

	Aetna Signature Gold OAEP0 1000 90% ID: 14042231 (EPOc) (UCR=N/A)		Aetna Signature Silver OAEP0 7100 70% ID: 14042232 (EPOc) (UCR=N/A)		Aetna Gold OAEP0 1000 90% ID: 14042206 (EPOc) (UCR=N/A)		Aetna Silver OAEP0 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 \$893.42		2 x \$731.32		2 x \$828.45		2 x \$674.44	
EE with Spouse	0 x \$1,786.85		0 x \$1,462.63		0 x \$1,656.91		0 x \$1,348.88	
EE with Child(ren)	0 x \$1,518.82		0 x \$1,243.24		0 x \$1,408.37		0 x \$1,146.55	
Family	0 x \$2,546.26		0 x \$2,084.25		0 x \$2,361.09		0 x \$1,922.15	
Monthly Cost	2 \$1,786.84		2 \$1,462.64		2 \$1,656.90		2 \$1,348.88	
Annual Cost	\$21,442.08		\$17,551.68		\$19,882.80		\$16,186.56	

	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 \$656.01		2 x \$575.00		2 x \$704.81		2 x \$613.76	
EE with Spouse	0 x \$1,312.02		0 x \$1,149.99		0 x \$1,409.63		0 x \$1,227.53	
EE with Child(ren)	0 x \$1,115.21		0 x \$977.49		0 x \$1,198.19		0 x \$1,043.40	
Family	0 x \$1,869.62		0 x \$1,638.74		0 x \$2,008.72		0 x \$1,749.23	
Monthly Cost	2 \$1,312.02		2 \$1,150.00		2 \$1,409.62		2 \$1,227.52	
Annual Cost	\$15,744.24		\$13,800.00		\$16,915.44		\$14,730.24	

Prepared For: **Aetna 2020 1st qtr Albany**

Albany County, NY 12007

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: 37151580

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
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 \$726.30		2 x \$500.00	
EE with Spouse	0 x \$1,452.60		0 x \$999.99	
EE with Child(ren)	0 x \$1,234.71		0 x \$849.99	
Family	0 x \$2,069.95		0 x \$1,424.99	
Monthly Cost	2 \$1,452.60		2 \$1,000.00	
Annual Cost	\$17,431.20		\$12,000.00	