

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$885.22		2 x \$851.24		2 x \$782.61		2 x \$757.16	
EE with Spouse	0 x \$1,770.44		0 x \$1,702.47		0 x \$1,565.21		0 x \$1,514.31	
EE with Child(ren)	0 x \$1,504.87		0 x \$1,447.10		0 x \$1,330.43		0 x \$1,287.16	
Family	0 x \$2,522.87		0 x \$2,426.03		0 x \$2,230.42		0 x \$2,157.89	
Monthly Cost	2 \$1,770.44		2 \$1,702.48		2 \$1,565.22		2 \$1,514.32	
Annual Cost	\$21,245.28		\$20,429.76		\$18,782.64		\$18,171.84	

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$740.24		2 x \$707.42		2 x \$701.92		2 x \$634.27	
EE with Spouse	0 x \$1,480.49		0 x \$1,414.85		0 x \$1,403.84		0 x \$1,268.54	
EE with Child(ren)	0 x \$1,258.42		0 x \$1,202.62		0 x \$1,193.26		0 x \$1,078.26	
Family	0 x \$2,109.70		0 x \$2,016.16		0 x \$2,000.47		0 x \$1,807.66	
Monthly Cost	2 \$1,480.48		2 \$1,414.84		2 \$1,403.84		2 \$1,268.54	
Annual Cost	\$17,765.76		\$16,978.08		\$16,846.08		\$15,222.48	

Prepared For: **Aetna 2022 4th qtr Albany**

Albany County, NY 12007

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

Health Plan Comparison Report (4L)

Effective Date: 10/01/2022

Prepared On: 07/19/2022

Report ID: 38691281

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
Prescription Drugs				
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS IntDed	
Cost Share Information				
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%	
Office Visits				
Primary Care	50% after ded		50% after ded	
Specialist	50% after ded		50% after ded	
Inpatient Services				
Inpatient Hospital	50% after ded		50% after ded	
Mental Health Inpatient	50% after ded		50% after ded	
Outpatient Services				
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	
Emergency Care				
Emergency Room	50% after ded		50% after ded	
Urgent Care	50% after ded		50% after ded	
Single	2 x \$617.26		2 x \$589.18	
EE with Spouse	0 x \$1,234.52		0 x \$1,178.35	
EE with Child(ren)	0 x \$1,049.34		0 x \$1,001.60	
Family	0 x \$1,759.19		0 x \$1,679.15	
Monthly Cost	2 \$1,234.52		2 \$1,178.36	
Annual Cost	\$14,814.24		\$14,140.32	