

North Shore-LIJ CareConnect Small Group (2-50) Rates

www.nsljcareconnect.com
If you have any questions, please
call 855-706-7545

Navigating health care and health insurance is complicated, but North Shore-LIJ Insurance Company Inc. is uniquely positioned to simplify the experience for our customers. We give members all the benefits of New York's largest integrated health system, known for its high-quality care. Our vision is simple: We give consumers easy access to affordable, superior care.

	Standard Bronze EPO	Standard Silver EPO	Standard Gold EPO	Standard Platinum EPO	Non-Standard Gold Copay EPO	Non-Standard Silver Cost Share EPO	Non-Standard Bronze H.S.A. EPO
COPAYMENT							
Primary Care	Deductible then 50% Coinsurance	\$30	\$25	\$15	\$30	\$40	N/A
Specialist	Deductible then 50% Coinsurance	\$50	\$40	\$35	\$50	\$60	N/A
Emergency Room (waived if admitted within 24 hours)	Deductible then 50% Coinsurance	\$150	\$150	\$100	\$350	\$350	Deductible then 70% Coinsurance
Inpatient Surgery	Deductible then 50% Coinsurance	\$1,500 per admission	\$1,000 per admission	\$500 per admission	\$500 per admission	Deductible then 70% Coinsurance	Deductible then 70% Coinsurance
Outpatient Surgery	\$100	\$100	\$100	\$100	80% Coinsurance	Deductible then 70% Coinsurance	Deductible then 70% Coinsurance
DEDUCTIBLE							
In Network	\$3,000	\$2,000	\$600	\$0	N/A	\$1,700	\$3,400
COINSURANCE							
In Network	50%	N/A	N/A	N/A	N/A	70%	70%
MAXIMUM OUT-OF-POCKET							
In Network	\$6,350	\$5,500	\$4,000	\$2,000	\$6,350	\$6,000	\$6,350
PRESCRIPTION DRUGS							
In Network	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$30/\$60	\$15/\$35/\$75 w/ \$100 Rx ded.	\$15/\$35/\$75 w/ \$100 Rx ded.	\$15/\$35/\$75 after ded.
1st QTR 2014 RATES (per month)							
Single	\$421.61	\$516.96	\$594.07	\$682.93	\$597.15	\$512.49	\$430.66
Couple	\$843.21	\$1,033.93	\$1,188.14	\$1,365.87	\$1,194.31	\$1,024.99	\$861.32
Parent with Child(ren)	\$716.73	\$878.84	\$1,009.92	\$1,160.99	\$1,015.16	\$871.24	\$732.12
Family	\$1,201.58	\$1,473.34	\$1,693.10	\$1,946.36	\$1,701.89	\$1,460.61	\$1,227.38

- For standard plan designs, after the deductible is met, a co-pay or coinsurance is applied to the remainder of the allowed amount until the maximum out-of-pocket limit is reached.
- North Shore-LIJ CareConnect's plans feature in-network access to 16 hospitals, over 7,000 participating providers and more than 400 ambulatory and ancillary sites.
- New York State of Health (on-exchange) plans will be offered in Nassau, Queens, Richmond and Suffolk counties. Off-exchange plans will also include New York County.
- Group Plans will be available on October 1, 2013, with an effective date of January 1, 2014. Employer groups must be located within Nassau, New York, Queens, Richmond or Suffolk counties for their employees to be eligible for coverage.
- Members will be able to fill prescriptions at any CVS/Caremark location.

Understanding Your Benefits

Deductible: The amount you need to pay for covered medical expenses each policy period before the insurance company will start paying. (For North Shore-LIJ CareConnect, the policy period is a calendar year.) The amount of your deductible depends on the plan you have selected.

After you “meet” your deductible for a policy period, your insurance company will take care of the bill for covered services, although you may have to pay a copay or coinsurance (see below). If services are not covered by your plan, you must pay for those out of your own pocket, and they do not count toward your deductible.

It is important to distinguish between individual deductibles and family deductibles. A family deductible applies whenever there is a dependent (or dependents) listed on the policy. The deductible for a family is two times the deductible for an individual—but no family member has to pay more to meet his or her own deductible than a person would who has an individual plan. So if the deductible for an individual is \$2,000, the family deductible would be \$4,000, but each member of the family would have to pay no more than \$2,000 in order to meet his or her own deductible. For example: If one family member, Joe, has a \$4,000 surgery, he would pay \$2,000 out of his pocket to meet his deductible. His insurance company would cover the rest of the bill after he pays whatever copay or coinsurance is required by the policy. Other members of the family would have to pay \$2,000 more in medical bills before the family deductible is met.

Copay: The amount that you are required to pay toward the cost of a covered service (like a doctor’s visit) after your deductible has been met. The copay is usually expressed as a fixed dollar amount—say, \$15 or \$25. The insurance company is responsible for the rest of the bill for the covered service.

Coinsurance: The percent of the bill for a covered service that you are required to pay after your deductible has been met. After you pay the coinsurance (say, 20% of the bill), the insurance company is responsible for the rest of the bill for the covered service.

Maximum Out of Pocket (MOOP): The maximum amount you have to pay toward covered services during a policy period. After you pay that amount, the insurance company will pay 100% of the cost of covered services. Your deductible, copays, coinsurance and any other out-of-pocket payments for covered services all count toward your MOOP. Out-of-pocket payments for services not covered by your plan do not count toward your MOOP.

A family’s MOOP is two times the MOOP for an individual—but each family member also has his or her own MOOP, which is equal to the MOOP of a person on an individual plan. So if the MOOP for an individual is \$5,500, a family’s MOOP would be \$11,000, but no member of the family would have to pay more out-of-pocket for covered services in a policy period than \$5,500.

Member Profile:

George has North Shore-LIJ CareConnect’s Standard Gold plan. When he was admitted to an in-network hospital for pneumonia, the cost of covered services was \$8,000. The Standard Gold plan has a \$600 deductible, so George paid \$600 of the \$8,000 bill, meeting his deductible for the policy period. For hospital admissions, the Standard Gold plan also requires a \$1,000 copay after the deductible has been met.

So out of the remaining \$7,400, George paid another \$1,000; North Shore-LIJ CareConnect covered the remaining \$6,400. At this point, George has accumulated \$1,600 in out-of-pocket expenses. The MOOP on the Standard Gold plan is \$4,000, so if George has more medical bills in this policy period, he’ll have to spend another \$2,400 in copays and coinsurance. After that, North Shore-LIJ CareConnect will cover services in full.