

Prepared For: **Aetna 2018 1st qtr rates**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2018

Prepared On: 11/01/2017

Report ID: 33750222

SIC: 0000

	Aetna Gold OAEPO 1000 90% ID: 14038848		Aetna Gold EPO 1000 90% ID: 14038844		Aetna Silver OAEPO 2800 90% HSA PY ID: 14038853		Aetna Silver OAEPO 2500 70% ID: 14038849	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/50%/TCS IntDed T2-4		15/65/50%/TCS IntDed T2-4		15/65/50%/TCS IntDed		15/65/50%/TCS IntDed T2-4	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$1,000/\$2,000 embedded		\$2,800/\$5,600 embedded		\$2,500/\$5,000 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$7,350/\$14,700 (incl ded)	
Co-Insurance	10%		10%		10%		30%	
Office Visits								
Primary Care	\$30 ded waived		\$30 ded waived		10% after ded		\$45 ded waived	
Specialist	\$60 ded waived		\$60 ded waived		10% after ded		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		10% after ded		10% after ded		30% after ded	
Mental Health Inpatient	10% after ded		10% after ded		10% after ded		30% 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		10% after ded		10% after ded		Lab-\$45 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$60 ded waived		\$60 ded waived		10% after ded		\$75 ded waived	
Emergency Care								
Emergency Room	\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived		10% after ded		\$750 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		10% after ded		\$90 ded waived	
Single	1 x \$900.81		1 x \$878.29		1 x \$795.58		1 x \$757.71	
EE with Spouse	0 x \$1,801.61		0 x \$1,756.57		0 x \$1,591.16		0 x \$1,515.41	
EE with Child(ren)	0 x \$1,531.37		0 x \$1,493.09		0 x \$1,352.48		0 x \$1,288.10	
Family	1 x \$2,567.30		1 x \$2,503.12		1 x \$2,267.40		1 x \$2,159.46	
Monthly Cost	2 \$3,468.11		2 \$3,381.41		2 \$3,062.98		2 \$2,917.17	
Annual Cost	\$41,617.32		\$40,576.92		\$36,755.76		\$35,006.04	

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

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	Aetna Silver EPO 2500 70% ID: 14038845		Aetna Silver OAEPO 3000 70% ID: 14038850		Aetna Bronze OAEPO 4500 70% ID: 14038852		Aetna Bronze OAEPO 3750 50% ID: 14038851	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/50%/TCS IntDed T2-4		15/65/50%/TCS IntDed T2-4		15/65/50%/TCS IntDed T2-4		15/65/50%/TCS IntDed T2-4	
Cost Share Information								
Individual/Family Deductible	\$2,500/\$5,000 embedded		\$3,000/\$6,000 embedded		\$4,500/\$9,000 embedded		\$3,750/\$7,500 embedded	
Individual/Family OOP Limit	\$7,350/\$14,700 (incl ded)		\$7,350/\$14,700 (incl ded)		\$7,150/\$14,300 (incl ded)		\$7,350/\$14,700 (incl ded)	
Co-Insurance	30%		30%		30%		50%	
Office Visits								
Primary Care	\$45 ded waived		\$45 ded waived		30% after ded		50% after ded	
Specialist	\$75 ded waived		\$75 ded waived		30% after ded		50% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		30% after ded		30% after ded		50% after ded	
Mental Health Inpatient	30% after ded		30% after ded		30% after ded		50% 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	Lab-\$45 ded waived; X-ray-30% after ded		30% after ded		30% after ded		50% after ded	
Mental Health Outpatient	\$75 ded waived		\$75 ded waived		30% after ded		50% after ded	
Emergency Care								
Emergency Room	\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived		30% after ded		50% after ded	
Urgent Care	\$90 ded waived		\$90 ded waived		30% after ded		50% after ded	
Single	1 x \$738.76		1 x \$736.12		1 x \$678.89		1 x \$620.06	
EE with Spouse	0 x \$1,477.53		0 x \$1,472.23		0 x \$1,357.77		0 x \$1,240.11	
EE with Child(ren)	0 x \$1,255.90		0 x \$1,251.40		0 x \$1,154.11		0 x \$1,054.09	
Family	1 x \$2,105.48		1 x \$2,097.93		1 x \$1,934.83		1 x \$1,767.16	
Monthly Cost	2 \$2,844.24		2 \$2,834.05		2 \$2,613.72		2 \$2,387.22	
Annual Cost	\$34,130.88		\$34,008.60		\$31,364.64		\$28,646.64	

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	Aetna Bronze OAEPO 5400 50% HSA ID: 14038854		Aetna Bronze EPO 5400 50% HSA PY ID: 14038847	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	15/65/50%/TCS IntDed		15/65/50%/TCS IntDed	
Cost Share Information				
Individual/Family Deductible	\$5,400/\$10,800 embedded		\$5,400/\$10,800 embedded	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	50%		50%	
Office Visits				
Primary Care	50% after ded		50% after ded	
Specialist	50% after ded		50% after ded	
Inpatient Services				
Inpatient Hospital	50% after ded		50% after ded	
Mental Health Inpatient	50% after ded		50% after ded	
Outpatient Services				
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	50% after ded		50% after ded	
Mental Health Outpatient	50% after ded		50% after ded	
Emergency Care				
Emergency Room	50% after ded		50% after ded	
Urgent Care	50% after ded		50% after ded	
Single	1 x \$545.00		1 x \$531.37	
EE with Spouse	0 x \$1,089.99		0 x \$1,062.74	
EE with Child(ren)	0 x \$926.49		0 x \$903.33	
Family	1 x \$1,553.24		1 x \$1,514.41	
Monthly Cost	2 \$2,098.24		2 \$2,045.78	
Annual Cost	\$25,178.88		\$24,549.36	