

	Aetna Gold AWH Mt Sinai OAEPO 1000 90% ID: 14034223		Aetna Silver AWH Mt Sinai OAEPO 2000 80% ID: 14034224		Aetna Silver AWH Mt Sinai OAEPO 2800 90% HSA PY ID: 14034226		Aetna Silver AWH Mt Sinai OAEPO 4500 100% L ID: 14034228	
	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 IntDed		20/0%/0%/TCS IntDed T2-4	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$2,000/\$4,000 embedded		\$2,800/\$5,600 embedded		\$4,500/\$9,000 embedded	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$6,600/\$13,200 (incl ded)		\$6,000/\$12,000 (incl ded)		\$4,500/\$9,000 (incl ded)	
Co-Insurance	10%		20%		10%		0%	
Office Visits								
Primary Care	\$30 ded waived		\$40 ded waived		10% after ded		\$25 ded waived	
Specialist	\$60 ded waived		\$70 ded waived		10% after ded		0% after ded	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		10% after ded		0% after ded	
Mental Health Inpatient	10% after ded		20% after ded		10% after ded		0% 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	10% after ded		Lab-\$70 ded waived; X-ray-20% after ded		10% after ded		Lab-\$25 ded waived; X-ray-0% after ded	
Mental Health Outpatient	\$60 ded waived		\$70 ded waived		10% after ded		0% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		10% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		10% after ded		0% after ded	
Single	1 x \$687.11		1 x \$601.59		1 x \$601.27		1 x \$600.72	
EE with Spouse	0 x \$1,374.22		0 x \$1,203.17		0 x \$1,202.54		0 x \$1,201.44	
EE with Child(ren)	0 x \$1,168.09		0 x \$1,022.70		0 x \$1,022.16		0 x \$1,021.22	
Family	1 x \$1,958.26		1 x \$1,714.52		1 x \$1,713.62		1 x \$1,712.05	
Monthly Cost	2 \$2,645.37		2 \$2,316.11		2 \$2,314.89		2 \$2,312.77	
Annual Cost	\$31,744.44		\$27,793.32		\$27,778.68		\$27,753.24	

	Aetna Bronze AWH Mt Sinai OAEPO 6850 100% L ID: 14034229		Aetna Bronze AWH Mt Sinai OAEPO 4500 70% ID: 14034225		Aetna Bronze AWH Mt Sinai OAEPO 5700 70% HSA PY ID: 14034227	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	20/0%/0%/TCS IntDed T2-4		20/50/80/TCS IntDed		20/50/80/TCS IntDed	
Cost Share Information						
Individual/Family Deductible	\$6,850/\$13,700 embedded		\$4,500/\$9,000 embedded		\$5,700/\$11,400 embedded	
Individual/Family OOP Limit	\$6,850/\$13,700 (incl ded)		\$7,150/\$14,300 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	0%		30%		30%	
Office Visits						
Primary Care	0% after ded		\$25 after ded		30% after ded	
Specialist	0% after ded		30% after ded		30% after ded	
Inpatient Services						
Inpatient Hospital	0% after ded		30% after ded		30% after ded	
Mental Health Inpatient	0% after ded		30% after ded		30% after ded	
Outpatient Services						
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	0% after ded		30% after ded		30% after ded	
Mental Health Outpatient	0% after ded		30% after ded		30% after ded	
Emergency Care						
Emergency Room	0% after ded		30% after ded		30% after ded	
Urgent Care	0% after ded		30% after ded		30% after ded	
Single	1 x \$520.02		1 x \$487.67		1 x \$482.89	
EE with Spouse	0 x \$1,040.03		0 x \$975.34		0 x \$965.79	
EE with Child(ren)	0 x \$884.03		0 x \$829.04		0 x \$820.92	
Family	1 x \$1,482.05		1 x \$1,389.86		1 x \$1,376.25	
Monthly Cost	2 \$2,002.07		2 \$1,877.53		2 \$1,859.14	
Annual Cost	\$24,024.84		\$22,530.36		\$22,309.68	