

	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 \$704.87		1 x \$617.14		1 x \$607.53		1 x \$587.10	
EE with Spouse	0 x \$1,409.74		0 x \$1,234.27		0 x \$1,215.06		0 x \$1,174.19	
EE with Child(ren)	0 x \$1,198.28		0 x \$1,049.13		0 x \$1,032.80		0 x \$998.06	
Family	1 x \$2,008.88		1 x \$1,758.84		1 x \$1,731.46		1 x \$1,673.22	
<b>Monthly Cost</b>	2 \$2,713.75		2 \$2,375.98		2 \$2,338.99		2 \$2,260.32	
<b>Annual Cost</b>	\$32,565.00		\$28,511.76		\$28,067.88		\$27,123.84	

	Aetna Silver OAMC 3000 100/70 HSA ID: 14034184		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	
	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	\$2,800/\$5,600 embedded	\$3,500/\$7,000 embedded	\$2,800/\$5,600 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%	30%	0%	20%	10%	30%	10%	
<b>Office Visits</b>								
Primary Care	0% after ded	30% after ded	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded	
Specialist	0% after ded	30% after ded	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	0% after ded	30% after ded	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded	
Mental Health Inpatient	0% after ded	30% after ded	0% after ded	20% 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	30% after ded	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded	
Mental Health Outpatient	0% after ded	30% after ded	0% after ded	20% 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	30% after ded	0% after ded	20% after ded	10% after ded	30% after ded	10% after ded	
Single	1 x \$644.87		1 x \$644.87		1 x \$619.67		1 x \$616.81	
EE with Spouse	0 x \$1,289.73		0 x \$1,289.73		0 x \$1,239.34		0 x \$1,233.62	
EE with Child(ren)	0 x \$1,096.27		0 x \$1,096.27		0 x \$1,053.44		0 x \$1,048.58	
Family	1 x \$1,837.87		1 x \$1,837.87		1 x \$1,766.07		1 x \$1,757.91	
Monthly Cost	2 \$2,482.74		2 \$2,482.74		2 \$2,385.74		2 \$2,374.72	
Annual Cost	\$29,792.88		\$29,792.88		\$28,628.88		\$28,496.64	

	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 \$517.71		1 x \$500.28		1 x \$496.14		1 x \$495.38	
EE with Spouse	0 x \$1,035.43		0 x \$1,000.55		0 x \$992.28		0 x \$990.75	
EE with Child(ren)	0 x \$880.11		0 x \$850.47		0 x \$843.44		0 x \$842.14	
Family	1 x \$1,475.48		1 x \$1,425.79		1 x \$1,414.00		1 x \$1,411.82	
Monthly Cost	2 \$1,993.19		2 \$1,926.07		2 \$1,910.14		2 \$1,907.20	
Annual Cost	\$23,918.28		\$23,112.84		\$22,921.68		\$22,886.40	

Prepared For: **Aetna 2017 3rd qtr Albany Utica**

Albany County, NY 12007

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

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

Effective Date: 07/01/2017

Prepared On: 04/21/2017

Report ID: 32848706

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	\$474.04
EE with Spouse	0 x	\$948.08
EE with Child(ren)	0 x	\$805.87
Family	1 x	\$1,351.02
Monthly Cost	2	\$1,825.06
Annual Cost		\$21,900.72