

	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
Prescription Drugs								
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	
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 \$958.53		1 x \$934.56		1 x \$846.56		1 x \$806.26	
EE with Spouse	0 x \$1,917.05		0 x \$1,869.13		0 x \$1,693.11		0 x \$1,612.51	
EE with Child(ren)	0 x \$1,629.50		0 x \$1,588.76		0 x \$1,439.14		0 x \$1,370.64	
Family	1 x \$2,731.80		1 x \$2,663.51		1 x \$2,412.68		1 x \$2,297.83	
Monthly Cost	2 \$3,690.33		2 \$3,598.07		2 \$3,259.24		2 \$3,104.09	
Annual Cost	\$44,283.96		\$43,176.84		\$39,110.88		\$37,249.08	

	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
Prescription Drugs								
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	
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 \$786.10		1 x \$783.28		1 x \$722.39		1 x \$659.79	
EE with Spouse	0 x \$1,572.20		0 x \$1,566.56		0 x \$1,444.77		0 x \$1,319.57	
EE with Child(ren)	0 x \$1,336.37		0 x \$1,331.58		0 x \$1,228.06		0 x \$1,121.64	
Family	1 x \$2,240.39		1 x \$2,232.36		1 x \$2,058.80		1 x \$1,880.39	
Monthly Cost	2 \$3,026.49		2 \$3,015.64		2 \$2,781.19		2 \$2,540.18	
Annual Cost	\$36,317.88		\$36,187.68		\$33,374.28		\$30,482.16	

Prepared For: **Aetna 2018 3rd qtr New York City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 07/01/2018

Prepared On: 04/10/2018

Report ID: 34762263

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
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 \$579.92		1 x \$565.42	
EE with Spouse	0 x \$1,159.83		0 x \$1,130.84	
EE with Child(ren)	0 x \$985.86		0 x \$961.21	
Family	1 x \$1,652.76		1 x \$1,611.44	
Monthly Cost	2 \$2,232.68		2 \$2,176.86	
Annual Cost	\$26,792.16		\$26,122.32	