

	Aetna Gold Savings Plus OAEPO 1000 90% ID: 14038856 (EPOc) (UCR=N/A)		Aetna Silver Savings Plus OAEPO 2800 90% HSA PY ID: 14038860 (HSA) (UCR=N/A)		Aetna Silver Savings Plus OAEPO 2500 80% ID: 14038858 (EPOc) (UCR=N/A)		Aetna Silver Savings Plus OAEPO 2000 70% ID: 14038857 (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 IntDed		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<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	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	
<b>Emergency Care</b>								
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	\$956.24	1 x	\$832.12	1 x	\$800.03	1 x	\$799.73
EE with Spouse	0 x	\$1,912.47	0 x	\$1,664.23	0 x	\$1,600.06	0 x	\$1,599.46
EE with Child(ren)	0 x	\$1,625.60	0 x	\$1,414.60	0 x	\$1,360.05	0 x	\$1,359.54
Family	1 x	\$2,725.27	1 x	\$2,371.53	1 x	\$2,280.08	1 x	\$2,279.23
Monthly Cost	2	\$3,681.51	2	\$3,203.65	2	\$3,080.11	2	\$3,078.96
Annual Cost		\$44,178.12		\$38,443.80		\$36,961.32		\$36,947.52

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

New York County, NY 10001

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

Effective Date: 10/01/2018

Prepared On: 07/10/2018

Report ID: 35103865

SIC: 0000

<b>Aetna Bronze Savings Plus OAEPO 4500 60% ID: 14038859 (EPOc) (UCR=N/A)</b>	
	<b>In-Network      Out-Network</b>
<b>Prescription Drugs</b>	
Drug Card	15/65/50%/TCS/100 ded T2-4
<b>Cost Share Information</b>	
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%
<b>Office Visits</b>	
Primary Care	D-40% after ded; ND-50% after ded
Specialist	D-40% after ded; ND-50% after ded
<b>Inpatient Services</b>	
Inpatient Hospital	D-40% after ded; ND-50% after ded
Mental Health Inpatient	D-40% after ded; ND-50% after ded
<b>Outpatient Services</b>	
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
<b>Emergency Care</b>	
Emergency Room	D-40% after ded; ND-Paid as designated
Urgent Care	D-40% after ded; ND-50% after ded
Single	1 x      \$737.24
EE with Spouse	0 x      \$1,474.49
EE with Child(ren)	0 x      \$1,253.31
Family	1 x      \$2,101.14
Monthly Cost	2      \$2,838.38
Annual Cost	\$34,060.56