Maternity Delivery/Inpatient	50% after ded		
Outpatient Services			
Outpatient Facility	50% after ded		
Mental Health Outpatient	50% after ded		
Lab/X-Ray	50% after ded		
Emergency Care			
Emergency Room	50% after ded		
Urgent Care	50% after ded		
Ambulance	50% after ded		
Prescription Drugs			
Rx Deductible	Integrated Medical/Rx		
Rx Generic	\$10 after ded		
Rx Preferred	\$35 after ded		

Optional Benefits

None

# Individual/Family Health Proposal

# IFP Single Plan Detail

Applicant Information: Cliff Grekin, 54, Male	Spouse: N/A	Dependents: 0 Effective Date: 1/1/2017	Report Id: 31946846 Zip Code: 11565
	CareConnec Bronze HSA 70%	t J(EPO)	
Cost Share Information	In-Network	Out-Network	
Individual Deductible	\$5,500		
Family Deductible	\$11,000		
OOP Limit - Individual	\$6,550 (incl ded)		
OOP Limit - Family	\$13,100 (incl ded)		
Co-insurance	30%		
Lifetime Maximum	None		
Office Visits			
Primary Care	30% after ded		
Specialist	30% after ded		
Adult Preventive Care	No charge		
Child Preventive Care	No charge		
Maternity Prenatal/Postnatal Care	No charge		
Rehabilitation Services	30% after ded; 60 visits/cond/yr comb PT/OT/ST		
Chiropractic Care	30% after ded		
Inpatient Services			
Inpatient Hospital	30% after ded		
Maternity Delivery/Inpatient	30% after ded		
Outpatient Services			
Outpatient Facility	30% after ded		
Mental Health Outpatient	30% after ded		
Lab/X-Ray	30% after ded		
Emergency Care			
Emergency Room	30% after ded		
Urgent Care	30% after ded		
Ambulance	30% after ded		
Prescription Drugs			
Rx Deductible	Integrated Medical/Rx		
Rx Generic	\$15 after ded		
Rx Preferred	\$35 after ded		
Rx Non-Preferred	\$75 after ded		
Recovery/Special Needs			
Home Health Care Durable Medical Equipment	30% after ded; 40 visits/yr 30% after ded		
Optional Benefits	None		
optional Denetits			

Individual/Family Healt	h Proposal		IFP Single Plan Deta
Applicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946846
Cliff Grekin, 54, Male		Effective Date: 1/1/2	017 Zip Code: 11565
	CareConned		·
	Standard Bronze F	15A(EPU)	
	In-Network	Out-Network	
Cost Share Information			
Individual Deductible	\$5,500		
Family Deductible	\$11,000		
OOP Limit - Individual	\$6,550 (incl ded)		
OOP Limit - Family	\$13,100 (incl ded)		
Co-insurance	50%		
Lifetime Maximum	None		
Office Visits			
Primary Care	50% after ded		
Specialist	50% after ded		
Adult Preventive Care	No charge		
Child Preventive Care	No charge		
Maternity Prenatal/Postnatal Care	No charge		
Rehabilitation Services	50% after ded; 60 visits/cond/yr comb PT/OT/ST		
Chiropractic Care	50% after ded		
Inpatient Services			
Inpatient Hospital	50% after ded		
Maternity Delivery/Inpatient	50% after ded		
Outpatient Services			
Outpatient Facility	50% after ded		
Mental Health Outpatient	50% after ded		
Lab/X-Ray	50% after ded		
Lab/A Ray			
Emergency Care			
Emergency Room	50% after ded		
Urgent Care	50% after ded		
Ambulance	50% after ded		
Prescription Drugs	late secto d Mardia (/Dec		
Rx Deductible	Integrated Medical/Rx		
Rx Generic	\$10 after ded		
Rx Preferred	\$35 after ded		
Rx Non-Preferred	\$70 after ded		
Recovery/Special Needs			
Home Health Care	50% after ded; 40 visits/yr		
Durable Medical Equipment	50% after ded		

