

	Aetna NYC Community PlanSM \$20 ID: 14025430 (EPO) (UCR=N/A)		Aetna NYC Community PlanSM \$30 ID: 14025431 (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	10/50/50%to\$750/TCS		10/50/50%to\$750/TCS	
Cost Share Information				
Individual/Family Deductible	D-N/A; ND-\$5,000/\$10,000 embedded		D-N/A; ND-\$5,000/\$10,000 embedded	
Individual/Family OOP Limit	D-\$1,000/\$2,000; ND-\$5,250/\$10,500 (incl ded)		D-\$1,000/\$2,000; ND-\$5,250/\$10,5000 (incl ded)	
Co-Insurance	D-N/A; ND-30%		D-N/A; ND-30% after ded	
Office Visits				
Primary Care	D-\$20; ND-30% after ded		D-\$30; ND-30% after ded	
Specialist	D-\$35; ND-30% after ded		D-\$50; ND-30% after ded	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier	
Chiropractic Care	D-\$35; ND-30% after ded		D-\$50; ND-30% after ded	
Inpatient Services				
Inpatient Hospital	D-\$500/admit; ND-30% after ded		D-\$1,000/admit; ND-30% after ded	
Mental Health Inpatient	D-\$500/admit; ND-30% after ded		D-\$1,000/admit; ND-30% after ded	
Substance Abuse Inpatient	Detox: D-\$500/admit; ND-30% after ded Rehab: D-\$500/admit; ND-30% after ded		Detox: D-\$1,000/admit; ND-30% after ded Rehab: D-\$1,000/admit; ND-30% after ded	
Outpatient Services				
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	Lab-D-No charge ND-30% after ded; X-ray-D-\$35 ND-30% after ded		Lab-D-No charge ND-30% after ded; X-ray-D-\$50 ND-30% after ded	
Advanced Radiology	D-\$35; ND-30% after ded		D-\$50; ND-30% after ded	
Mental Health Outpatient	D-\$35; ND-30% after ded		D-\$50; ND-30% after ded	
Substance Abuse Outpatient	Detox: D-\$35; ND-30% after ded Rehab: D-\$35; ND-30% after ded		Detox: D-\$50; ND-30% after ded Rehab: D-\$50; ND-30% after ded	
Emergency Care				
Emergency Room	\$100 (waived if admitted)		\$150 (waived if admitted)	
Ambulance	\$100		\$100	
Urgent Care	D-\$35; ND-30% after ded		D-\$35; ND-30% after ded	
Recovery/Special Needs				
Home Health Care	D-\$20; ND-25% ded waived 40 visits/cal yr		D-\$30; ND-25% ded waived 40 visits/cal yr	
Skilled Nursing	D-\$500/admit; ND-30% after ded		D-\$1,000/admit; ND-30% after ded	
Durable Medical Equipment	50%		50%	
Single	1 x \$565.00		1 x \$562.11	
EE with Spouse	0 x \$1,129.99		0 x \$1,124.22	
EE with Child(ren)	0 x \$960.50		0 x \$955.59	
Family	1 x \$1,610.24		1 x \$1,602.02	
Monthly Cost	2 \$2,175.24		2 \$2,164.13	
Annual Cost	\$26,102.88		\$25,969.56	