

	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 \$988.76		1 x \$964.04		1 x \$873.26		1 x \$831.69	
EE with Spouse	0 x \$1,977.52		0 x \$1,928.08		0 x \$1,746.51		0 x \$1,663.37	
EE with Child(ren)	0 x \$1,680.89		0 x \$1,638.87		0 x \$1,484.54		0 x \$1,413.87	
Family	1 x \$2,817.97		1 x \$2,747.52		1 x \$2,488.78		1 x \$2,370.31	
Monthly Cost	2 \$3,806.73		2 \$3,711.56		2 \$3,362.04		2 \$3,202.00	
Annual Cost	\$45,680.76		\$44,538.72		\$40,344.48		\$38,424.00	

	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 \$810.90		1 x \$807.99		1 x \$745.17		1 x \$680.60	
EE with Spouse	0 x \$1,621.79		0 x \$1,615.98		0 x \$1,490.34		0 x \$1,361.19	
EE with Child(ren)	0 x \$1,378.52		0 x \$1,373.58		0 x \$1,266.79		0 x \$1,157.01	
Family	1 x \$2,311.05		1 x \$2,302.77		1 x \$2,123.74		1 x \$1,939.70	
Monthly Cost	2 \$3,121.95		2 \$3,110.76		2 \$2,868.91		2 \$2,620.30	
Annual Cost	\$37,463.40		\$37,329.12		\$34,426.92		\$31,443.60	

Prepared For: **Aetna 2018 4th qtr New York City**

New York County, NY 10001

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: 35103846

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 \$598.21		1 x \$583.25	
EE with Spouse	0 x \$1,196.42		0 x \$1,166.51	
EE with Child(ren)	0 x \$1,016.95		0 x \$991.53	
Family	1 x \$1,704.89		1 x \$1,662.27	
Monthly Cost	2 \$2,303.10		2 \$2,245.52	
Annual Cost	\$27,637.20		\$26,946.24	