



**CareConnect Auto-Rollover plans for groups renewing December 2017  
located in Suffolk and Westchester**

	<b>Current CareConnect Plan</b>	<b>Auto-Rollover Plan</b>
<b>Plan Name</b>	<b>CareConnect Standard Platinum EPO</b>	<b>Oxford Freedom Gold EPO 15/30</b>
<b>Network</b>	<b>CareConnect</b>	<b>Freedom</b>
<b>Drug Card</b>	<b>\$10/\$30/\$60</b>	<b>\$15/\$35/\$75 after \$100 ded for T2-3</b>
<b>Office Visit Copay</b>	<b>\$15/\$35</b>	<b>\$15/\$30</b>
<b>Referral Required</b>	<b>No</b>	<b>No</b>
<b>Individual/Family Deductible</b>	<b>N/A</b>	<b>\$800/\$1,600</b>
<b>Individual/Family OOP Limit</b>	<b>\$2,000/\$4,000</b>	<b>\$4,000/\$8,000 (incl ded)</b>
<b>Co-Insurance</b>	<b>0%</b>	<b>10%</b>
<b>Inpatient Hospital</b>	<b>\$500/admit</b>	<b>10% after ded</b>
<b>Emergency Room</b>	<b>\$100 (waived if admitted)</b>	<b>\$400 (waived if admitted) ded waived</b>
<b>Urgent Care</b>	<b>\$55</b>	<b>\$75 ded waived</b>

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<b>Plan Name</b>	<b>CareConnect Value Platinum EPO</b>	<b>Oxford Freedom Gold EPO 15/30</b>
<b>Network</b>	<b>CareConnect</b>	<b>Freedom</b>
<b>Drug Card</b>	<b>\$0/\$50/50% to \$500</b>	<b>\$15/\$35/\$75 after \$100 ded for T2-3</b>
<b>Office Visit Copay</b>	<b>\$20/\$30</b>	<b>\$15/\$30</b>
<b>Referral Required</b>	<b>No</b>	<b>No</b>
<b>Individual/Family Deductible</b>	<b>N/A</b>	<b>\$800/\$1,600</b>
<b>Individual/Family OOP Limit</b>	<b>\$3,000/\$6,000</b>	<b>\$4,000/\$8,000 (incl ded)</b>
<b>Co-Insurance</b>	<b>10%</b>	<b>10%</b>
<b>Inpatient Hospital</b>	<b>10%</b>	<b>10% after ded</b>
<b>Emergency Room</b>	<b>\$250 (waived if admitted)</b>	<b>\$400 (waived if admitted) ded waived</b>
<b>Urgent Care</b>	<b>\$75</b>	<b>\$75 ded waived</b>

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	<b>Current CareConnect Plan</b>	<b>Auto-Rollover Plan</b>
<b>Plan Name</b>	<b>CareConnect Value Gold Copay EPO</b>	<b>Oxford Metro Gold EPO 25/40 <i>referral required</i></b>
<b>Network</b>	<b>CareConnect</b>	<b>Metro</b>
<b>Drug Card</b>	<b>\$0/\$50/50% to \$500 Int ded T3</b>	<b>\$10/\$65/50% to \$800</b>
<b>Office Visit Copay</b>	<b>\$20/\$50</b>	<b>\$25/\$40</b>
<b>Referral Required</b>	<b>No</b>	<b>Yes</b>
<b>Individual/Family Deductible</b>	<b>\$500/\$1,000</b>	<b>\$1,250/\$2,500</b>
<b>Individual/Family OOP Limit</b>	<b>\$3,750/\$7,500 (incl ded)</b>	<b>\$4,500/\$9,000 (incl ded)</b>
<b>Co-Insurance</b>	<b>20%</b>	<b>20%</b>
<b>Inpatient Hospital</b>	<b>20% after ded</b>	<b>20% after ded</b>
<b>Emergency Room</b>	<b>\$250 (waived if admitted) ded waived</b>	<b>\$500 (waived if admitted) ded waived</b>
<b>Urgent Care</b>	<b>\$75 ded waived</b>	<b>\$65 ded waived</b>

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	<b>Current CareConnect Plan</b>	<b>Auto-Rollover Plan</b>
<b>Plan Name</b>	CareConnect Tradition Gold Copay EPO	Oxford Metro Gold EPO 25/40 <i>referral required</i>
<b>Network</b>	CareConnect	Metro
<b>Drug Card</b>	\$15/\$35/\$75/\$100 ded T2-3	\$10/\$65/50% to \$800
<b>Office Visit Copay</b>	\$30/\$50	\$25/\$40
<b>Referral Required</b>	No	Yes
<b>Individual/Family Deductible</b>	N/A	\$1,250/\$2,500
<b>Individual/Family OOP Limit</b>	\$7,150/\$14,300	\$4,500/\$9,000 (incl ded)
<b>Co-Insurance</b>	0%	20%
<b>Inpatient Hospital</b>	\$500/day; \$1,500 max/admit	20% after ded
<b>Emergency Room</b>	\$350 (waived if admitted)	\$500 (waived if admitted) ded waived
<b>Urgent Care</b>	\$50	\$65 ded waived

