

Prepared For: **Aetna 2016 4th qtr Albany**

Albany County, NY 12007

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**Health Plan Comparison Report (4L)**

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	Aetna Platinum OAEPO \$25 ID: 14030056		Aetna Gold OAEPO 1000 90% ID: 14030058		Aetna Gold Saving Plus OAEPO 1000 90% ID: 14030021		Aetna Silver OAEPO 2000 60% ID: 14030060	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	\$806.61	1 x	\$673.45	1 x	\$736.99	1 x	\$571.80
EE with Spouse	0 x	\$1,613.23	0 x	\$1,346.89	0 x	\$1,473.97	0 x	\$1,143.60
EE with Child(ren)	0 x	\$1,371.24	0 x	\$1,144.86	0 x	\$1,252.87	0 x	\$972.06
Family	1 x	\$2,298.85	1 x	\$1,919.32	1 x	\$2,100.41	1 x	\$1,629.63
Monthly Cost	2	\$3,105.46	2	\$2,592.77	2	\$2,837.40	2	\$2,201.43
Annual Cost		\$37,265.52		\$31,113.24		\$34,048.80		\$26,417.16

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 OAEPO 2000 80% ID: 14030061		Aetna Silver OAEPO 3000 70% ID: 14030062		Aetna Silver Savings Plus OAEPO 2000 80% ID: 14030022		Aetna Silver Savings Plus OAEPO 2500 80% ID: 14030024	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	\$568.57	1 x	\$552.36	1 x	\$627.37	1 x	\$613.89
EE with Spouse	0 x	\$1,137.13	0 x	\$1,104.73	0 x	\$1,254.74	0 x	\$1,227.78
EE with Child(ren)	0 x	\$966.56	0 x	\$939.02	0 x	\$1,066.53	0 x	\$1,043.62
Family	1 x	\$1,620.41	1 x	\$1,574.24	1 x	\$1,788.00	1 x	\$1,749.59
Monthly Cost	2	\$2,188.98	2	\$2,126.60	2	\$2,415.37	2	\$2,363.48
Annual Cost		\$26,267.76		\$25,519.20		\$28,984.44		\$28,361.76

	Aetna Silver OAMC 3000 100/80 HSA Emb FH ID: 14030029		Aetna Silver OAMC 3000 100/70 HSA Emb ID: 14030030		Aetna Silver OAMC 2600 90/70 HSA Emb ID: 14030026		Aetna Silver OAEPO 2600 90% HSA PY Emb ID: 14030016	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/40/60/TCS IntDed	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$634.97		1 x \$623.63		1 x \$617.40		1 x \$563.70	
EE with Spouse	0 x \$1,269.95		0 x \$1,247.27		0 x \$1,234.80		0 x \$1,127.41	
EE with Child(ren)	0 x \$1,079.46		0 x \$1,060.18		0 x \$1,049.58		0 x \$958.30	
Family	1 x \$1,809.68		1 x \$1,777.36		1 x \$1,759.59		1 x \$1,606.56	
Monthly Cost	2 \$2,444.65		2 \$2,400.99		2 \$2,376.99		2 \$2,170.26	
Annual Cost	\$29,335.80		\$28,811.88		\$28,523.88		\$26,043.12	

	Aetna Silver Savings Plus OAEPO 2600 90% HSA PY Emb ID: 14030023		Aetna Bronze OAEPO 5000 80% HSA PY Emb ID: 14030020		Aetna Bronze OAEPO 4500 60% HSA Emb PY ID: 14030018		Aetna Bronze OAEPO 3500 50% ID: 14030063	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/40/60/TCS IntDed	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	\$621.97	1 x	\$485.95	1 x	\$485.16	1 x	\$484.38
EE with Spouse	0 x	\$1,243.95	0 x	\$971.89	0 x	\$970.32	0 x	\$968.76
EE with Child(ren)	0 x	\$1,057.36	0 x	\$826.11	0 x	\$824.77	0 x	\$823.45
Family	1 x	\$1,772.63	1 x	\$1,384.95	1 x	\$1,382.71	1 x	\$1,380.49
Monthly Cost	2	\$2,394.60	2	\$1,870.90	2	\$1,867.87	2	\$1,864.87
Annual Cost		\$28,735.20		\$22,450.80		\$22,414.44		\$22,378.44

	Aetna Bronze OAEPO 5000 60% ID: 14030015		Aetna Bronze OAEPO 4500 70% ID: 14030014		Aetna Bronze Savings Plus OAEPO 4500 70% ID: 14030025	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	20/40/60/TCS IntDed		20/40/60/TCS IntDed		20/40/60/TCS IntDed	
<b>Cost Share Information</b>						
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%	
<b>Office Visits</b>						
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	
<b>Inpatient Services</b>						
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	
<b>Outpatient Services</b>						
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	
<b>Emergency Care</b>						
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 \$481.23		1 x \$480.45		1 x \$537.54	
EE with Spouse	0 x \$962.47		0 x \$960.89		0 x \$1,075.09	
EE with Child(ren)	0 x \$818.10		0 x \$816.76		0 x \$913.82	
Family	1 x \$1,371.52		1 x \$1,369.28		1 x \$1,532.00	
Monthly Cost	2 \$1,852.75		2 \$1,849.73		2 \$2,069.54	
Annual Cost	\$22,233.00		\$22,196.76		\$24,834.48	