

Prepared For: **Aetna 2023 1st qtr Albany**

Albany County, NY 12007

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2023

Prepared On: 10/24/2022

Report ID: 38754646

SIC: 0000

	Aetna Gold AWH OAEPO 1200 80/60 ID: 14050607 (EPOc) (UCR=N/A)		Aetna Silver AWH OAEPO 2500 80/60 HSA PY ID: 14050605 (HSA) (UCR=N/A)		Aetna Silver AWH OAEPO 3500 80/60 ID: 14050609 (EPOc) (UCR=N/A)		Aetna Bronze AWH OAEPO 5400 60/50 ID: 14050611 (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		15/65/50%/TCS IntDed		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4	
Cost Share Information								
Individual/Family Deductible	D-\$1,200/\$2,400; ND-\$3,500/ \$7,000 embedded		D-\$2,500/\$5,000; ND-\$5,000/ \$10,000 embedded		D-\$3,500/\$7,000; ND-\$5,000/ \$10,000 embedded		D-\$5,400/\$10,800; ND-\$7,550/ \$15,100 embedded	
Individual/Family OOP Limit	D-\$4,000/\$8,000; ND-\$6,500/ \$13,000 (incl ded)		D-\$7,000/\$14,000; ND-\$7,000/ \$14,000 (incl ded)		D-\$9,100/\$18,200; ND-\$9,100/ \$18,200 (incl ded)		D-\$8,700/\$17,400; ND-\$8,700/ \$17,400 (incl ded)	
Co-Insurance	D-20%; ND-40%		D-20%; ND-40%		D-20%; ND-40%		D-40%; ND-50%	
Office Visits								
Primary Care	D-\$30 ded waived; ND-\$60 after ded		D-20% after ded; ND-40% after ded		D-\$50 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded	
Specialist	D-\$75 ded waived; ND-\$150 after ded		D-20% after ded; ND-40% after ded		D-\$75 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded	
Inpatient Services								
Inpatient Hospital	D-20% after ded; ND-40% after ded		D-20% after ded; ND-40% after ded		D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% after ded	
Mental Health Inpatient	D-20% after ded; ND-40% after ded		D-20% after ded; ND-40% after ded		D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% 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	D-20% after ded; ND-40% after ded		D-20% after ded; ND-40% after ded		Lab-D-\$75 ded waived; ND-40% after ded; X-ray-D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% after ded	
Mental Health Outpatient	D-\$30 ded waived; ND-\$60 after ded		D-20% after ded; ND-40% after ded		D-\$50 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded	
Emergency Care								
Emergency Room	\$750 (waived if admitted) ded waived		D-20% after ded; ND-Paid as designated		D-20% after ded; ND-Paid as designated		D-40% after ded; ND-Paid as designated	
Urgent Care	D-\$75 ded waived; ND-\$150 ded waived		D-20% after ded; ND-40% after ded		D-\$90 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded	
Single	2 x \$1,061.11		2 x \$860.97		2 x \$845.25		2 x \$704.47	
EE with Spouse	0 x \$2,122.22		0 x \$1,721.93		0 x \$1,690.50		0 x \$1,408.95	
EE with Child(ren)	0 x \$1,803.89		0 x \$1,463.64		0 x \$1,436.92		0 x \$1,197.60	
Family	0 x \$3,024.16		0 x \$2,453.75		0 x \$2,408.96		0 x \$2,007.75	
Monthly Cost	2 \$2,122.22		2 \$1,721.94		2 \$1,690.50		2 \$1,408.94	
Annual Cost	\$25,466.64		\$20,663.28		\$20,286.00		\$16,907.28	

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	Aetna Gold OAEPO 1400 80% ID: 14050583 (EPOc) (UCR=N/A)		Aetna Signature Gold OAEPO 2000 90% ID: 14050587 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 80% HSA PY ID: 14050575 (HSA) (UCR=N/A)		Aetna Silver OAEPO 2800 60% ID: 14050589 (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)		\$7,000/\$14,000 (incl ded)		\$6,900/\$13,800 (incl ded)		\$9,100/\$18,200 (incl ded)	
Co-Insurance	20%		10%		20%		40%	
Office Visits								
Primary Care	\$30 ded waived		No charge		20% after ded		\$50 ded waived	
Specialist	\$75 ded waived		\$60 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-\$75 ded waived; X-ray-40% after ded	
Mental Health Outpatient	\$30 ded waived		No charge		20% after ded		\$50 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	\$908.66	2 x	\$883.48	2 x	\$733.57	2 x	\$730.31
EE with Spouse	0 x	\$1,817.31	0 x	\$1,766.97	0 x	\$1,467.13	0 x	\$1,460.62
EE with Child(ren)	0 x	\$1,544.71	0 x	\$1,501.92	0 x	\$1,247.06	0 x	\$1,241.53
Family	0 x	\$2,589.67	0 x	\$2,517.93	0 x	\$2,090.66	0 x	\$2,081.38
Monthly Cost	2	\$1,817.32	2	\$1,766.96	2	\$1,467.14	2	\$1,460.62
Annual Cost		\$21,807.84		\$21,203.52		\$17,605.68		\$17,527.44

