

Individual Application

EPO Plan Selection—Effective Date: ____ / ____ / ____

- Standard Bronze EPO
 Standard Silver EPO
 Standard Gold EPO
 Standard Platinum EPO
 Tradition Platinum 30 HRx
 Tradition Platinum 30 LRx
 Tradition Gold 30/50 HRx
 Tradition Gold 30/50 LRx
 Tradition Silver 40/60 HRx
 Tradition Silver 40/60 LRx
 Bronze HSA 70%
 Catastrophic

Details • <i>required fields</i>	Applicant	Spouse	Child	Child	Child
• Last Name:					
• First Name:					
• Social Security Number:					
• DOB: (MM/DD/YYYY)	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
• Street Address:					
• City, State, Zip:					
• Phone Number:					
• E-mail Address: <small>For office use only.</small>					
• Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
PCP Name:					
PCP ID Number:					
Prior Carrier:					
• Policy Number:					
• Start Date:	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
• End Date:	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

Individual Application (continued)



Coordination of Benefits		Applicant	Spouse	Child		Child
Medicare Coverage (Select box and write date)		<input type="checkbox"/> Part A ___ / ___ / ___	<input type="checkbox"/> Part A ___ / ___ / ___	<input type="checkbox"/> Part A ___ / ___ / ___	<input type="checkbox"/> Part A ___ / ___ / ___	<input type="checkbox"/> Part A ___ / ___ / ___
		<input type="checkbox"/> Part B ___ / ___ / ___	<input type="checkbox"/> Part B ___ / ___ / ___	<input type="checkbox"/> Part B ___ / ___ / ___	<input type="checkbox"/> Part B ___ / ___ / ___	<input type="checkbox"/> Part B ___ / ___ / ___
		<input type="checkbox"/> Part D ___ / ___ / ___	<input type="checkbox"/> Part D ___ / ___ / ___	<input type="checkbox"/> Part D ___ / ___ / ___	<input type="checkbox"/> Part D ___ / ___ / ___	<input type="checkbox"/> Part D ___ / ___ / ___
Pharmacy	Carrier:	_____	_____	_____	_____	_____
	Policy Number:	_____	_____	_____	_____	_____
	Start Date:	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
	End Date:	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Medical	Carrier:	_____	_____	_____	_____	_____
	Policy Number:	_____	_____	_____	_____	_____
	Start Date:	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
	End Date:	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___

Broker/GA Information (if applicable)

	Broker	Co-Broker	General Agent
Name of Payee	Millennium Medical Solutions Corp		
CareConnect's Broker and/or General Agency Code	LA936588		
Payee's SS# or Federal Tax ID #			
Commission Split			
Sales Representative			

The undersigned hereby requests that North Shore-LIJ CareConnect Insurance Company, Inc. accept the Broker or Agent named above as an authorized person for purposes of processing any enrollment transactions for my North Shore-LIJ CareConnect Insurance Company, Inc. policy. This authorization shall be effective immediately and shall remain in place until it is expressly revoked by me in writing. Further, I agree that I will be bound by the actions performed by the herein-named Broker or Agent pursuant to this Consent Form. Additionally, I agree that this Consent Form does not authorize anyone to receive individually identifiable health information about me. I acknowledge that I must notify North Shore-LIJ CareConnect Insurance Company, Inc. in writing to void this agreement in the event of a change in my Broker of Record.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 dollars and the stated value of the claim for each violation.

 Insured Signature

_____/_____/_____
 Date

North Shore-LIJ CareConnect Insurance Company, Inc.
 Attention: Group Enrollment Department
 2200 Northern Boulevard, Suite 104, East Hills, NY 11548
 855-706-7545 NSLIJCareConnect.com

