

	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 \$842.17		2 x \$809.85		2 x \$744.55		2 x \$720.34	
EE with Spouse	0 x \$1,684.35		0 x \$1,619.69		0 x \$1,489.10		0 x \$1,440.68	
EE with Child(ren)	0 x \$1,431.70		0 x \$1,376.74		0 x \$1,265.74		0 x \$1,224.58	
Family	0 x \$2,400.20		0 x \$2,308.06		0 x \$2,121.97		0 x \$2,052.96	
Monthly Cost	2 \$1,684.34		2 \$1,619.70		2 \$1,489.10		2 \$1,440.68	
Annual Cost	\$20,212.08		\$19,436.40		\$17,869.20		\$17,288.16	

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	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 \$704.25		2 x \$673.03		2 x \$667.79		2 x \$603.43	
EE with Spouse	0 x \$1,408.50		0 x \$1,346.05		0 x \$1,335.58		0 x \$1,206.85	
EE with Child(ren)	0 x \$1,197.23		0 x \$1,144.14		0 x \$1,135.24		0 x \$1,025.83	
Family	0 x \$2,007.11		0 x \$1,918.12		0 x \$1,903.20		0 x \$1,719.77	
Monthly Cost	2 \$1,408.50		2 \$1,346.06		2 \$1,335.58		2 \$1,206.86	
Annual Cost	\$16,902.00		\$16,152.72		\$16,026.96		\$14,482.32	

Prepared For: **Aetna 2022 2nd qtr Albany and Utica**

Albany County, NY 12007

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

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

Effective Date: 04/01/2022

Prepared On: 01/10/2022

Report ID: 38563989

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 \$587.24		2 x \$560.53	
EE with Spouse	0 x \$1,174.49		0 x \$1,121.06	
EE with Child(ren)	0 x \$998.31		0 x \$952.90	
Family	0 x \$1,673.65		0 x \$1,597.50	
Monthly Cost	2 \$1,174.48		2 \$1,121.06	
Annual Cost	\$14,093.76		\$13,452.72	

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