

Prepared For: Aetna 2016 3rd qtr NYC  
 Community plan  
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Health Plan Comparison Report (2P)  
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	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
<b>Prescription Drugs</b>				
Drug Card	20/40/60/TCS/100 ded T2-T4		20/40/60/TCS/100 ded T2-T4	
<b>Cost Share Information</b>				
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%	
<b>Office Visits</b>				
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	
<b>Inpatient Services</b>				
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	
<b>Outpatient Services</b>				
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	
<b>Emergency Care</b>				
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	
<b>Recovery/Special Needs</b>				
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 \$772.99		1 x \$766.13	
EE with Spouse	0 x \$1,545.98		0 x \$1,532.25	
EE with Child(ren)	0 x \$1,314.08		0 x \$1,302.41	
Family	1 x \$2,203.02		1 x \$2,183.46	
Monthly Cost	2 \$2,976.01		2 \$2,949.59	
Annual Cost	\$35,712.12		\$35,395.08	

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