

	Aetna Gold Savings Plus OAEPO 1000 90% ID: 14038856		Aetna Silver Savings Plus OAEPO 2800 90% HSA PY ID: 14038860		Aetna Silver Savings Plus OAEPO 2500 80% ID: 14038858		Aetna Silver Savings Plus OAEPO 2000 70% ID: 14038857	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS IntDed		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4	
Cost Share Information								
Individual/Family Deductible	D-\$1,000/\$2,000; ND-\$3,000/ \$6,000 embedded		D-\$2,800/\$5,600; ND- \$4,000/ \$8,000 embedded		D-\$2,500/\$5,000; ND-\$4,500/ \$9,000 embedded		D-\$2,000/\$4,000; ND-\$4,000/ \$8,000 embedded	
Individual/Family OOP Limit	D-\$3,500/\$7,000; ND-\$6,600/ \$13,200 (incl ded)		D-\$6,000/\$12,000; ND-\$6,550/ \$13,100 (incl ded)		D-\$7,150/\$14,300; ND-\$7,350/ \$14,700 (incl ded)		D-\$7,150/\$14,300; ND-\$7,350/ \$14,700 (incl ded)	
Co-Insurance	D-10%; ND-30%		D-10%; ND-30%		D-20%; ND-40%		D-30%; ND-50%	
Office Visits								
Primary Care	D-\$30 ded waived; ND-\$50 after ded		D-10% after ded; ND-30% after ded		D-\$45 ded waived; ND-40% after ded		D-\$40 ded waived; ND-\$60 after ded	
Specialist	D-\$50 ded waived; ND-\$70 after ded		D-10% after ded; ND-30% after ded		D-\$75 ded waived; ND-40% after ded		D-\$70 ded waived; ND-\$85 after ded	
Inpatient Services								
Inpatient Hospital	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded		D-30% after ded; ND-50% after ded	
Mental Health Inpatient	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded		D-30% after ded; ND-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	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		Lab-D-\$75 ded waived; ND-40% after ded; X-ray-D-20% after ded; ND-40% after ded		D-30% after ded; ND-50% after ded	
Mental Health Outpatient	D-\$50 ded waived; ND-\$70 after ded		D-10% after ded; ND-30% after ded		D-\$75 ded waived; ND-40% after ded		D-\$70 ded waived; ND-\$85 after ded	
Emergency Care								
Emergency Room	\$750 (waived if admitted) ded waived		D-10% after ded; ND-Paid as designated		D-20% after ded; ND-Paid as designated		\$750 (waived if admitted) ded waived	
Urgent Care	D-\$75 ded waived; ND-\$100 ded waived		D-10% after ded; ND-30% after ded		D-\$90 ded waived; ND-40% after ded		D-\$80 ded waived; ND-\$120 ded waived	
Single	1 x \$871.18		1 x \$758.10		1 x \$728.86		1 x \$728.59	
EE with Spouse	0 x \$1,742.35		0 x \$1,516.20		0 x \$1,457.73		0 x \$1,457.18	
EE with Child(ren)	0 x \$1,481.00		0 x \$1,288.77		0 x \$1,239.07		0 x \$1,238.60	
Family	1 x \$2,482.85		1 x \$2,160.58		1 x \$2,077.26		1 x \$2,076.48	
Monthly Cost	2 \$3,354.03		2 \$2,918.68		2 \$2,806.12		2 \$2,805.07	
Annual Cost	\$40,248.36		\$35,024.16		\$33,673.44		\$33,660.84	

Prepared For: **Aetna 2018 1st qtr Savings plans**

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: 11/08/2017

Report ID: 33848764

SIC: 0000

Aetna		
Bronze Savings Plus OAEPO 4500 60% ID: 14038859		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	15/65/50%/TCS/100 ded T2-4	
Cost Share Information		
Individual/Family Deductible	D-\$4,500/\$9,000; ND-\$6,000/\$12,000 embedded	
Individual/Family OOP Limit	D-\$6,850/\$13,700; ND-\$7,150/\$14,300 (incl ded)	
Co-Insurance	D-40%; ND-50%	
Office Visits		
Primary Care	D-40% after ded; ND-50% after ded	
Specialist	D-40% after ded; ND-50% after ded	
Inpatient Services		
Inpatient Hospital	D-40% after ded; ND-50% after ded	
Mental Health Inpatient	D-40% after ded; ND-50% after ded	
Outpatient Services		
Outpatient Facility	Refer to Outpatient Surgery	
Lab/X-Ray	D-40% after ded; ND-50% after ded	
Mental Health Outpatient	D-40% after ded; ND-50% after ded	
Emergency Care		
Emergency Room	D-40% after ded; ND-Paid as designated	
Urgent Care	D-40% after ded; ND-50% after ded	
Single	1 x	\$671.66
EE with Spouse	0 x	\$1,343.33
EE with Child(ren)	0 x	\$1,141.83
Family	1 x	\$1,914.24
Monthly Cost	2	\$2,585.90
Annual Cost		\$31,030.80