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	Aetna Silver OAEPO 3600 65% ID: 14050590 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 5000 50% HSA ID: 14050579 (HSA) (UCR=N/A)		Aetna Signature Silver OAEPO 5500 70% ID: 14050596 (EPOc) (UCR=N/A)		Aetna Signature Silver OAEPO 7200 70% ID: 14050595 (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		15/65/50%/TCS IntDed		5/65/50%/TCS/100 ded T2-4		5/65/50%/TCS/100 ded T2-4	
Cost Share Information								
Individual/Family Deductible	\$3,600/\$7,200 embedded		\$5,000/\$10,000 embedded		\$5,500/\$11,000 embedded		\$7,200/\$14,400 embedded	
Individual/Family OOP Limit	\$9,100/\$18,200 (incl ded)		\$5,400/\$10,800 (incl ded)		\$8,700/\$17,400 (incl ded)		\$8,700/\$17,400 (incl ded)	
Co-Insurance	35%		50%		30%		30%	
Office Visits								
Primary Care	\$50 ded waived		50% after ded		No charge		No charge	
Specialist	\$75 ded waived		50% after ded		30% after ded		\$80 ded waived	
Inpatient Services								
Inpatient Hospital	35% after ded		50% after ded		30% after ded		30% after ded	
Mental Health Inpatient	35% after ded		50% after ded		30% after ded		30% 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		50% after ded		30% after ded		Lab-\$80 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$50 ded waived		50% after ded		No charge		No charge	
Emergency Care								
Emergency Room	35% after ded		50% after ded		30% after ded		30% after ded	
Urgent Care	\$90 ded waived		50% after ded		30% after ded		\$90 ded waived	
Single	2 x \$720.31		2 x \$656.09		2 x \$633.65		2 x \$629.81	
EE with Spouse	0 x \$1,440.62		0 x \$1,312.18		0 x \$1,267.31		0 x \$1,259.63	
EE with Child(ren)	0 x \$1,224.52		0 x \$1,115.35		0 x \$1,077.21		0 x \$1,070.68	
Family	0 x \$2,052.88		0 x \$1,869.85		0 x \$1,805.91		0 x \$1,794.97	
Monthly Cost	2 \$1,440.62		2 \$1,312.18		2 \$1,267.30		2 \$1,259.62	
Annual Cost	\$17,287.44		\$15,746.16		\$15,207.60		\$15,115.44	

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	Aetna Bronze OAEPO 4800 50% ID: 14050600 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 6000 60% ID: 14050599 (EPOc) (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/100 ded T2-4	
Cost Share Information				
Individual/Family Deductible	\$4,800/\$9,600 embedded		\$6,000/\$12,000 embedded	
Individual/Family OOP Limit	\$8,700/\$17,400 (incl ded)		\$8,700/\$17,400 (incl ded)	
Co-Insurance	50%		40%	
Office Visits				
Primary Care	50% after ded		40% after ded	
Specialist	50% after ded		40% after ded	
Inpatient Services				
Inpatient Hospital	50% after ded		40% after ded	
Mental Health Inpatient	50% after ded		40% after ded	
Outpatient Services				
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	50% after ded		40% after ded	
Mental Health Outpatient	50% after ded		40% after ded	
Emergency Care				
Emergency Room	50% after ded		40% after ded	
Urgent Care	50% after ded		40% after ded	
Single	2 x	\$586.86	2 x	\$577.14
EE with Spouse	0 x	\$1,173.72	0 x	\$1,154.27
EE with Child(ren)	0 x	\$997.66	0 x	\$981.13
Family	0 x	\$1,672.55	0 x	\$1,644.84
Monthly Cost	2	\$1,173.72	2	\$1,154.28
Annual Cost		\$14,084.64		\$13,851.36

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