

	Aetna Platinum OAEPO \$25 ID: 14030056 (EPO) (UCR=N/A)		Aetna Gold OAEPO 1000 90% ID: 14030058 (EPOc) (UCR=N/A)		Aetna Gold Saving Plus OAEPO 1000 90% ID: 14030021 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2000 60% ID: 14030060 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	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		20/40/60/TCS/100 ded T2-T4		20/40/60/TCS/100 ded T2-T4	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,000/\$2,000 embedded		D-\$1,000/\$2,000; ND-\$3,000/ \$6,000 embedded		\$2,000/\$4,000 embedded	
Individual/Family OOP Limit	\$4,000/\$8,000		\$4,000/\$8,000 (incl ded)		D-\$3,000/\$6,000; ND-\$6,600/ \$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)	
Co-Insurance	0%		10%		D-10%; ND-30%		40%	
Office Visits								
Primary Care	\$25		\$30 ded waived		D-\$30 ded waived; ND-\$50 after ded		\$30 ded waived	
Specialist	\$40		\$50 ded waived		D-\$50 ded waived; ND-\$70 after ded		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		10% after ded		D-10% after ded; ND-30% after ded		40% after ded	
Mental Health Inpatient	\$500/admit; waived if readmitted within 90 days		10% after ded		D-10% after ded; ND-30% after ded		40% after ded	
Outpatient Services								
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	No charge		10% after ded		D-10% after ded; ND-30% after ded		Lab-\$50 ded waived; X-ray-40% after ded	
Mental Health Outpatient	\$40		\$50 ded waived		D-\$50 ded waived; ND-\$70 after ded		\$50 ded waived	
Emergency Care								
Emergency Room	\$150 (waived if admitted)		\$150 (waived if admitted) ded waived		\$150 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived	
Urgent Care	\$75		\$75 ded waived		D-\$75 ded waived; ND-\$100 ded waived		\$75 ded waived	
Single	1 x	\$755.70	1 x	\$630.94	1 x	\$716.68	1 x	\$535.71
EE with Spouse	0 x	\$1,511.39	0 x	\$1,261.87	0 x	\$1,433.37	0 x	\$1,071.41
EE with Child(ren)	0 x	\$1,284.69	0 x	\$1,072.59	0 x	\$1,218.36	0 x	\$910.70
Family	1 x	\$2,153.74	1 x	\$1,798.17	1 x	\$2,042.55	1 x	\$1,526.77
Monthly Cost	2	\$2,909.44	2	\$2,429.11	2	\$2,759.23	2	\$2,062.48
Annual Cost		\$34,913.28		\$29,149.32		\$33,110.76		\$24,749.76

	Aetna Silver OAEPO 2000 80% ID: 14030061 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 70% ID: 14030062 (EPOc) (UCR=N/A)		Aetna Silver Savings Plus OAEPO 2000 80% ID: 14030022 (EPOc) (UCR=N/A)		Aetna Silver Savings Plus OAEPO 2500 80% ID: 14030024 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	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		20/40/60/TCS/100 ded T2-T4		20/40/60/TCS/100 ded T2-T4	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000 embedded		\$3,000/\$6,000 embedded		D-\$2,000/\$4,000; ND-\$4,000/\$8,000 embedded		D-\$2,500/\$5,000; ND-\$4,500/\$9,000 embedded	
Individual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$6,600/\$13,200 (incl ded)		D-\$5,800/\$11,600; ND-\$6,600/\$13,200 (incl ded)		D-\$6,000/\$12,000; ND-\$6,600/\$13,200 (incl ded)	
Co-Insurance	20%		30%		D-20%; ND-40%		D-20%; ND-40%	
Office Visits								
Primary Care	\$40 ded waived		\$40 ded waived		D-\$40 ded waived; ND-\$50 after ded		D-\$50 ded waived; ND-40% after ded	
Specialist	\$70 ded waived		\$75 ded waived		D-\$60 ded waived; ND-\$75 after ded		D-\$75 ded waived; ND-40% after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		30% after ded		D-20% after ded; ND-40% after ded		D-20% after ded; ND-40% after ded	
Mental Health Inpatient	20% after ded		30% after ded		D-20% after ded; ND-40% after ded		D-20% after ded; ND-40% after ded	
Outpatient Services								
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	Lab-\$70 ded waived; X-ray-20% after ded		Lab-\$75 ded waived; X-ray-30% after ded		Lab-D-\$60 ded waived; ND-\$75 after ded; X-ray-D-20% after ded; ND-40% after ded		Lab-D-\$75 ded waived; ND-40% after ded; X-ray-D-20% after ded; ND-40% after ded	
Mental Health Outpatient	\$70 ded waived		\$75 ded waived		D-\$60 ded waived; ND-\$75 after ded		D-\$75 ded waived; ND-40% after ded	
Emergency Care								
Emergency Room	\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		D-20% after ded; ND-Paid as designated	
Urgent Care	\$75 ded waived		\$75 ded waived		D-\$75 ded waived; ND-\$100 ded waived		D-\$75 ded waived; ND-\$100 ded waived	
Single	1 x	\$532.68	1 x	\$517.50	1 x	\$610.09	1 x	\$596.98
EE with Spouse	0 x	\$1,065.35	0 x	\$1,034.99	0 x	\$1,220.18	0 x	\$1,193.96
EE with Child(ren)	0 x	\$905.55	0 x	\$879.75	0 x	\$1,037.15	0 x	\$1,014.87
Family	1 x	\$1,518.13	1 x	\$1,474.87	1 x	\$1,738.75	1 x	\$1,701.40
Monthly Cost	2	\$2,050.81	2	\$1,992.37	2	\$2,348.84	2	\$2,298.38
Annual Cost		\$24,609.72		\$23,908.44		\$28,186.08		\$27,580.56

