

	Aetna Gold OAEPO 1000 90% ID: 14038848 (EPOc) (UCR=N/A)		Aetna Gold EPO 1000 90% ID: 14038844 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2800 90% HSA PY ID: 14038853 (HSA) (UCR=N/A)		Aetna Silver OAEPO 2500 70% ID: 14038849 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS IntDed		15/65/50%/TCS/100 ded T2-4	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<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		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	
<b>Emergency Care</b>								
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	
<b>Single</b>	1 x \$761.96		1 x \$742.91		1 x \$672.95		1 x \$640.92	
EE with Spouse	0 x \$1,523.92		0 x \$1,485.82		0 x \$1,345.90		0 x \$1,281.83	
EE with Child(ren)	0 x \$1,295.33		0 x \$1,262.95		0 x \$1,144.02		0 x \$1,089.56	
Family	1 x \$2,171.59		1 x \$2,117.30		1 x \$1,917.91		1 x \$1,826.61	
<b>Monthly Cost</b>	2 \$2,933.55		2 \$2,860.21		2 \$2,590.86		2 \$2,467.53	
<b>Annual Cost</b>	\$35,202.60		\$34,322.52		\$31,090.32		\$29,610.36	

	Aetna Silver EPO 2500 70% ID: 14038845 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 70% ID: 14038850 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 4500 70% ID: 14038852 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 3750 50% ID: 14038851 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<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	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	
<b>Emergency Care</b>								
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	
<b>Single</b>	1 x \$624.89		1 x \$622.65		1 x \$574.25		1 x \$524.48	
EE with Spouse	0 x \$1,249.79		0 x \$1,245.31		0 x \$1,148.49		0 x \$1,048.96	
EE with Child(ren)	0 x \$1,062.32		0 x \$1,058.51		0 x \$976.22		0 x \$891.62	
Family	1 x \$1,780.95		1 x \$1,774.56		1 x \$1,636.60		1 x \$1,494.77	
Monthly Cost	2 \$2,405.84		2 \$2,397.21		2 \$2,210.85		2 \$2,019.25	
Annual Cost	\$28,870.08		\$28,766.52		\$26,530.20		\$24,231.00	

Prepared For: **Aetna 2018 2nd qtr Albany Utica**

Albany County, NY 12007

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

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

Effective Date: 04/01/2018

Prepared On: 01/19/2018

Report ID: 34417669

SIC: 0000

	Aetna Bronze OAEPO 5400 50% HSA ID: 14038854 (HSA) (UCR=N/A)		Aetna Bronze EPO 5400 50% HSA PY ID: 14038847 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	15/65/50%/TCS IntDed		15/65/50%/TCS IntDed	
<b>Cost Share Information</b>				
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%	
<b>Office Visits</b>				
Primary Care	50% after ded		50% after ded	
Specialist	50% after ded		50% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	50% after ded		50% after ded	
Mental Health Inpatient	50% after ded		50% after ded	
<b>Outpatient Services</b>				
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	
<b>Emergency Care</b>				
Emergency Room	50% after ded		50% after ded	
Urgent Care	50% after ded		50% after ded	
Single	1 x \$460.99		1 x \$449.47	
EE with Spouse	0 x \$921.98		0 x \$898.93	
EE with Child(ren)	0 x \$783.69		0 x \$764.09	
Family	1 x \$1,313.83		1 x \$1,280.98	
Monthly Cost	2 \$1,774.82		2 \$1,730.45	
Annual Cost	\$21,297.84		\$20,765.40	