None

Spouse: N/A	Dependents: 0	Report Id: 31946846
	Effective Date: 1/1/20	017 Zip Code: 11565
CareConnect		
Value Silver 75%(EPO)		
la Naturale	Out Natural	
III-INELWOIK	Out-inetwork	
\$3.000		
\$6,000		
25%		
None		
No chargo visite 1 2: 25% after dod visite 3+		
No charge visits 1-2, 23 % alter deu visits 3+		
25% after ded		
No charge		
No charge		
No charge		
25% after ded; 60 visits/cond/yr comb PT/OT/ST		
25% after ded		
25% after ded		
25% after ded		
25% after ded		
25% after ded		
25% after ded		
25% after ded		
25% after ded		
25% after ded		
Integrated Medical/Rx		
No charge		
25% after ded; \$500 max/script		
25% after ded; \$500 max/script		
·		
25% after ded: 40 visits/vr		
25% after ded		
	In-Network         \$3,000         \$6,000         \$6,000         \$6,850 (incl ded)         \$13,700 (incl ded)         \$13,700 (incl ded)         \$25%         None         No charge visits 1-2; 25% after ded visits 3+         25% after ded         No charge         S5% after ded         25% after ded; \$500 max/script         25% after ded; \$500 max/script         25% after ded; \$500 max/script	Effective Date: 1/1/2   CareConnect   Value Silver 75%(EPO)     In-Network   Qut-Network   \$3,000   \$6,000   \$13,700   \$13,700   \$13,700   \$14,000   \$14,000   \$12,5% after ded   \$2% after ded

The above rates and benefits are for general information and discussion purposes only and are not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy issued by the carrier and not the rates and descriptions on this report or in this website will form the contract between the insured and the carrier. Please do not cancel any current coverage until you have been approved for a new policy.

**Optional Benefits** 

None

Applicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946846
Cliff Grekin, 54, Male		Effective Date: 1/1/2017	Zip Code: 11565
	CareConnec		210 0000. 11000
	Value Silver 100%		
Cost Share Information	In-Network	Out-Network	
Individual Deductible	\$4,600		
Family Deductible	\$9,200		
OOP Limit - Individual	\$4,600 (incl ded)		
OOP Limit - Family	\$9,200 (incl ded)		
Co-insurance	0%		
Lifetime Maximum	None		
Office Visits			
Primary Care	No charge visits 1-2; 0% after ded visits 3+		
Specialist	0% after ded		
Adult Preventive Care	No charge		
Child Preventive Care	No charge		
Maternity Prenatal/Postnatal Care	No charge		
Rehabilitation Services	0% after ded; 60 visits/cond/yr comb PT/OT/ST		
Chiropractic Care	0% after ded		
Inpatient Services			
Inpatient Hospital	0% after ded		
Maternity Delivery/Inpatient	0% after ded		
Outpatient Services			
Outpatient Facility	0% after ded		
Mental Health Outpatient	0% after ded		
Lab/X-Ray	0% after ded		
Emergency Care			
Emergency Room	0% after ded		
Urgent Care	0% after ded		
Ambulance	0% after ded		
Prescription Drugs			
Rx Deductible	Integrated Medical/Rx		
Rx Generic	No charge		
Rx Preferred	0% after ded		
Rx Non-Preferred	0% after ded		
Recovery/Special Needs			
Home Health Care	0% after ded; 40 visits/yr		
Durable Medical Equipment	0% after ded		
Optional Benefits	None		

pplicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946846
Cliff Grekin, 54, Male		Effective Date: 1/1/2017	Zip Code: 11565
	CareConnect		
	Standard Silver(E	PO)	
Cost Share Information	In-Network	Out-Network	
Individual Deductible	\$2,000		
Family Deductible	\$4,000		
OOP Limit - Individual	\$6,750 (incl ded)		
OOP Limit - Family	\$13,500 (incl ded)		
Co-insurance	0%		
Lifetime Maximum	None		
Office Visits			
Primary Care	\$30 after ded		
Specialist	\$50 after ded		
Adult Preventive Care	No charge		
Child Preventive Care	No charge		
Maternity Prenatal/Postnatal Care	No charge		
Rehabilitation Services	\$30 after ded; 60 visits/cond/yr comb PT/OT/ST		
Chiropractic Care	\$50 after ded		
Inpatient Services			
Inpatient Hospital	\$1,500/admit after ded		
Maternity Delivery/Inpatient	\$1,500/admit after ded		
Outpatient Services			
Outpatient Facility	\$100 after ded		
Mental Health Outpatient	\$30 after ded		
Lab/X-Ray	\$50 after ded		
Emergency Care			
Emergency Room	\$250 (waived if admitted) after ded		
Urgent Care	\$70 after ded		
Ambulance	\$150 after ded		
Prescription Drugs			
Rx Deductible	N/A		
Rx Generic	\$10		
Rx Preferred	\$35		
Rx Non-Preferred	\$70		
Recovery/Special Needs			
Home Health Care	\$30 after ded; 40 visits/yr		
Durable Medical Equipment	30% after ded		

None

Individual/Family Healt			IFP Single Plan De
Applicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946846
Cliff Grekin, 54, Male		Effective Date: 1/1/2017	Zip Code: 11565
	CareConnect	t	
	Tradition Silver 40/	60(EPO)	
	In-Network	Out-Network	
Cost Share Information	in Network		
Individual Deductible	\$4,250		
Family Deductible	\$8,500		
OOP Limit - Individual	\$7,150 (incl ded)		
OOP Limit - Family	\$14,300 (incl ded)		
Co-insurance	20%		
Lifetime Maximum	None		
Office Visits			
Primary Care	\$40 ded waived		
Specialist	\$60 ded waived		
Adult Preventive Care	No charge		
Child Preventive Care	No charge		
Maternity Prenatal/Postnatal Care	No charge		
Rehabilitation Services	\$60 ded waived; 60 visits/cond/yr comb PT/OT/ST		
Chiropractic Care	\$60 ded waived		
Inpatient Services			
Inpatient Hospital	20% after ded		
Maternity Delivery/Inpatient	20% after ded		
Outpatient Services			
Outpatient Facility	\$350 ded waived		
Mental Health Outpatient	\$40 ded waived		
Lab/X-Ray	Lab-\$60 ded waived; X-ray-\$40 ded waived		
Emergency Care			
Emergency Room	\$350 (waived if admitted) ded waived		
Urgent Care	\$60 ded waived		
Ambulance	\$150 ded waived		
Prescription Drugs			
Rx Deductible	N/A		
Rx Generic	\$10		
Rx Preferred	\$50		
Rx Non-Preferred	50%; \$250 max/script		
Recovery/Special Needs			
Home Health Care	\$40 ded waived; 40 visits/yr		
Durable Medical Equipment	20% after ded		
Optional Ropofita	None		
Optional Benefits	None		