Prepared For: Aetna 2016 3rd qtr Syracuse
Broome County, NY 13737

Health Plan Comparison Report (4L)

Effective Date: 07/01/2016

Prepared On: 4/25/2016

Prepared By: Clifford Grekin Inc. - (631)963-6020

Report ID: 30779880

SIC: 0000

	Aetna Silver OAMC 3000 100/80 HSA Emb FH ID: 14030029 (HSA) (UCR=N/A)		Aetna Silver OAMC 3000 100/70 HSA Emb ID: 14030030 (HSA) (UCR=N/A)		Aetna Silver OAMC 2600 90/70 HSA Emb ID: 14030026 (HSA) (UCR=N/A)		Aetna Silver OAEPO 2600 90% HSA PY Emb ID: 14030016 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/40/60/TCS IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000 embedded	\$4,000/\$8,000 embedded	\$3,000/\$6,000 embedded	\$4,000/\$8,000 embedded	\$2,600/\$5,200 embedded	\$3,500/\$7,000 embedded	\$2,600/\$5,200 embedded	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)	\$8,000/\$16,000 (incl ded)	\$5,500/\$11,000 (incl ded)	\$8,000/\$16,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$7,000/\$14,000 (incl ded)	\$6,000/\$12,000 (incl ded)	
Co-Insurance	0%	20%	0%	30%	10%	30%	10%	
Office Visits								
Primary Care	0% after ded	20% after ded	0% after ded	30% after ded	10% after ded	30% after ded	10% after ded	
Specialist	0% after ded	20% after ded	0% after ded	30% after ded	10% after ded	30% after ded	10% after ded	
Inpatient Services								
Inpatient Hospital	0% after ded	20% after ded	0% after ded	30% after ded	10% after ded	30% after ded	10% after ded	
Mental Health Inpatient	0% after ded	20% after ded	0% after ded	30% after ded	10% after ded	30% after ded	10% after ded	
Outpatient Services								
Outpatient Facility	Refer to Outpatient Surgery	Refer to Outpatient Surgery	Refer to Outpatient Surgery	Refer to Outpatient Surgery	Refer to Outpatient Surgery	Refer to Outpatient Surgery	Refer to Outpatient Surgery	
Lab/X-Ray	0% after ded	20% after ded	0% after ded	30% after ded	10% after ded	30% after ded	10% after ded	
Mental Health Outpatient	0% after ded	20% after ded	0% after ded	30% after ded	10% after ded	30% after ded	10% after ded	
Emergency Care								
Emergency Room	0% after ded	Paid as in-network	0% after ded	Paid as in-network	10% after ded	Paid as in-network	10% after ded	
Urgent Care	0% after ded	20% after ded	0% after ded	30% after ded	10% after ded	30% after ded	10% after ded	
Single	1 x \$594.89		1 x \$584.27		1 x \$578.43		1 x \$528.12	
EE with Spouse	0 x \$1,189.79		0 x \$1,168.54		0 x \$1,156.85		0 x \$1,056.24	
EE with Child(ren)	0 x \$1,011.32		0 x \$993.26		0 x \$983.33		0 x \$897.81	
Family	1 x \$1,695.45		1 x \$1,665.16		1 x \$1,648.52		1 x \$1,505.15	
Monthly Cost	2 \$2,290.34		2 \$2,249.43		2 \$2,226.95		2 \$2,033.27	
Annual Cost	\$27,484.08		\$26,993.16		\$26,723.40		\$24,399.24	

