Prepared For: Aetna 2018 2nd qtr Savings plans New york City New York County, NY 10001 Prepared By: Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (3P)

 Effective Date: 04/01/2018
 Prepared On: 01/19/2018

 Report ID: 34417701
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	Aetna Gold Savings Plus OAEPO 1000 90% ID: 14038856 (EPOc) (UCR=N/A)		Aetna Silver Savings Plus OAEPO 2800 90% HSA PY ID: 14038860 (HSA) (UCR=N/A)		Aetna Silver Savings Plus OAEPO 2500 80% ID: 14038858 (EPOc) (UCR=N/A)	
	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	
Cost Share Information						
Individual/Family Deductible	D-\$1,000/\$2,000; ND- \$3,000/\$6,000 embedded		D-\$2,800/\$5,600; ND- \$4,000/\$8,000 embedded		D-\$2,500/\$5,000; ND- \$4,500/\$9,000 embedded	
Individual/Family OOP Limit	D-\$3,500/\$7,000; ND- \$6,600/\$13,200 (incl ded)		D-\$6,000/\$12,000; ND- \$6,550/\$13,100 (incl ded)		D-\$7,150/\$14,300; ND- \$7,350/\$14,700 (incl ded)	
Co-Insurance	D-10%; ND-30%		D-10%; ND-30%		D-20%; ND-40%	
Office Visits						
Primary Care	D-\$30 ded waived; ND-\$50 after ded		D-10% after ded; ND-30% after ded		D-\$45 ded waived; ND-40% after ded	
Specialist	D-\$50 ded waived; ND-\$70		D-10% after ded; ND-30%		D-\$75 ded waived; ND-40%	
Maternity Prenatal/Postnatal Care	after ded Pre-No charge; Post-refer to carrier		after ded Pre-No charge; Post-refer to carrier		after ded Pre-No charge; Post-refer to carrier	
Chiropractic Care	D-\$50 ded waived; ND-\$70 after ded		D-10% after ded; ND-30% after ded		D-\$75 ded waived; ND-40% after ded	
Inpatient Services						
Inpatient Hospital	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded	
Mental Health Inpatient	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded	
Substance Abuse Inpatient	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded	
Outpatient Services						
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		Lab-D-\$75 ded waived; ND-40% after ded; X-ray-D-20% after ded; ND-40% after ded	
Advanced Radiology	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded	
Mental Health Outpatient	D-\$50 ded waived; ND-\$70 after ded		D-10% after ded; ND-30% after ded		D-\$75 ded waived; ND-40% after ded	
Substance Abuse Outpatient	D-\$50 ded waived; ND-\$70 after ded		D-10% after ded; ND-30% after ded		D-\$75 ded waived; ND-40% after ded	
Emergency Care	1					
Emergency Room	\$750 (waived if admitted) ded waived		D-10% after ded; ND-Paid as designated		D-20% after ded; ND-Paid as designated	
Ambulance	D-10% after ded; ND-Paid as designated		D-10% after ded; ND-Paid as designated		D-20% after ded; ND-Paid as designated	
Urgent Care	D-\$75 ded waived; ND-\$100 ded waived		D-10% after ded; ND-30% after ded		D-\$90 ded waived; ND-40% after ded	
Recovery/Special Needs						
Home Health Care	25% ded waived; 40 visits/cal yr		25% after ded; 40 visits/plan yr		25% ded waived; 40 visits/cal yr	
Skilled Nursing	D-10% after ded; ND-30% after ded		D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded	
Single	1 x \$898.65		1 x \$782.01		1 x \$751.85	
EE with Spouse	0 x \$1,797.31		0 x \$1,564.02		0 x \$1,503.71	
EE with Child(ren)	0 x \$1,527.71		0 x \$1,329.42		0 x \$1,278.15	
Family	1 x \$2,561.16		1 x \$2,228.73		1 x \$2,142.78	
	1		1		1	
Monthly Cost	2 \$3,459.81		2 \$3,010.74		2 \$2,894.63	

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

Aetna 2018 2nd qtr Savings plans New vork Citv Prepared For: New Yo Prepared By: Clifford Grekin Inc. - (631)963-6020

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	Aetn Silver Savings Plus O 14038857 (EPO	AEPO 2000 70% ID:	Aetna Bronze Savings Plus OAEPO 4500 60% ID: 14038859 (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	D-\$2,000/\$4,000; ND-		D-\$4,500/\$9,000; ND-		
	\$4,000/\$8,000 embedded		\$6,000/\$12,000 embedded		
Individual/Family OOP Limit	D-\$7,150/\$14,300; ND- \$7,350/\$14,700 (incl ded)		D-\$6,850/\$13,700; ND- \$7,150/\$14,300 (incl ded)		
Co-Insurance	D-30%; ND-50%		D-40%; ND-50%		
Office Visits					
Primary Care	D-\$40 ded waived; ND-\$60		D-40% after ded; ND-50%		
	after ded		after ded		
Specialist	D-\$70 ded waived; ND-\$85		D-40% after ded; ND-50% after ded		
Maternity Prenatal/Postnatal Coro	after ded Pre-No charge: Post-refer to				
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier		
Chiropractic Care	D-\$70 ded waived; ND-\$85 after ded		D-40% after ded; ND-50% after ded		
Inpatient Services					
Inpatient Hospital	D-30% after ded; ND-50% after ded		D-40% after ded; ND-50% after ded		
Mental Health Inpatient	D-30% after ded; ND-50% after ded		D-40% after ded; ND-50% after ded		
Substance Abuse Inpatient	D-30% after ded; ND-50% after ded		D-40% after ded; ND-50% after ded		
Outpatient Services					
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		
Lab/X-Ray	D-30% after ded; ND-50%		D-40% after ded; ND-50%		
	after ded		after ded		
Advanced Radiology	D-30% after ded; ND-50%		D-40% after ded; ND-50%		
	after ded		after ded		
Mental Health Outpatient	D-\$70 ded waived; ND-\$85 after ded		D-40% after ded; ND-50% after ded		
Substance Abuse Outpatient	D-\$70 ded waived; ND-\$85 after ded		D-40% after ded; ND-50% after ded		
Emergency Care					
Emergency Room	\$750 (waived if admitted) ded waived		D-40% after ded; ND-Paid as designated		
Ambulance	D-30% after ded; ND-Paid as designated		D-40% after ded; ND-Paid as designated		
Urgent Care	D-\$80 ded waived; ND-\$120 ded waived		D-40% after ded; ND-50% after ded		
Recovery/Special Needs					
Home Health Care	25% ded waived; 40		25% ded waived; 40		
	visits/cal yr		visits/cal yr		
Skilled Nursing	D-30% after ded; ND-50% after ded		D-40% after ded; ND-50% after ded		
Single	1 x \$751.57		1 x \$692.85		
EE with Spouse	0 x \$1,503.14		0 x \$1,385.70		
EE with Child(ren)	0 x \$1,277.67		0 x \$1,177.84		
Family	1 x \$2,141.98		1 x \$1,974.62		
Monthly Cost	2 \$2,893.55		2 \$2,667.47		
Annual Cost	. ,				
Annual Cust	\$34,722.60		\$32,009.64		

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