

Prepared For: Aetna 2016 2nd qtr NYC
 Community plan
 Prepared By: Clifford Grekin Inc. -
 (631)963-6020

Health Plan Comparison Report (2P)
 Effective Date: 04/01/2016
 Report ID: 30341750
 Prepared On: 2/2/2016
 SIC: 0000

	Aetna Platinum NYC Community PlanSM \$20 ID: 14030054 (EPO) (UCR=N/A)		Aetna Platinum NYC Community PlanSM \$30 ID: 14030055 (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	20/40/60/TCS/100 ded T2-T4		20/40/60/TCS/100 ded T2-T4	
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/\$10,500 (incl ded)	
Co-Insurance	D-0%; ND-30%		D-0%; ND-30%	
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; waived if readmitted within 90 days ND-30% after ded		D-\$1,000/admit; waived if readmitted within 90 days ND-30% after ded	
Substance Abuse Inpatient	D-\$500/admit; ND-30% after ded		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	D-\$35; ND-30% after ded		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	\$751.70	1 x	\$745.02
EE with Spouse	0 x	\$1,503.40	0 x	\$1,490.05
EE with Child(ren)	0 x	\$1,277.89	0 x	\$1,266.54
Family	1 x	\$2,142.34	1 x	\$2,123.31
Monthly Cost	2	\$2,894.04	2	\$2,868.33
Annual Cost		\$34,728.48		\$34,419.96

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible