

	Aetna Gold OAEPO 1200 90% ID: 14045740 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 90% HSA PY ID: 14045739 (HSA) (UCR=N/A)		Aetna Silver OAEPO 3200 65% ID: 14045741 (EPOc) (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 IntDed		15/65/50%/TCS/200 ded T2-4	
Cost Share Information						
Individual/Family Deductible	\$1,200/\$2,400 embedded		\$3,000/\$6,000 embedded		\$3,200/\$6,400 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,900/\$13,800 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	10%		10%		35%	
Office Visits						
Primary Care	\$30 ded waived		10% after ded		\$45 ded waived	
Specialist	\$60 ded waived		10% after ded		\$75 ded waived	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier	
Chiropractic Care	\$60 ded waived		10% after ded		\$75 ded waived	
Inpatient Services						
Inpatient Hospital	10% after ded		10% after ded		35% after ded	
Mental Health Inpatient	10% after ded		10% after ded		35% after ded	
Substance Abuse Inpatient	10% after ded		10% after ded		35% after ded	
Outpatient Services						
Outpatient Facility	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	
Advanced Radiology	10% after ded		10% after ded		35% after ded	
Mental Health Outpatient	\$30 ded waived		10% after ded		\$45 ded waived	
Substance Abuse Outpatient	\$30 ded waived		10% after ded		\$45 ded waived	
Emergency Care						
Emergency Room	\$750 (waived if admitted) ded waived		10% after ded		\$750 (waived if admitted) ded waived	
Ambulance	10% after ded		10% after ded		35% after ded	
Urgent Care	\$75 ded waived		10% after ded		\$90 ded waived	
Recovery/Special Needs						
Home Health Care	25% ded waived; 40 visits/cal yr		25% after ded; 40 visits/plan yr		25% ded waived; 40 visits/cal yr	
Skilled Nursing	10% after ded		10% after ded		35% after ded	
Durable Medical Equipment	50% after ded		50% after ded		50% after ded	
Single	2 x \$837.96		2 x \$737.33		2 x \$688.66	
EE with Spouse	0 x \$1,675.93		0 x \$1,474.66		0 x \$1,377.31	
EE with Child(ren)	0 x \$1,424.54		0 x \$1,253.46		0 x \$1,170.71	
Family	0 x \$2,388.20		0 x \$2,101.40		0 x \$1,962.67	
Monthly Cost	2 \$1,675.92		2 \$1,474.66		2 \$1,377.32	
Annual Cost	\$20,111.04		\$17,695.92		\$16,527.84	

	Aetna Silver OAEPO 3600 65% ID: 14045743 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 6000 60% ID: 14045742 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 4800 50% ID: 14045744 (EPOc) (UCR=N/A)	
	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		15/65/50%/TCS/100 ded T2-4	
Cost Share Information						
Individual/Family Deductible	\$3,600/\$7,200 embedded		\$6,000/\$12,000 embedded		\$4,800/\$9,600 embedded	
Individual/Family OOP Limit	\$8,550/\$17,100 (incl ded)		\$8,550/\$17,100 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	35%		40%		50%	
Office Visits						
Primary Care	\$45 ded waived		40% after ded		50% after ded	
Specialist	\$75 ded waived		40% after ded		50% after ded	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier	
Chiropractic Care	\$75 ded waived		40% after ded		50% after ded	
Inpatient Services						
Inpatient Hospital	35% after ded		40% after ded		50% after ded	
Mental Health Inpatient	35% after ded		40% after ded		50% after ded	
Substance Abuse Inpatient	35% after ded		40% after ded		50% after ded	
Outpatient Services						
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	35% after ded		40% after ded		50% after ded	
Advanced Radiology	35% after ded		40% after ded		50% after ded	
Mental Health Outpatient	\$45 ded waived		40% after ded		50% after ded	
Substance Abuse Outpatient	\$45 ded waived		40% after ded		50% after ded	
Emergency Care						
Emergency Room	\$750 (waived if admitted) ded waived		40% after ded		50% after ded	
Ambulance	35% after ded		40% after ded		50% after ded	
Urgent Care	\$90 ded waived		40% after ded		50% after ded	
Recovery/Special Needs						
Home Health Care	25% ded waived; 40 visits/cal yr		25% ded waived; 40 visits/cal yr		25% ded waived; 40 visits/cal yr	
Skilled Nursing	35% after ded		40% after ded		50% after ded	
Durable Medical Equipment	50% after ded		50% after ded		50% after ded	
Single	2 x \$670.77		2 x \$573.91		2 x \$558.74	
EE with Spouse	0 x \$1,341.53		0 x \$1,147.83		0 x \$1,117.48	
EE with Child(ren)	0 x \$1,140.30		0 x \$975.65		0 x \$949.86	
Family	0 x \$1,911.68		0 x \$1,635.65		0 x \$1,592.41	
Monthly Cost	2 \$1,341.54		2 \$1,147.82		2 \$1,117.48	
Annual Cost	\$16,098.48		\$13,773.84		\$13,409.76	

Prepared For: Aetna 2021 1st qtr Albany and Utica
Albany County, NY 12007

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

Health Plan Comparison Report (3P)

Effective Date: 01/01/2021

Prepared On: 10/05/2020

Report ID: 37943041

SIC: 0000

	Aetna Silver OAEPO 5000 50% HSA ID: 14045764 (HSA) (UCR=N/A)	
	In-Network	Out-Network
Prescription Drugs		
Drug Card	15/65/50%/TCS IntDed	
Cost Share Information		
Individual/Family Deductible	\$5,000/\$10,000 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (included)	
Co-Insurance	50%	
Office Visits		
Primary Care	50% after ded	
Specialist	50% after ded	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier	
Chiropractic Care	50% after ded	
Inpatient Services		
Inpatient Hospital	50% after ded	
Mental Health Inpatient	50% after ded	
Substance Abuse Inpatient	50% after ded	
Outpatient Services		
Outpatient Facility	Refer to Outpatient Surgery	
Lab/X-Ray	50% after ded	
Advanced Radiology	50% after ded	
Mental Health Outpatient	50% after ded	
Substance Abuse Outpatient	50% after ded	
Emergency Care		
Emergency Room	50% after ded	
Ambulance	50% after ded	
Urgent Care	50% after ded	
Recovery/Special Needs		
Home Health Care	25% after ded; 40 visits/cal yr	
Skilled Nursing	50% after ded	
Durable Medical Equipment	50% after ded	
Single	2 x	\$538.07
EE with Spouse	0 x	\$1,076.15
EE with Child(ren)	0 x	\$914.73
Family	0 x	\$1,533.51
Monthly Cost	2	\$1,076.14
Annual Cost		\$12,913.68

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