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	<b>Current CareConnect Plan</b>	<b>Auto-Rollover Plan</b>
<b>Plan Name</b>	CareConnect Tradition Silver EPO 40/60 HRx	Oscar Market Silver EPO
<b>Network</b>	CareConnect	Oscar NY
<b>Drug Card</b>	\$15/\$35/\$75 after \$100 ded for T2-3	\$10/\$35/\$70/\$70
<b>Office Visit Copay</b>	\$40/\$60	\$30 after ded/\$50 after ded
<b>Referral Required</b>	No	No
<b>Individual/Family Deductible</b>	\$4,250/\$8,500	\$2,000/\$4,000
<b>Individual/Family OOP Limit</b>	\$7,150/\$14,300 (incl ded)	\$6,750/\$13,500 (incl ded)
<b>Co-Insurance</b>	20%	0%
<b>Inpatient Hospital</b>	20% after ded	\$1,500/admit after ded
<b>Emergency Room</b>	\$350 (waived if admitted) ded waived	\$250 after ded
<b>Urgent Care</b>	\$60 ded waived	\$70 after ded

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	<b>Current CareConnect Plan</b>	<b>Auto-Rollover Plan</b>
<b>Plan Name</b>	CareConnect Tradition Silver EPO HSA 100%	Oxford Liberty Silver EPO HSA 80%
<b>Network</b>	CareConnect	Liberty
<b>Drug Card</b>	0%/0%/0% Int Ded	\$15/\$35/\$75 Int Ded
<b>Office Visit Copay</b>	0% after ded	\$25 after ded/\$50 after ded
<b>Referral Required</b>	No	No
<b>Individual/Family Deductible</b>	\$3,600/\$7,200	\$2,000/\$4,000
<b>Individual/Family OOP Limit</b>	\$3,600/\$7,200 (incl ded)	\$5,500/\$11,000 (incl ded)
<b>Co-Insurance</b>	0%	20%
<b>Inpatient Hospital</b>	0% after ded	20% after ded
<b>Emergency Room</b>	0% after ded	\$250 (waived if admitted) after ded
<b>Urgent Care</b>	0% after ded	\$75 after ded

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<b>Plan Name</b>	<b>CareConnect Value Silver EPO</b>	<b>Oscar Market Silver EPO</b>
<b>Network</b>	<b>CareConnect</b>	<b>Oscar NY</b>
<b>Drug Card</b>	<b>\$0/\$50/50% to \$500 Int Ded T3</b>	<b>\$10/\$35/\$70/\$70</b>
<b>Office Visit Copay</b>	<b>\$35/\$65</b>	<b>\$30 after ded/\$50 after ded</b>
<b>Referral Required</b>	<b>No</b>	<b>No</b>
<b>Individual/Family Deductible</b>	<b>\$2,500/\$5,000</b>	<b>\$2,000/\$4,000</b>
<b>Individual/Family OOP Limit</b>	<b>\$7,100/\$14,200 (incl ded)</b>	<b>\$6,750/\$13,500 (incl ded)</b>
<b>Co-Insurance</b>	<b>20%</b>	<b>0%</b>
<b>Inpatient Hospital</b>	<b>20% after ded</b>	<b>\$1,500/admit after ded</b>
<b>Emergency Room</b>	<b>\$250 (waived if admitted) after ded</b>	<b>\$250 after ded</b>
<b>Urgent Care</b>	<b>\$75 ded waived</b>	<b>\$70 after ded</b>

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	<b>Current CareConnect Plan</b>	<b>Auto-Rollover Plan</b>
<b>Plan Name</b>	<b>CareConnect Standard Bronze EPO</b>	<b>Oscar Market Bronze EPO</b>
<b>Network</b>	<b>CareConnect</b>	<b>Oscar NY</b>
<b>Drug Card</b>	<b>\$10/\$35/\$70 Int Ded</b>	<b>\$10/\$35/\$70/\$70 Int Ded</b>
<b>Office Visit Copay</b>	<b>50% after ded</b>	<b>50% after ded</b>
<b>Referral Required</b>	<b>No</b>	<b>No</b>
<b>Individual/Family Deductible</b>	<b>\$4,000/\$8,000</b>	<b>\$4,000/\$8,000</b>
<b>Individual/Family OOP Limit</b>	<b>\$7,150/\$14,300 (incl ded)</b>	<b>\$7,150/\$14,300 (incl ded)</b>
<b>Co-Insurance</b>	<b>50%</b>	<b>50%</b>
<b>Inpatient Hospital</b>	<b>50% after ded</b>	<b>50% after ded</b>
<b>Emergency Room</b>	<b>50% after ded</b>	<b>50% after ded</b>
<b>Urgent Care</b>	<b>50% after ded</b>	<b>50% after ded</b>

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<b>Plan Name</b>	<b>CareConnect Tradition Bronze EPO HSA 100%</b>	<b>Oxford Metro Bronze EPO HSA 100%</b>
<b>Network</b>	<b>CareConnect</b>	<b>Metro</b>
<b>Drug Card</b>	<b>0%/0%/0% Int Ded</b>	<b>0%/0%/0% Int Ded T2-3</b>
<b>Office Visit Copay</b>	<b>0% after ded</b>	<b>0% after ded</b>
<b>Referral Required</b>	<b>No</b>	<b>Yes</b>
<b>Individual/Family Deductible</b>	<b>\$6,350/\$12,700</b>	<b>\$6,550/\$13,100</b>
<b>Individual/Family OOP Limit</b>	<b>\$6,350/\$12,700 (incl ded)</b>	<b>\$6,550/\$13,100 (incl ded)</b>
<b>Co-Insurance</b>	<b>0%</b>	<b>0%</b>
<b>Inpatient Hospital</b>	<b>0% after ded</b>	<b>0% after ded</b>
<b>Emergency Room</b>	<b>0% after ded</b>	<b>0% after ded</b>
<b>Urgent Care</b>	<b>0% after ded</b>	<b>0% after ded</b>

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