

	Aetna Gold OAEPO 1400 80% ID: 14047700 (EPOc) (UCR=N/A)		Aetna Signature Gold OAEPO 2000 90% ID: 14047704 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 80% HSA PY ID: 14047692 (HSA) (UCR=N/A)		Aetna Silver OAEPO 2800 60% ID: 14047706 (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	15/65/50%/TCS/100 ded T2-4		5/65/50%/TCS/100 ded T2-4		15/65/50%/TCS IntDed		15/65/50%/TCS/200 ded T2-4	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,400/\$2,800 embedded		\$2,000/\$4,000 embedded		\$3,000/\$6,000 embedded		\$2,800/\$5,600 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,500/\$13,000 (incl ded)		\$6,900/\$13,800 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	20%		10%		20%		40%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		No charge		20% after ded		\$30 ded waived	
Specialist	\$75 ded waived		\$50 ded waived		20% after ded		\$75 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	20% after ded		10% after ded		20% after ded		40% after ded	
Mental Health Inpatient	20% after ded		10% after ded		20% after ded		40% 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	20% after ded		10% after ded		20% after ded		Lab-\$30 ded waived; X-ray-40% after ded	
Mental Health Outpatient	\$30 ded waived		No charge		20% after ded		\$30 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived		20% after ded		40% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		20% after ded		\$90 ded waived	
Single	2 x \$821.44		2 x \$789.91		2 x \$726.22		2 x \$702.61	
EE with Spouse	0 x \$1,642.89		0 x \$1,579.82		0 x \$1,452.45		0 x \$1,405.21	
EE with Child(ren)	0 x \$1,396.46		0 x \$1,342.85		0 x \$1,234.58		0 x \$1,194.43	
Family	0 x \$2,341.12		0 x \$2,251.25		0 x \$2,069.74		0 x \$2,002.43	
Monthly Cost	2 \$1,642.88		2 \$1,579.82		2 \$1,452.44		2 \$1,405.22	
Annual Cost	\$19,714.56		\$18,957.84		\$17,429.28		\$16,862.64	

	Aetna Silver OAEPO 3600 65% ID: 14047707 (EPOc) (UCR=N/A)		Aetna Signature Silver OAEPO 7200 70% ID: 14047712 (EPOc) (UCR=N/A)		Aetna Signature Silver OAEPO 5500 70% ID: 14047713 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 6000 60% ID: 14047716 (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	15/65/50%/TCS/200 ded T2-4		5/65/50%/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	\$3,600/\$7,200 embedded		\$7,200/\$14,400 embedded		\$5,500/\$11,000 embedded		\$6,000/\$12,000 embedded	
Individual/Family OOP Limit	\$8,550/\$17,100 (incl ded)		\$8,550/\$17,100 (incl ded)		\$8,550/\$17,100 (incl ded)		\$8,550/\$17,100 (incl ded)	
Co-Insurance	35%		30%		30%		40%	
<b>Office Visits</b>								
Primary Care	\$30 ded waived		No charge		No charge		40% after ded	
Specialist	\$75 ded waived		\$80 ded waived		30% after ded		40% after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	35% after ded		30% after ded		30% after ded		40% after ded	
Mental Health Inpatient	35% after ded		30% after ded		30% after ded		40% 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		Lab-\$80 ded waived; X-ray-30% after ded		30% after ded		40% after ded	
Mental Health Outpatient	\$30 ded waived		No charge		No charge		40% after ded	
<b>Emergency Care</b>								
Emergency Room	35% after ded		30% after ded		30% after ded		40% after ded	
Urgent Care	\$90 ded waived		\$90 ded waived		30% after ded		40% after ded	
Single	2 x \$686.91		2 x \$656.46		2 x \$651.35		2 x \$588.57	
EE with Spouse	0 x \$1,373.83		0 x \$1,312.92		0 x \$1,302.70		0 x \$1,177.15	
EE with Child(ren)	0 x \$1,167.75		0 x \$1,115.98		0 x \$1,107.30		0 x \$1,000.57	
Family	0 x \$1,957.71		0 x \$1,870.91		0 x \$1,856.35		0 x \$1,677.43	
Monthly Cost	2 \$1,373.82		2 \$1,312.92		2 \$1,302.70		2 \$1,177.14	
Annual Cost	\$16,485.84		\$15,755.04		\$15,632.40		\$14,125.68	

Prepared For: **Aetna 2022 1st qtr Albany**

Albany County, NY 12007

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

**Health Plan Comparison Report (4L)**

Effective Date: 01/01/2022

Prepared On: 10/20/2021

Report ID: 38457164

SIC: 0000

	Aetna Bronze OAEPO 4800 50% ID: 14047717 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 5000 50% HSA ID: 14047696 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS IntDed	
<b>Cost Share Information</b>				
Individual/Family Deductible	\$4,800/\$9,600 embedded		\$5,000/\$10,000 embedded	
Individual/Family OOP Limit	\$8,550/\$17,100 (incl ded)		\$6,200/\$12,400 (incl ded)	
Co-Insurance	50%		50%	
<b>Office Visits</b>				
Primary Care	50% after ded		50% after ded	
Specialist	50% after ded		50% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	50% after ded		50% after ded	
Mental Health Inpatient	50% after ded		50% after ded	
<b>Outpatient Services</b>				
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	50% after ded		50% after ded	
Mental Health Outpatient	50% after ded		50% after ded	
<b>Emergency Care</b>				
Emergency Room	50% after ded		50% after ded	
Urgent Care	50% after ded		50% after ded	
Single	2 x \$572.79		2 x \$546.73	
EE with Spouse	0 x \$1,145.58		0 x \$1,093.46	
EE with Child(ren)	0 x \$973.74		0 x \$929.44	
Family	0 x \$1,632.45		0 x \$1,558.18	
Monthly Cost	2 \$1,145.58		2 \$1,093.46	
Annual Cost	\$13,746.96		\$13,121.52	