

	Aetna Gold OAEPO 1000 90% ID: 14034164		Aetna Silver OAEPO 2000 80% ID: 14034167		Aetna Silver OAEPO 2000 60% ID: 14034166		Aetna Silver OAEPO 3000 70% ID: 14034168	
	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	\$1,000/\$2,000 embedded		\$2,000/\$4,000 embedded		\$2,000/\$4,000 embedded		\$3,000/\$6,000 embedded	
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)		\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	10%		20%		40%		30%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		\$40 ded waived		\$30 ded waived		\$40 ded waived	
Specialist	\$60 ded waived		\$70 ded waived		\$60 ded waived		\$75 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		20% after ded		40% after ded		30% after ded	
Mental Health Inpatient	10% after ded		20% after ded		40% after ded		30% 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	10% after ded		Lab-\$70 ded waived; X-ray-20% after ded		Lab-\$60 ded waived; X-ray-40% after ded		Lab-\$75 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$60 ded waived		\$70 ded waived		\$60 ded waived		\$75 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
<b>Single</b>	1 x \$829.02		1 x \$725.83		1 x \$714.53		1 x \$690.50	
EE with Spouse	0 x \$1,658.04		0 x \$1,451.66		0 x \$1,429.07		0 x \$1,381.00	
EE with Child(ren)	0 x \$1,409.33		0 x \$1,233.91		0 x \$1,214.71		0 x \$1,173.85	
Family	1 x \$2,362.70		1 x \$2,068.62		1 x \$2,036.42		1 x \$1,967.92	
Monthly Cost	2 \$3,191.72		2 \$2,794.45		2 \$2,750.95		2 \$2,658.42	
Annual Cost	\$38,300.64		\$33,533.40		\$33,011.40		\$31,901.04	

	Aetna Silver OAMC 3000 100/80 HSA FH ID: 14034186		Aetna Silver OAMC 2800 90/70 HSA ID: 14034185		Aetna Silver OAEPO 2800 90% HSA PY ID: 14034172		Aetna Bronze OAEPO 6850 100% L ID: 14034188	
	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		20/0%/0%/TCS IntDed T2-4	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$3,000/\$6,000 embedded	\$4,000/\$8,000 embedded	\$2,800/\$5,600 embedded	\$3,500/\$7,000 embedded	\$2,800/\$5,600 embedded		\$6,850/\$13,700 embedded	
Individual/Family OOP Limit	\$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)		\$6,850/\$13,700 (incl ded)	
Co-Insurance	0%	20%	10%	30%	10%		0%	
<b>Office Visits</b>								
Primary Care	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded		0% after ded	
Specialist	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded		0% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded		0% after ded	
Mental Health Inpatient	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded		0% 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	
Lab/X-Ray	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded		0% after ded	
Mental Health Outpatient	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded		0% after ded	
<b>Emergency Care</b>								
Emergency Room	0% after ded	Paid as in-network	10% after ded	Paid as in-network	10% after ded		0% after ded	
Urgent Care	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded		0% after ded	
Single	1 x \$758.45		1 x \$728.81		1 x \$725.45		1 x \$647.37	
EE with Spouse	0 x \$1,516.89		0 x \$1,457.63		0 x \$1,450.90		0 x \$1,294.74	
EE with Child(ren)	0 x \$1,289.36		0 x \$1,238.98		0 x \$1,233.26		0 x \$1,100.53	
Family	1 x \$2,161.57		1 x \$2,077.12		1 x \$2,067.53		1 x \$1,845.01	
Monthly Cost	2 \$2,920.02		2 \$2,805.93		2 \$2,792.98		2 \$2,492.38	
Annual Cost	\$35,040.24		\$33,671.16		\$33,515.76		\$29,908.56	

	Aetna Bronze OAEPO 3750 50% ID: 14034169		Aetna Bronze OAEPO 4500 70% ID: 14034170		Aetna Bronze OAEPO 5000 60% ID: 14034171		Aetna Bronze OAEPO 5700 70% HSA PY ID: 14034176	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	20/50/80/TCS IntDed		20/50/80/TCS IntDed		20/50/80/TCS IntDed		20/50/80/TCS IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$3,750/\$7,500 embedded		\$4,500/\$9,000 embedded		\$5,000/\$10,000 embedded		\$5,700/\$11,400 embedded	
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)		\$7,150/\$14,300 (incl ded)		\$7,100/\$14,200 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	50%		30%		40%		30%	
<b>Office Visits</b>								
Primary Care	50% after ded		\$25 after ded		40% after ded		30% after ded	
Specialist	50% after ded		30% after ded		40% after ded		30% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	50% after ded		30% after ded		40% after ded		30% after ded	
Mental Health Inpatient	50% after ded		30% after ded		40% after ded		30% 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	50% after ded		30% after ded		40% after ded		30% after ded	
Mental Health Outpatient	50% after ded		30% after ded		40% after ded		30% after ded	
<b>Emergency Care</b>								
Emergency Room	50% after ded		30% after ded		40% after ded		30% after ded	
Urgent Care	50% after ded		30% after ded		40% after ded		30% after ded	
Single	1 x \$608.90		1 x \$588.39		1 x \$583.52		1 x \$582.63	
EE with Spouse	0 x \$1,217.79		0 x \$1,176.78		0 x \$1,167.05		0 x \$1,165.25	
EE with Child(ren)	0 x \$1,035.12		0 x \$1,000.26		0 x \$991.99		0 x \$990.46	
Family	1 x \$1,735.35		1 x \$1,676.91		1 x \$1,663.04		1 x \$1,660.48	
Monthly Cost	2 \$2,344.25		2 \$2,265.30		2 \$2,246.56		2 \$2,243.11	
Annual Cost	\$28,131.00		\$27,183.60		\$26,958.72		\$26,917.32	

Prepared For: **Aetna 2017 2nd qtr New York**

New York County, NY 10001

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

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

Effective Date: 04/01/2017

Prepared On: 01/23/2017

Report ID: 32451855

SIC: 0000

<b>Aetna</b>		
<b>Bronze OAEPO 5400 50% HSA PY ID: 14034174</b>		
	<b>In-Network</b>	<b>Out-Network</b>
<b>Prescription Drugs</b>		
Drug Card	20/50/80/TCS IntDed	
<b>Cost Share Information</b>		
Individual/Family Deductible	\$5,400/\$10,800 embedded	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)	
Co-Insurance	50%	
<b>Office Visits</b>		
Primary Care	50% after ded	
Specialist	50% after ded	
<b>Inpatient Services</b>		
Inpatient Hospital	50% after ded	
Mental Health Inpatient	50% after ded	
<b>Outpatient Services</b>		
Outpatient Facility	Refer to Outpatient Surgery	
Lab/X-Ray	50% after ded	
Mental Health Outpatient	50% after ded	
<b>Emergency Care</b>		
Emergency Room	50% after ded	
Urgent Care	50% after ded	
Single	1 x	\$557.53
EE with Spouse	0 x	\$1,115.07
EE with Child(ren)	0 x	\$947.81
Family	1 x	\$1,588.97
Monthly Cost	2	\$2,146.50
Annual Cost		\$25,758.00