

Prepared For: **Aetna 2020 1st qtr NY City**

New York County, NY 10001

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2020

Prepared On: 11/18/2019

Report ID: 37151246

SIC: 0000

	Aetna Signature Gold OAEPO 1000 90% ID: 14042231 (EPOc) (UCR=N/A)		Aetna Signature Silver OAEPO 7100 70% ID: 14042232 (EPOc) (UCR=N/A)		Aetna Gold OAEPO 1000 90% ID: 14042206 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2800 65% ID: 14042207 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	5/65/50%/TCS/100 ded T2-4		5/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/200 ded T2-4	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$7,100/\$14,200 embedded		\$1,000/\$2,000 embedded		\$2,800/\$5,600 embedded	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$8,150/\$16,300 (incl ded)		\$6,000/\$12,000 (incl ded)		\$8,150/\$16,300 (incl ded)	
Co-Insurance	10%		30%		10%		35%	
Office Visits								
Primary Care	No charge visits 1-6; \$15 ded waived visits 7+		No charge visits 1-6; \$20 ded waived visits 7+		\$30 ded waived		\$45 ded waived	
Specialist	\$50 ded waived		\$65 ded waived		\$60 ded waived		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		30% after ded		10% after ded		35% after ded	
Mental Health Inpatient	10% after ded		30% after ded		10% after ded		35% 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		Lab-\$40 ded waived; X-ray-30% after ded		10% after ded		Lab-\$45 ded waived; X-ray-35% after ded	
Mental Health Outpatient	No charge visits 1-6; \$15 ded waived visits 7+		No charge visits 1-6; \$20 ded waived visits 7+		\$30 ded waived		\$45 ded waived	
Emergency Care								
Emergency Room	\$750 (waived if admitted) ded waived		\$750 ded waived		\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$90 ded waived		\$75 ded waived		\$90 ded waived	
Single	2 x \$1,089.54		2 x \$891.85		2 x \$1,010.31		2 x \$822.49	
EE with Spouse	0 x \$2,179.08		0 x \$1,783.70		0 x \$2,020.62		0 x \$1,644.97	
EE with Child(ren)	0 x \$1,852.22		0 x \$1,516.14		0 x \$1,717.53		0 x \$1,398.23	
Family	0 x \$3,105.19		0 x \$2,541.77		0 x \$2,879.38		0 x \$2,344.09	
Monthly Cost	2 \$2,179.08		2 \$1,783.70		2 \$2,020.62		2 \$1,644.98	
Annual Cost	\$26,148.96		\$21,404.40		\$24,247.44		\$19,739.76	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Aetna Silver OAEPO 3100 65% ID: 14042209 (EOC) (UCR=N/A)		Aetna Bronze OAEPO 3750 50% ID: 14042210 (EOC) (UCR=N/A)		Aetna Signature Silver OAEPO 5200 70% ID: 14042233 (EOC) (UCR=N/A)		Aetna Bronze OAEPO 5250 70% ID: 14042208 (EOC) (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/200 ded T2-4		15/65/50%/TCS/100 ded T2-4		5/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4	
Cost Share Information								
Individual/Family Deductible	\$3,100/\$6,200 embedded		\$3,750/\$7,500 embedded		\$5,200/\$10,400 embedded		\$5,250/\$10,500 embedded	
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)		\$8,150/\$16,300 (incl ded)		\$7,200/\$14,400 (incl ded)		\$8,150/\$16,300 (incl ded)	
Co-Insurance	35%		50%		30%		30%	
Office Visits								
Primary Care	\$45 ded waived		50% after ded		No charge visits 1-6; 30% after ded visits 7+		30% after ded	
Specialist	\$75 ded waived		50% after ded		30% after ded		30% after ded	
Inpatient Services								
Inpatient Hospital	35% after ded		50% after ded		30% after ded		30% after ded	
Mental Health Inpatient	35% after ded		50% after ded		30% 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	35% after ded		50% after ded		30% after ded		30% after ded	
Mental Health Outpatient	\$45 ded waived		50% after ded		No charge visits 1-6; 30% after ded visits 7+		30% after ded	
Emergency Care								
Emergency Room	\$750 (waived if admitted) ded waived		50% after ded		30% after ded		30% after ded	
Urgent Care	\$90 ded waived		50% after ded		30% after ded		30% after ded	
Single	2 x \$800.01		2 x \$701.21		2 x \$859.53		2 x \$748.49	
EE with Spouse	0 x \$1,600.02		0 x \$1,402.43		0 x \$1,719.06		0 x \$1,496.99	
EE with Child(ren)	0 x \$1,360.02		0 x \$1,192.06		0 x \$1,461.20		0 x \$1,272.44	
Family	0 x \$2,280.03		0 x \$1,998.46		0 x \$2,449.66		0 x \$2,133.20	
Monthly Cost	2 \$1,600.02		2 \$1,402.42		2 \$1,719.06		2 \$1,496.98	
Annual Cost	\$19,200.24		\$16,829.04		\$20,628.72		\$17,963.76	

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	Aetna Silver OAEPO 2800 90% HSA PY ID: 14042203 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 5400 50% HSA ID: 14042204 (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	\$2,800/\$5,600 embedded		\$5,400/\$10,800 embedded	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)		\$6,650/\$13,300 (incl ded)	
Co-Insurance	10%		50%	
Office Visits				
Primary Care	10% after ded		50% after ded	
Specialist	10% after ded		50% after ded	
Inpatient Services				
Inpatient Hospital	10% after ded		50% after ded	
Mental Health Inpatient	10% after ded		50% after ded	
Outpatient Services				
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	10% after ded		50% after ded	
Mental Health Outpatient	10% after ded		50% after ded	
Emergency Care				
Emergency Room	10% after ded		50% after ded	
Urgent Care	10% after ded		50% after ded	
Single	2 x \$885.73		2 x \$609.75	
EE with Spouse	0 x \$1,771.46		0 x \$1,219.50	
EE with Child(ren)	0 x \$1,505.74		0 x \$1,036.58	
Family	0 x \$2,524.33		0 x \$1,737.79	
Monthly Cost	2 \$1,771.46		2 \$1,219.50	
Annual Cost	\$21,257.52		\$14,634.00	