ndividual/Family Heal			IFP Single Plan
pplicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946846
liff Grekin, 54, Male		Effective Date: 1/1/2017	Zip Code: 11565
	CareConnect Value Gold 100%(E	PO)	
	Value Golu 100%(E	F0)	
	In-Network	Out-Network	
Cost Share Information			
ndividual Deductible	\$2,250		
Family Deductible	\$4,500		
OOP Limit - Individual	\$2,250 (incl ded)		
OOP Limit - Family	\$4,500 (incl ded)		
Co-insurance	0%		
ifetime Maximum	None		
Office Visits			
Primary Care	No charge visits 1-2; 0% after ded visits 3+		
-	-		
Specialist	0% after ded		
Adult Preventive Care	No charge		
Child Preventive Care	No charge		
Maternity Prenatal/Postnatal Care	No charge		
Rehabilitation Services	0% after ded; 60 visits/cond/yr comb PT/OT/ST		
Chiropractic Care	0% after ded		
npatient Services			
npatient Hospital	0% after ded		
Maternity Delivery/Inpatient	0% after ded		
Outpatient Services			
Outpatient Facility	0% after ded		
Mental Health Outpatient	0% after ded		
_ab/X-Ray	0% after ded		
-uo/// i/uy			
Emergency Care			
Emergency Room	0% after ded		
Jrgent Care	0% after ded		
Ambulance	0% after ded		
Prescription Drugs			
Rx Deductible	Integrated Medical/Rx		
Rx Generic	No charge		
Rx Preferred	0% after ded		
Rx Non-Preferred	0% after ded		
Recovery/Special Needs			
Home Health Care	0% after ded; 40 visits/yr		
Durable Medical Equipment	0% after ded		
Jurable Medical Equipment			
Optional Benefits	None		

ndividual/Family Healt	h Proposal		IFP Single Plan I
Applicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946846
Cliff Grekin, 54, Male		Effective Date: 1/1/2017	Zip Code: 11565
	CareConnect		
	Standard Gold(E	PO)	
	In-Network	Out-Network	
Cost Share Information			
Individual Deductible	\$600		
Family Deductible	\$1,200		
OOP Limit - Individual	\$4,000 (incl ded)		
OOP Limit - Family	\$8,000 (incl ded)		
Co-insurance	0%		
Lifetime Maximum	None		
Office Visits			
Primary Care	\$25 after ded		
Specialist	\$40 after ded		
Adult Preventive Care	No charge		
Child Preventive Care	No charge		
Maternity Prenatal/Postnatal Care	No charge		
Rehabilitation Services	\$30 after ded; 60 visits/cond/yr comb PT/OT/ST		
Chiropractic Care	\$40 after ded		
Inpatient Services			
Inpatient Hospital	\$1,000/admit after ded		
Maternity Delivery/Inpatient	\$1,000/admit after ded		
Outpatient Services			
Outpatient Facility	\$100 after ded		
Mental Health Outpatient	\$25 after ded		
Lab/X-Ray	\$40 after ded		
Emergency Care			
Emergency Room	\$150 (waived if admitted) after ded		
Urgent Care	\$60 after ded		
Ambulance	\$150 after ded		
Prescription Drugs			
Rx Deductible	N/A		
Rx Generic	\$10		
Rx Preferred	\$35		
Rx Non-Preferred	\$70		

<b>Recovery/Special Needs</b>	
Home Health Care	\$25 after ded; 40 visits/yr
Durable Medical Equipment	20% after ded
Optional Benefits	None

Individual/Family Healt	h Proposal		IFP Single Plan Det
Applicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946846
Cliff Grekin, 54, Male		Effective Date: 1/1/2017	Zip Code: 11565
	CareConnect Tradition Gold 30/5		
Cost Share Information	In-Network	Out-Network	
Individual Deductible	\$1,000		
Family Deductible	\$2,000		
-			
OOP Limit - Individual	\$3,000 (incl ded)		
OOP Limit - Family	\$6,000 (incl ded)		
Co-insurance	10%		
Lifetime Maximum	None		
Office Visits			
Primary Care	\$30 ded waived		
Specialist	\$50 ded waived		
Adult Preventive Care	No charge		
Child Preventive Care	No charge		
Maternity Prenatal/Postnatal Care	No charge		
Rehabilitation Services	\$50 ded waived; 60 visits/cond/yr comb PT/OT/ST		
Chiropractic Care	\$50 ded waived		
Inpatient Services			
Inpatient Hospital	10% after ded		
Maternity Delivery/Inpatient	10% after ded		
Outpatient Services			
Outpatient Facility	10% after ded		
Mental Health Outpatient	\$30 ded waived		
Lab/X-Ray	10% after ded		
Emergency Care			
Emergency Room	\$200 (waived if admitted) ded waived		
Urgent Care	\$50 ded waived		
Ambulance	\$100 ded waived		
Prescription Drugs			
Rx Deductible	N/A		
Rx Generic	\$10		
Rx Preferred	\$50		
Rx Non-Preferred	50% up to \$250		
Recovery/Special Needs			
Home Health Care	\$30 ded waived; 40 visits/yr		
Durable Medical Equipment	10% after ded		
· · · · · · · · · · · · · · · · · · ·			

