

	Aetna Gold OAEPO 1000 90% ID: 14038848		Aetna Gold EPO 1000 90% ID: 14038844		Aetna Silver OAEPO 2800 90% HSA PY ID: 14038853		Aetna Silver OAEPO 2500 70% ID: 14038849	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/50%/TCS IntDed T2-4		15/65/50%/TCS IntDed T2-4		15/65/50%/TCS IntDed		15/65/50%/TCS IntDed T2-4	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$1,000/\$2,000 embedded		\$2,800/\$5,600 embedded		\$2,500/\$5,000 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$7,350/\$14,700 (incl ded)	
Co-Insurance	10%		10%		10%		30%	
Office Visits								
Primary Care	\$30 ded waived		\$30 ded waived		10% after ded		\$45 ded waived	
Specialist	\$60 ded waived		\$60 ded waived		10% after ded		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		10% after ded		10% after ded		30% after ded	
Mental Health Inpatient	10% after ded		10% after ded		10% 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	10% after ded		10% after ded		10% after ded		Lab-\$45 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$60 ded waived		\$60 ded waived		10% after ded		\$75 ded waived	
Emergency Care								
Emergency Room	\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived		10% after ded		\$750 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		10% after ded		\$90 ded waived	
Single	1 x \$738.66		1 x \$720.20		1 x \$652.37		1 x \$621.32	
EE with Spouse	0 x \$1,477.32		0 x \$1,440.39		0 x \$1,304.75		0 x \$1,242.64	
EE with Child(ren)	0 x \$1,255.72		0 x \$1,224.33		0 x \$1,109.04		0 x \$1,056.24	
Family	1 x \$2,105.19		1 x \$2,052.56		1 x \$1,859.27		1 x \$1,770.76	
Monthly Cost	2 \$2,843.85		2 \$2,772.76		2 \$2,511.64		2 \$2,392.08	
Annual Cost	\$34,126.20		\$33,273.12		\$30,139.68		\$28,704.96	

	Aetna Silver EPO 2500 70% ID: 14038845		Aetna Silver OAEPO 3000 70% ID: 14038850		Aetna Bronze OAEPO 4500 70% ID: 14038852		Aetna Bronze OAEPO 3750 50% ID: 14038851	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/50%/TCS IntDed T2-4		15/65/50%/TCS IntDed T2-4		15/65/50%/TCS IntDed T2-4		15/65/50%/TCS IntDed T2-4	
Cost Share Information								
Individual/Family Deductible	\$2,500/\$5,000 embedded		\$3,000/\$6,000 embedded		\$4,500/\$9,000 embedded		\$3,750/\$7,500 embedded	
Individual/Family OOP Limit	\$7,350/\$14,700 (incl ded)		\$7,350/\$14,700 (incl ded)		\$7,150/\$14,300 (incl ded)		\$7,350/\$14,700 (incl ded)	
Co-Insurance	30%		30%		30%		50%	
Office Visits								
Primary Care	\$45 ded waived		\$45 ded waived		30% after ded		50% after ded	
Specialist	\$75 ded waived		\$75 ded waived		30% after ded		50% after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		30% after ded		30% after ded		50% after ded	
Mental Health Inpatient	30% after ded		30% after ded		30% after ded		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	Lab-\$45 ded waived; X-ray-30% after ded		30% after ded		30% after ded		50% after ded	
Mental Health Outpatient	\$75 ded waived		\$75 ded waived		30% after ded		50% after ded	
Emergency Care								
Emergency Room	\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived		30% after ded		50% after ded	
Urgent Care	\$90 ded waived		\$90 ded waived		30% after ded		50% after ded	
Single	1 x \$605.79		1 x \$603.61		1 x \$556.69		1 x \$508.45	
EE with Spouse	0 x \$1,211.57		0 x \$1,207.23		0 x \$1,113.37		0 x \$1,016.89	
EE with Child(ren)	0 x \$1,029.84		0 x \$1,026.14		0 x \$946.37		0 x \$864.36	
Family	1 x \$1,726.49		1 x \$1,720.30		1 x \$1,586.56		1 x \$1,449.07	
Monthly Cost	2 \$2,332.28		2 \$2,323.91		2 \$2,143.25		2 \$1,957.52	
Annual Cost	\$27,987.36		\$27,886.92		\$25,719.00		\$23,490.24	

Prepared For: **Aetna 2018 1st qtr Albany Utica**

Albany County, NY 12007

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

Health Plan Comparison Report (4L)

Effective Date: 01/01/2018

Prepared On: 11/01/2017

Report ID: 33750380

SIC: 0000

	Aetna Bronze OAEPO 5400 50% HSA ID: 14038854		Aetna Bronze EPO 5400 50% HSA PY ID: 14038847	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	15/65/50%/TCS IntDed		15/65/50%/TCS IntDed	
Cost Share Information				
Individual/Family Deductible	\$5,400/\$10,800 embedded		\$5,400/\$10,800 embedded	
Individual/Family OOP Limit	\$6,550/\$13,100 (incl ded)		\$6,550/\$13,100 (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	1 x \$446.90		1 x \$435.72	
EE with Spouse	0 x \$893.79		0 x \$871.45	
EE with Child(ren)	0 x \$759.72		0 x \$740.73	
Family	1 x \$1,273.66		1 x \$1,241.81	
Monthly Cost	2 \$1,720.56		2 \$1,677.53	
Annual Cost	\$20,646.72		\$20,130.36	