

Prepared For: **Aetna 2023 2nd qtr Albany**

Albany County, NY 12007

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

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

Effective Date: 04/01/2023

Prepared On: 01/12/2023

Report ID: 38837165

SIC: 0000

	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
<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)		\$7,000/\$14,000 (incl ded)		\$6,900/\$13,800 (incl ded)		\$9,100/\$18,200 (incl ded)	
Co-Insurance	20%		10%		20%		40%	
<b>Office Visits</b>								
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	
<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-\$75 ded waived; X-ray-40% after ded	
Mental Health Outpatient	\$30 ded waived		No charge		20% after ded		\$50 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 \$932.10		2 x \$906.28		2 x \$752.49		2 x \$749.15	
EE with Spouse	0 x \$1,864.20		0 x \$1,812.55		0 x \$1,504.98		0 x \$1,498.30	
EE with Child(ren)	0 x \$1,584.57		0 x \$1,540.67		0 x \$1,279.24		0 x \$1,273.56	
Family	0 x \$2,656.48		0 x \$2,582.89		0 x \$2,144.60		0 x \$2,135.08	
Monthly Cost	2 \$1,864.20		2 \$1,812.56		2 \$1,504.98		2 \$1,498.30	
Annual Cost	\$22,370.40		\$21,750.72		\$18,059.76		\$17,979.60	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

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	Aetna Silver OAEPO 3600 65% ID: 14050590 (EOC) (UCR=N/A)		Aetna Silver OAEPO 5000 50% HSA ID: 14050579 (HSA) (UCR=N/A)		Aetna Signature Silver OAEPO 5500 70% ID: 14050596 (EOC) (UCR=N/A)		Aetna Signature Silver OAEPO 7200 70% ID: 14050595 (EOC) (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		15/65/50%/TCS IntDed		5/65/50%/TCS/100 ded T2-4		5/65/50%/TCS/100 ded T2-4	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<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		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	
<b>Emergency Care</b>								
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 \$738.89		2 x \$673.02		2 x \$650.00		2 x \$646.06	
EE with Spouse	0 x \$1,477.78		0 x \$1,346.03		0 x \$1,300.00		0 x \$1,292.13	
EE with Child(ren)	0 x \$1,256.12		0 x \$1,144.13		0 x \$1,105.00		0 x \$1,098.31	
Family	0 x \$2,105.84		0 x \$1,918.10		0 x \$1,852.50		0 x \$1,841.28	
Monthly Cost	2 \$1,477.78		2 \$1,346.04		2 \$1,300.00		2 \$1,292.12	
Annual Cost	\$17,733.36		\$16,152.48		\$15,600.00		\$15,505.44	

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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
<b>Prescription Drugs</b>				
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4	
<b>Cost Share Information</b>				
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%	
<b>Office Visits</b>				
Primary Care	50% after ded		40% after ded	
Specialist	50% after ded		40% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	50% after ded		40% after ded	
Mental Health Inpatient	50% after ded		40% after ded	
<b>Outpatient Services</b>				
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	
<b>Emergency Care</b>				
Emergency Room	50% after ded		40% after ded	
Urgent Care	50% after ded		40% after ded	
Single	2 x \$602.00		2 x \$592.03	
EE with Spouse	0 x \$1,204.00		0 x \$1,184.05	
EE with Child(ren)	0 x \$1,023.40		0 x \$1,006.44	
Family	0 x \$1,715.70		0 x \$1,687.27	
Monthly Cost	2 \$1,204.00		2 \$1,184.06	
Annual Cost	\$14,448.00		\$14,208.72	