None

Applicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946846
liff Grekin, 54, Male		Effective Date: 1/1/2	-
•	CareCo	nnect	· .
	Value Platinun		
	In-Network	Out-Network	
Cost Share Information			
ndividual Deductible	\$1,200		
Family Deductible	\$2,400		
OOP Limit - Individual	\$1,200 (incl ded)		
OOP Limit - Family	\$2,400 (incl ded)		
Co-insurance	0%		
ifetime Maximum	None		
Office Visits			
Primary Care	No charge visits 1-2; 0% after ded visits 3+		
Specialist	0% after ded		
Adult Preventive Care	No charge		
Child Preventive Care	No charge		
Maternity Prenatal/Postnatal Care	No charge		
Rehabilitation Services	0% after ded; 60 visits/cond/yr comb PT/OT/ST		
Chiropractic Care	0% after ded		
npatient Services			
npatient Hospital	0% after ded		
Aternity Delivery/Inpatient	0% after ded		
Dutpatient Services			
Outpatient Facility	0% after ded		
Mental Health Outpatient	0% after ded		
_ab/X-Ray	0% after ded		
Emergency Care			
Emergency Room	0% after ded		
Jrgent Care	0% after ded		
Ambulance	0% after ded		
Prescription Drugs			
Ax Deductible	Integrated Medical/Rx		
Rx Generic	No charge		
X Preferred	0% after ded		
Xx Non-Preferred	0% after ded		
Recovery/Special Needs			
Home Health Care	0% after ded; 40 visits/yr		
Durable Medical Equipment	0% after ded		
Equipmont			

None

Individual/Family Healt	th Proposal		IFP Single Plan Deta
Applicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946846
Cliff Grekin, 54, Male		Effective Date: 1/1/2017	Zip Code: 11565
	CareConnect Standard Platinum(E	-PO)	
	In-Network	Out-Network	
Cost Share Information			
Individual Deductible	N/A		
Family Deductible	N/A		
OOP Limit - Individual	\$2,000		
OOP Limit - Family	\$4,000		
Co-insurance	0%		
Lifetime Maximum	None		
Office Visits			
Primary Care	\$15		
Specialist	\$35		
Adult Preventive Care	No charge		
Child Preventive Care	No charge		
Maternity Prenatal/Postnatal Care	No charge		
Rehabilitation Services	\$25; 60 visits/cond/yr comb PT/OT/ST		
Chiropractic Care	\$35		
Inpatient Services			
Inpatient Hospital	\$500/admit		
Maternity Delivery/Inpatient	\$500/admit		
Outpatient Services			
Outpatient Facility	\$100		
Mental Health Outpatient	\$15		
Lab/X-Ray	\$35		
Emergency Care			
Emergency Room	\$100 (waived if admitted)		
Urgent Care	\$55		

Emergency recom	
Urgent Care	\$55
Ambulance	\$100
Prescription Drugs	
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$30
Rx Non-Preferred	\$60
Recovery/Special Needs	
Home Health Care	\$15; 40 visits/yr
Durable Medical Equipment	10%
Optional Benefits	None

