

	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 \$886.25		2 x \$779.82		2 x \$728.34	
EE with Spouse	0 x \$1,772.51		0 x \$1,559.64		0 x \$1,456.68	
EE with Child(ren)	0 x \$1,506.63		0 x \$1,325.70		0 x \$1,238.18	
Family	0 x \$2,525.82		0 x \$2,222.49		0 x \$2,075.77	
Monthly Cost	2 \$1,772.50		2 \$1,559.64		2 \$1,456.68	
Annual Cost	\$21,270.00		\$18,715.68		\$17,480.16	

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	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 \$709.42		2 x \$606.99		2 x \$590.94	
EE with Spouse	0 x \$1,418.84		0 x \$1,213.97		0 x \$1,181.88	
EE with Child(ren)	0 x \$1,206.01		0 x \$1,031.88		0 x \$1,004.60	
Family	0 x \$2,021.85		0 x \$1,729.91		0 x \$1,684.17	
Monthly Cost	2 \$1,418.84		2 \$1,213.98		2 \$1,181.88	
Annual Cost	\$17,026.08		\$14,567.76		\$14,182.56	

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Prepared For: Aetna 2021 3rd qtr Albany area
 Albany County, NY 12007
 Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (3P)
 Effective Date: 07/01/2021 Prepared On: 04/06/2021
 Report ID: 38274684 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	\$569.08
EE with Spouse	0 x	\$1,138.16
EE with Child(ren)	0 x	\$967.44
Family	0 x	\$1,621.88
Monthly Cost	2	\$1,138.16
Annual Cost		\$13,657.92

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