

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

New York County, NY 10001

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Health Plan Comparison Report (4L)

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SIC: 0000

	Aetna Gold OAEPO 1000 90% ID: 14042206 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2800 90% HSA PY ID: 14042203 (HSA) (UCR=N/A)		Aetna Silver OAEPO 2800 65% ID: 14042207 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3100 65% ID: 14042209 (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 IntDed		15/65/50%/TCS/200 ded T2-4		15/65/50%/TCS/200 ded T2-4	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$2,800/\$5,600 embedded		\$2,800/\$5,600 embedded		\$3,100/\$6,200 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$8,150/\$16,300 (incl ded)		\$8,150/\$16,300 (incl ded)	
Co-Insurance	10%		10%		35%		35%	
Office Visits								
Primary Care	\$30 ded waived		10% after ded		\$45 ded waived		\$45 ded waived	
Specialist	\$60 ded waived		10% after ded		\$75 ded waived		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		10% after ded		35% after ded		35% after ded	
Mental Health Inpatient	10% after ded		10% after ded		35% 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		10% after ded		Lab-\$45 ded waived; X-ray-35% after ded		35% after ded	
Mental Health Outpatient	\$30 ded waived		10% after ded		\$45 ded waived		\$45 ded waived	
Emergency Care								
Emergency Room	\$750 (waived if admitted) ded waived		10% after ded		\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		10% after ded		\$90 ded waived		\$90 ded waived	
Single	2 x \$1,040.62		2 x \$912.30		2 x \$847.16		2 x \$824.01	
EE with Spouse	0 x \$2,081.24		0 x \$1,824.60		0 x \$1,694.32		0 x \$1,648.02	
EE with Child(ren)	0 x \$1,769.05		0 x \$1,550.91		0 x \$1,440.17		0 x \$1,400.82	
Family	0 x \$2,965.76		0 x \$2,600.06		0 x \$2,414.41		0 x \$2,348.43	
Monthly Cost	2 \$2,081.24		2 \$1,824.60		2 \$1,694.32		2 \$1,648.02	
Annual Cost	\$24,974.88		\$21,895.20		\$20,331.84		\$19,776.24	

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

	Aetna Bronze OAEPO 5250 70% ID: 14042208 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 3750 50% ID: 14042210 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 5400 50% HSA ID: 14042204 (HSA) (UCR=N/A)	
	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	
Cost Share Information						
Individual/Family Deductible	\$5,250/\$10,500 embedded		\$3,750/\$7,500 embedded		\$5,400/\$10,800 embedded	
Individual/Family OOP Limit	\$8,150/\$16,300 (incl ded)		\$8,150/\$16,300 (incl ded)		\$6,650/\$13,300 (incl ded)	
Co-Insurance	30%		50%		50%	
Office Visits						
Primary Care	30% after ded		50% after ded		50% after ded	
Specialist	30% after ded		50% after ded		50% after ded	
Inpatient Services						
Inpatient Hospital	30% after ded		50% after ded		50% after ded	
Mental Health Inpatient	30% after ded		50% after ded		50% after ded	
Outpatient Services						
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	30% after ded		50% after ded		50% after ded	
Mental Health Outpatient	30% after ded		50% after ded		50% after ded	
Emergency Care						
Emergency Room	30% after ded		50% after ded		50% after ded	
Urgent Care	30% after ded		50% after ded		50% after ded	
Single	2 x \$770.95		2 x \$722.25		2 x \$628.05	
EE with Spouse	0 x \$1,541.89		0 x \$1,444.50		0 x \$1,256.09	
EE with Child(ren)	0 x \$1,310.61		0 x \$1,227.83		0 x \$1,067.68	
Family	0 x \$2,197.20		0 x \$2,058.41		0 x \$1,789.93	
Monthly Cost	2 \$1,541.90		2 \$1,444.50		2 \$1,256.10	
Annual Cost	\$18,502.80		\$17,334.00		\$15,073.20	