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

	Aetna Silver Savings Plus OAEPO 2600 90% HSA PY Emb ID: 14030023 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 5000 80% HSA PY Emb ID: 14030020 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 4500 60% HSA Emb PY ID: 14030018 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 3500 50% ID: 14030063 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/40/60/TCS IntDed	
Cost Share Information								
Individual/Family Deductible	D-\$2,600/\$5,200; ND- \$4,000/\$8,000 embedded		\$5,000/\$10,000 embedded		\$4,500/\$9,000 embedded		\$3,500/\$7,000 embedded	
Individual/Family OOP Limit	D-\$5,500/\$11,000; ND-\$6,450/\$12,900 (incl ded)		\$6,450/\$12,900 (incl ded)		\$6,450/\$12,900 (incl ded)		\$6,850/\$13,700 (incl ded)	
Co-Insurance	D-10%; ND-30%		20%		40%		50%	
Office Visits								
Primary Care	D-10% after ded; ND-30% after ded		20% after ded		40% after ded		50% after ded	
Specialist	D-10% after ded; ND-30% after ded		20% after ded		40% after ded		50% after ded	
Inpatient Services								
Inpatient Hospital	D-10% after ded; ND-30% after ded		20% after ded		40% after ded		50% after ded	
Mental Health Inpatient	D-10% after ded; ND-30% after ded		20% after ded		40% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	D-10% after ded; ND-30% after ded		20% after ded		40% after ded		50% after ded	
Mental Health Outpatient	D-10% after ded; ND-30% after ded		20% after ded		40% after ded		50% after ded	
Emergency Care								
Emergency Room	D-10% after ded; ND-Paid as designated		20% after ded		40% after ded		50% after ded	
Urgent Care	D-10% after ded; ND-30% after ded		20% after ded		40% after ded		50% after ded	
Single	1 x	\$604.84	1 x	\$455.27	1 x	\$454.54	1 x	\$453.81
EE with Spouse	0 x	\$1,209.68	0 x	\$910.55	0 x	\$909.07	0 x	\$907.61
EE with Child(ren)	0 x	\$1,028.23	0 x	\$773.96	0 x	\$772.71	0 x	\$771.47
Family	1 x	\$1,723.80	1 x	\$1,297.53	1 x	\$1,295.43	1 x	\$1,293.35
Monthly Cost	2	\$2,328.64	2	\$1,752.80	2	\$1,749.97	2	\$1,747.16
Annual Cost		\$27,943.68		\$21,033.60		\$20,999.64		\$20,965.92

	Aetna Bronze OAEPO 5000 60% ID: 14030015 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 4500 70% ID: 14030014 (EPOc) (UCR=N/A)		Aetna Bronze Savings Plus OAEPO 4500 70% ID: 14030025 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/40/60/TCS IntDed	
Cost Share Information						
Individual/Family Deductible	\$5,000/\$10,000 embedded		\$4,500/\$9,000 embedded		D-\$4,500/\$9,000; ND-\$6,000/ \$12,000 embedded	
Individual/Family OOP Limit	\$6,450/\$12,900 (incl ded)		\$6,850/\$13,700 (incl ded)		D-\$6,500/\$13,000; ND-\$6,850/ \$13,700 (incl ded)	
Co-Insurance	40%		30%		D-30%; ND-50%	
Office Visits						
Primary Care	40% after ded		\$25 after ded		D-30% after ded; ND-50% after ded	
Specialist	40% after ded		30% after ded		D-30% after ded; ND-50% after ded	
Inpatient Services						
Inpatient Hospital	40% after ded		30% after ded		D-30% after ded; ND-50% after ded	
Mental Health Inpatient	40% after ded		30% after ded		D-30% after ded; ND-50% after ded	
Outpatient Services						
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	40% after ded		30% after ded		D-30% after ded; ND-50% after ded	
Mental Health Outpatient	40% after ded		30% after ded		D-30% after ded; ND-50% after ded	
Emergency Care						
Emergency Room	40% after ded		30% after ded		D-30% after ded; ND-Paid as designated	
Urgent Care	40% after ded		30% after ded		D-30% after ded; ND-50% after ded	
Single	1 x \$450.86		1 x \$450.12		1 x \$522.74	
EE with Spouse	0 x \$901.72		0 x \$900.24		0 x \$1,045.47	
EE with Child(ren)	0 x \$766.46		0 x \$765.20		0 x \$888.65	
Family	1 x \$1,284.94		1 x \$1,282.84		1 x \$1,489.80	
Monthly Cost	2 \$1,735.80		2 \$1,732.96		2 \$2,012.54	
Annual Cost	\$20,829.60		\$20,795.52		\$24,150.48	