Individual/Family Healt	th Proposal		IFP Single Plan Deta
Applicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946846
Cliff Grekin, 54, Male		Effective Date: 1/1/2017	Zip Code: 11565
	CareConnec	ct	
	Tradition Platinum 3		
Cast Shara Information	In-Network	Out-Network	
Cost Share Information	N/A		
Family Deductible	N/A		
OOP Limit - Individual	\$1,000		
OOP Limit - Hanily	\$1,000 \$2,000		
Co-insurance	\$2,000 0%		
Lifetime Maximum	None		
	None		
Office Visits	100		
Primary Care	\$30		
Specialist	\$30		
Adult Preventive Care	No charge		
Child Preventive Care	No charge		
Maternity Prenatal/Postnatal Care	No charge		
Rehabilitation Services	\$30; 60 visits/cond/yr comb PT/OT/ST		
Chiropractic Care	\$30		
Inpatient Services			
Inpatient Hospital	\$500/admit		
Maternity Delivery/Inpatient	\$500/admit		
Outpatient Services			
Outpatient Facility	\$200		
Mental Health Outpatient	\$30		
Lab/X-Ray	\$30		
Emergency Care			
Emergency Room	\$200 (waived if admitted)		
Urgent Care	\$30		
Ambulance	\$100		
Prescription Drugs			
Rx Deductible	\$100 ind/\$300 fam		
Rx Generic	\$15 ded waived		
Rx Preferred	\$35 after ded		
Rx Non-Preferred	\$75 after ded		

 Rx Non-Preferred
 \$75 after ded

 Recovery/Special Needs

 Home Health Care
 \$30; 40 visits/yr

 Durable Medical Equipment
 \$200

Optional Benefits

None

plicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946847
f Grekin, 54, Male		Effective Date: 1/1/2017	Zip Code: 11565
areConnect Standard Bronze			\$430.0
Individual Deductible	\$4,000		
Family Deductible	\$8,000		
Primary Care	50% after ded		
Maternity Prenatal/Postnatal Care	No charge		
Inpatient Hospital	50% after ded		
Maternity Delivery/Inpatient	50% after ded		
Rx Deductible	Integrated Medical/R	X	
Rx Generic	\$10 after ded		
Rx Preferred	\$35 after ded		
areConnect Bronze HSA 70%			\$436.0
Individual Deductible	\$5,500		
	\$5,500 \$11,000		
Individual Deductible			
Individual Deductible Family Deductible	\$11,000		
Individual Deductible Family Deductible Primary Care	\$11,000 30% after ded		
Individual Deductible Family Deductible Primary Care Maternity Prenatal/Postnatal Care	\$11,000 30% after ded No charge		
Individual Deductible Family Deductible Primary Care Maternity Prenatal/Postnatal Care Inpatient Hospital	\$11,000 30% after ded No charge 30% after ded	x	
Individual Deductible Family Deductible Primary Care Maternity Prenatal/Postnatal Care Inpatient Hospital Maternity Delivery/Inpatient	\$11,000 30% after ded No charge 30% after ded 30% after ded	x	

Comparison

Individual Deductible		
Family Deductible		
Primary Care		
Maternity Prenatal/Postnatal Care		
Inpatient Hospital		
Maternity Delivery/Inpatient		
Rx Deductible		
Rx Generic		
Rx Preferred		

Individual/Family Health Proposal

\$5,500 \$11,000 50% after ded No charge 50% after ded 50% after ded Integrated Medical/Rx \$10 after ded \$35 after ded

Applicant Information: Cliff Grekin, 54, Male

## CareConnect Value Silver 75%

Individual Deductible	\$3,000
Family Deductible	\$6,000
Primary Care	No charge visits 1-2; 25% after ded visits 3+
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	25% after ded
Maternity Delivery/Inpatient	25% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	No charge
Rx Preferred	25% after ded; \$500 max/script

Spouse: N/A

#### CareConnect Value Silver 100%

Individual Deductible	\$4,600
Family Deductible	\$9,200
Primary Care	No charge visits 1-2; 0% after ded visits 3+
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	0% after ded
Maternity Delivery/Inpatient	0% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	No charge
Rx Preferred	0% after ded

