

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<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		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	
<b>Emergency Care</b>								
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 \$1,122.23		2 x \$918.60		2 x \$1,040.62		2 x \$847.16	
EE with Spouse	0 x \$2,244.45		0 x \$1,837.21		0 x \$2,081.24		0 x \$1,694.32	
EE with Child(ren)	0 x \$1,907.79		0 x \$1,561.63		0 x \$1,769.05		0 x \$1,440.17	
Family	0 x \$3,198.35		0 x \$2,618.02		0 x \$2,965.76		0 x \$2,414.41	
Monthly Cost	2 \$2,244.46		2 \$1,837.20		2 \$2,081.24		2 \$1,694.32	
Annual Cost	\$26,933.52		\$22,046.40		\$24,974.88		\$20,331.84	

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<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	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	
<b>Emergency Care</b>								
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 \$824.01		2 x \$722.25		2 x \$885.32		2 x \$770.95	
EE with Spouse	0 x \$1,648.02		0 x \$1,444.50		0 x \$1,770.63		0 x \$1,541.89	
EE with Child(ren)	0 x \$1,400.82		0 x \$1,227.83		0 x \$1,505.04		0 x \$1,310.61	
Family	0 x \$2,348.43		0 x \$2,058.41		0 x \$2,523.15		0 x \$2,197.20	
Monthly Cost	2 \$1,648.02		2 \$1,444.50		2 \$1,770.64		2 \$1,541.90	
Annual Cost	\$19,776.24		\$17,334.00		\$21,247.68		\$18,502.80	

Prepared For: **Aetna 2020 1st qtr mid hudson**

Delaware County, NY 12167

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: 37151324

SIC: 0000

	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
<b>Prescription Drugs</b>				
Drug Card	15/65/50%/TCS IntDed		15/65/50%/TCS IntDed	
<b>Cost Share Information</b>				
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%	
<b>Office Visits</b>				
Primary Care	10% after ded		50% after ded	
Specialist	10% after ded		50% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	10% after ded		50% after ded	
Mental Health Inpatient	10% after ded		50% after ded	
<b>Outpatient Services</b>				
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	
<b>Emergency Care</b>				
Emergency Room	10% after ded		50% after ded	
Urgent Care	10% after ded		50% after ded	
Single	2 x \$912.30		2 x \$628.05	
EE with Spouse	0 x \$1,824.60		0 x \$1,256.09	
EE with Child(ren)	0 x \$1,550.91		0 x \$1,067.68	
Family	0 x \$2,600.06		0 x \$1,789.93	
Monthly Cost	2 \$1,824.60		2 \$1,256.10	
Annual Cost	\$21,895.20		\$15,073.20	