

	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 \$810.78		1 x \$790.51		1 x \$716.07		1 x \$681.98	
EE with Spouse	0 x \$1,621.57		0 x \$1,581.03		0 x \$1,432.14		0 x \$1,363.97	
EE with Child(ren)	0 x \$1,378.33		0 x \$1,343.87		0 x \$1,217.32		0 x \$1,159.37	
Family	1 x \$2,310.73		1 x \$2,252.96		1 x \$2,040.80		1 x \$1,943.65	
<b>Monthly Cost</b>	2 \$3,121.51		2 \$3,043.47		2 \$2,756.87		2 \$2,625.63	
<b>Annual Cost</b>	\$37,458.12		\$36,521.64		\$33,082.44		\$31,507.56	

	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 \$664.93		1 x \$662.55		1 x \$611.04		1 x \$558.09	
EE with Spouse	0 x \$1,329.87		0 x \$1,325.10		0 x \$1,222.08		0 x \$1,116.18	
EE with Child(ren)	0 x \$1,130.39		0 x \$1,126.34		0 x \$1,038.77		0 x \$948.75	
Family	1 x \$1,895.06		1 x \$1,888.27		1 x \$1,741.47		1 x \$1,590.55	
Monthly Cost	2 \$2,559.99		2 \$2,550.82		2 \$2,352.51		2 \$2,148.64	
Annual Cost	\$30,719.88		\$30,609.84		\$28,230.12		\$25,783.68	

Prepared For: **Aetna 2018 4th qtr Albany Utica**

Albany County, NY 12007

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

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

Effective Date: 10/01/2018

Prepared On: 07/10/2018

Report ID: 35103825

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 \$490.53		1 x \$478.27	
EE with Spouse	0 x \$981.06		0 x \$956.54	
EE with Child(ren)	0 x \$833.90		0 x \$813.05	
Family	1 x \$1,398.01		1 x \$1,363.06	
Monthly Cost	2 \$1,888.54		2 \$1,841.33	
Annual Cost	\$22,662.48		\$22,095.96	