#### CareConnect Standard Silver

Individual Deductible	\$2,000
Family Deductible	\$4,000
Primary Care	\$30 after ded
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	\$1,500/admit after ded
Maternity Delivery/Inpatient	\$1,500/admit after ded
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$35

Effective Date: 1/1/2017

Dependents: 0

Report Id: 31946847 Zip Code: 11565

\$487.00

Comparison

\$501.00

\$544.00

blicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946847
ff Grekin, 54, Male		Effective Date: 1/1/2017	Zip Code: 11565
CareConnect Tradition Silver 40/60			\$565.0
Individual Deductible	\$4,250		
Family Deductible	\$8,500		
Primary Care	\$40 ded waived		
Maternity Prenatal/Postnatal Care	No charge		
Inpatient Hospital	20% after ded		
Maternity Delivery/Inpatient	20% after ded		
Rx Deductible	N/A		
Rx Generic	\$10		
Rx Preferred	\$50		

# CareConnect Value Gold 100%

Individual Deductible	\$2,250
Family Deductible	\$4,500
Primary Care	No charge visits 1-2; 0% after ded visits 3+
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	0% after ded
Maternity Delivery/Inpatient	0% after ded
Rx Deductible	Integrated Medical/Rx
Rx Generic	No charge
Rx Preferred	0% after ded

#### CareConnect Standard Gold

Individual Deductible	\$600
Family Deductible	\$1,200
Primary Care	\$25 after ded
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	\$1,000/admit after ded
Maternity Delivery/Inpatient	\$1,000/admit after ded
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$35

\$637.00

\$625.00

Individual/Family Health Proposal			Comparison
Applicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946847
Cliff Grekin, 54, Male		Effective Date: 1/1/2017	Zip Code: 11565
CareConnect Tradition Gold 30/50			\$649.00
Individual Deductible	\$1,000		
Family Deductible	\$2,000		
Primary Care	\$30 ded waived		
Maternity Prenatal/Postnatal Care	No charge		
Inpatient Hospital	10% after ded		
Maternity Delivery/Inpatient	10% after ded		
Rx Deductible	N/A		
Rx Generic	\$10		
Rx Preferred	\$50		

## CareConnect Value Platinum 100%

Individual Deductible	\$1,200	
Family Deductible	\$2,400	
Primary Care	No charge visits 1-2; 0% after ded visits 3+	
Maternity Prenatal/Postnatal Care	No charge	
Inpatient Hospital	0% after ded	
Maternity Delivery/Inpatient	0% after ded	
Rx Deductible	Integrated Medical/Rx	
Rx Generic	No charge	
Rx Preferred	0% after ded	

### CareConnect Standard Platinum

Individual Deductible	N/A
Family Deductible	N/A
Primary Care	\$15
Maternity Prenatal/Postnatal Care	No charge
Inpatient Hospital	\$500/admit
Maternity Delivery/Inpatient	\$500/admit
Rx Deductible	N/A
Rx Generic	\$10
Rx Preferred	\$30

The above rates and benefits are for general information and discussion purposes only and are not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy issued by the carrier and not the rates and descriptions on this report or in this website will form the contract between the insured and the carrier. Please do not cancel any current coverage until you have been approved for a new policy.

\$746.00

\$688.00

Individual/Family Health Proposal			Comparison
Applicant Information:	Spouse: N/A	Dependents: 0	Report Id: 31946847
Cliff Grekin, 54, Male		Effective Date: 1/1/2017	Zip Code: 11565

## CareConnect Tradition Platinum 30/30

Individual Deductible	N/A	
Family Deductible	N/A	
Primary Care	\$30	
Maternity Prenatal/Postnatal Care	No charge	
Inpatient Hospital	\$500/admit	
Maternity Delivery/Inpatient	\$500/admit	
Rx Deductible	\$100 ind/\$300 fam	
Rx Generic	\$15 ded waived	
Rx Preferred	\$35 after ded	

\$761.00