Individual Rates

	STANDARD PLANS						TRADITION PLANS				VALUE PLANS			
	Platinum	Gold	Silver	Bronze	Bronze HSA	Catastrophic	Tradition Platinum 30/30	Tradition Gold 30/50	Tradition Silver 40/60	Bronze HSA 70%	Platinum 100%	Gold 100%	Silver 100%	Silver 75%
COPAYMENT														
Primary Care	\$15	\$25 after deductible	\$30 after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	3 Free PCP Visits/ Covered in full after deductible	\$30	\$30	\$40	30% Coinsurance after deductible	2 Free PCP Visits/ Covered in full after deductible	2 Free PCP Visits/ Covered in full after deductible	2 Free PCP Visits/ Covered in full after deductible	2 Free PCP Visits/ 25% Coinsurance after deductible
Specialist	\$35	\$40 after deductible	\$50 after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	Covered in full after deductible	\$30	\$50	\$60	30% Coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	25% Coinsurance after deductible
Emergency Room (waived if admitted within 24 hours)	\$100	\$150 after deductible	\$150 after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	Covered in full after deductible	\$200	\$200	\$350	30% Coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	25% Coinsurance after deductible
Inpatient Surgery Facility Fee	\$500 per admit	\$1000 per admit after deductible	\$1500 per admit after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	Covered in full after deductible	\$500 per admission	10% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	25% Coinsurance after deductible
Outpatient Surgery Facility Fee	\$100	\$100 after deductible	\$100 after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	Covered in full after deductible	\$200	10% Coinsurance after deductible	\$350	30% Coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	25% Coinsurance after deductible
DEDUCTIBLE (2x for Family)														
In-network	\$0	\$600	\$2,000	\$3,500	\$4,000	\$6,850	\$0	\$1,000	\$4,000	\$4,450	\$1,250	\$2,250	\$4,500	\$3,000
COINSURANCE														
In-network	10%	20%	30%	50%	50%	0%	10%	10%	20%	30%	0%	0%	0%	25%
MAXIMUM OUT OF POCKET (2x for Family)														
In-network	\$2,000	\$4,000	\$5,500	\$6,850	\$6,450	\$6,850	\$1,000	\$3,000	\$6,600	\$6,450	\$1,250	\$2,250	\$4,500	\$6,850
PRESCRIPTION DRUGS														
In-network	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70 after deductible	\$10/\$35/\$70 after deductible	Covered in full after deductible	\$15/\$35/\$75 after \$100 Rx deductible (Deductible waived for tier 1)	\$10/\$50/50% Coinsurance (up to max \$250)	\$10/\$50/50% Coinsurance (up to max \$250)	\$15/\$35/\$75 after deductible	\$0 Generic/Tier 2 and 3 Covered in full after deductible	\$0 Generic/Tier 2 and 3 Covered in full after deductible	\$0 Generic/Tier 2 and 3 Covered in full after deductible	\$0 Generic/Tier 2 and 3 Covered in full after deductible
2016 NASSAU AND SUFFOLK RATES														
Single	\$584	\$499	\$426	\$338	\$347	\$183	\$596	\$508	\$443	\$343	\$542	\$493	\$395	\$383
Couple	\$1,168	\$998	\$852	\$676	\$694	\$366	\$1,192	\$1,016	\$886	\$686	\$1,084	\$986	\$790	\$766
Parent with Child(ren)	\$993	\$848	\$724	\$575	\$590	\$311	\$1,013	\$864	\$753	\$583	\$921	\$838	\$672	\$651
Family	\$1,664	\$1,422	\$1,214	\$963	\$989	\$522	\$1,699	\$1,448	\$1,263	\$978	\$1,545	\$1,405	\$1,126	\$1,092
2016 QUEENS, STATEN ISLAND, MANHATTAN, BROOKLYN, BRONX, & WESTCHESTER RATES														
Single	\$558	\$477	\$408	\$323	\$331	\$175	\$569	\$486	\$423	\$328	\$518	\$471	\$377	\$366
Couple	\$1,116	\$954	\$816	\$646	\$662	\$350	\$1,138	\$972	\$846	\$656	\$1,036	\$942	\$754	\$732
Parent with Child(ren)	\$949	\$811	\$694	\$549	\$563	\$298	\$967	\$826	\$719	\$558	\$881	\$801	\$641	\$622
Family	\$1,590	\$1,359	\$1,163	\$921	\$943	\$499	\$1,622	\$1,385	\$1,206	\$935	\$1,476	\$1,342	\$1,074	\$1,043

Rates are up to Age 26.

Our Plans: Standard, Tradition and Value

We offer a variety of plans to fit your clients' needs and budget. Standard, Tradition or Value—all provide easy access to affordable, superior care.

Standard plans have the classic “deductible first” design that your clients will find familiar. In other words, most of these plans have a deductible that members must meet before CareConnect starts to pay for covered, medically necessary health services. After members with the plans meet their deductible, they are responsible only for cost-sharing, which can take the form of copays or coinsurance. (Standard Platinum plans are an exception to this rule. With a zero deductible made possible by higher premiums, Platinum plans offer members a way to spread their medical costs more predictably over the year. Members receiving covered, medically necessary services are responsible only for cost-sharing.)

Tradition plans offer “first dollar” coverage. Members need not meet a deductible before CareConnect will start covering doctor visits; instead, they are responsible only for cost-sharing. Members do have to meet a deductible for inpatient or outpatient hospital care and for ambulance services; they also have a small, separate deductible for pharmacy costs. After these deductibles are met, members are responsible only for cost-sharing.

Value plans serve the needs of clients looking for simplicity. New for 2016, this product line is designed to be one of the most affordable in the marketplace. Value plans have a deductible; after it is met, members are responsible only for coinsurance and for some services have no cost-sharing at all. Members are also entitled to two no-cost PCP visits each plan year, in addition to preventive services.

Benefits: The Basics

Copay: An amount that members are required to pay toward the cost of a covered service (like a doctor's visit) after their deductible has been met. The copay is usually expressed as a fixed dollar amount—say, \$15 or \$25.

Coinsurance: A percent of the bill for a covered service that members are required to pay after their deductible has been met. After a member pays the coinsurance, CareConnect is responsible for the rest of the bill for the covered service.

Deductible: The amount members are responsible for paying for covered medical expenses each policy period before CareConnect starts paying. The amount of the deductible depends on the plan the member has selected.

After the member meets the deductible for a policy period, we will take care of the bill for covered services, although the member may have to pay a copay or coinsurance. If services are not covered by the plan, the member must pay those costs out of pocket, and they do not count toward the deductible.

Maximum Out of Pocket: The maximum amount the member has to pay toward covered services during a policy period, including deductible, copays and coinsurance for covered services. After the member pays the Maximum Out Of Pocket (MOOP), CareConnect will pay 100% of the cost of covered services. Out of pocket payments for services not covered by the plan do not count toward the MOOP.

2016

Worry-Free Access to High-Quality Care

We know that budgets can be tight and life can be hectic for your clients. Health insurance should make things easier, not more stressful. That's why all CareConnect plans can save your clients time and money—while giving them easy access to top-rated doctors and hospitals throughout the New York region.

