Prepared For : Aetna 2015 3rd qtr Albany region Albany County, NY 12007

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

Health Plan Comparison Report (4L)

 Prepared On : 5/4/2015
 Report Id : 28371524

 Effective Date : 07/01/2015
 SIC : 0000

	Aetna Gold OAEPO 1000 90% ID: 14025420 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2000 80% ID: 14025424 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2000 60% ID: 14025423 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 70% ID: 14025426 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/50%to\$750/TCS		10/50/50%to\$750/TCS		10/50/50%to\$750/TCS		10/50/50%to\$750/TCS	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$2,000/\$4,000 embedded		\$2,000/\$4,000 embedded		\$3,000/\$6,000 embedded	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	10%		20%		40%		30%	
Office Visits								
Primary Care	\$30 ded waived		\$40 ded waived		\$30 ded waived		\$50 ded waived	
Specialist	\$50 ded waived		\$70 ded waived		\$50 ded waived		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		40% after ded		30% after ded	
Mental Health Inpatient	10% after ded		20% after ded		40% 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		Lab-\$70 ded waived; X-ray-20% after ded		Lab-\$50 ded waived; X-ray- 40% after ded		Lab-\$75 ded waived; X-ray-30% after ded	
Mental Health Outpatient	\$50 ded waived		\$70 ded waived		\$50 ded waived		\$75 ded waived	
Emergency Care								
Emergency Room	\$150 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x \$547.48		1 x \$467.09		1 x \$476.57		1 x \$453.24	
EE with Spouse	0 x \$1,094.96		0 x \$934.17		0 x \$953.14		0 x \$906.48	
EE with Child(ren)	0 x \$930.72		0 x \$794.05		0 x \$810.17		0 x \$770.50	
Family	1 x \$1,560.32		1 x \$1,331.20		1 x \$1,358.22		1 x \$1,291.73	
Monthly Cost	2 \$2,107.80		2 \$1,798.29		2 \$1,834.79		2 \$1,744.97	
Annual Cost	\$25,293.60		\$21,579.48		\$22,017.48		\$20,939.64	

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

Prepared For : Aetna 2015 3rd qtr Albany region Albany County, NY 12007

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

Health Plan Comparison Report (4L)

Prepared On : 5/4/2015 SIC:0000 Effective Date : 07/01/2015

Report Id : 28371524

	Aetna Silver OAEPO 2000 90% HSA PY ID: 14025425 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 5000 60% ID: 14025416 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 3000 100% HSA PY ID: 14025411 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 3500 60% HSA PY ID: 14025413 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed		10/55/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed	
Cost Share Information								
ndividual/Family Deductible	\$2,000/\$4,000 non-embedded		\$5,000/\$10,000 embedded		\$3,000/\$6,000 non-embedded		\$3,500/\$7,000 non-embedded	
ndividual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,250/\$12,500 (incl ded)		\$6,450/\$12,900 (incl ded)		\$6,250/\$12,500 (incl ded)	
Co-Insurance	10%		40%		0%		40%	
Office Visits								
Primary Care	10% after ded		\$50 ded waived		\$50 after ded		40% after ded	
Specialist	10% after ded		40% after ded		\$75 after ded		40% after ded	
npatient Services								
npatient Hospital	10% after ded		40% after ded		\$1,000/admit after ded		40% after ded	
Mental Health Inpatient	10% after ded		40% after ded		\$1,000/admit after ded		40% after ded	
Outpatient Services								
Dutpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
.ab/X-Ray	10% after ded		40% after ded		\$75 after ded		40% after ded	
Mental Health Outpatient	10% after ded		40% ded waived		\$75 after ded		40% after ded	
mergency Care								
mergency Room	10% (waived if admitted) after ded		40% after ded		\$200 (waived if admitted) after ded		40% after ded	
Jrgent Care	10% after ded		40% after ded		\$75 after ded		40% after ded	
Single	1 x \$459.39		1 x \$396.78		1 x \$396.31		1 x \$392.29	
E with Spouse	0 x \$918.78		0 x \$793.57		0 x \$792.62		0 x \$784.57	
EE with Child(ren)	0 x \$780.96		0 x \$674.53		0 x \$673.72		0 x \$666.89	
amily	1 x \$1,309.26		1 x \$1,130.83		1 x \$1,129.48		1 x \$1,118.02	
Nonthly Cost	2 \$1,768.65		2 \$1,527.61		2 \$1,525.79		2 \$1,510.31	
Nontiny Cost	2 φ1,700.00		\$18,331.32		\$18,309.48		\$18,123.72	

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

Prepared For : Aetna 2015 3rd qtr Albany region Albany County, NY 12007

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

Health Plan Comparison Report (4L)

Prepared On : 5/4/2015 Report Id : 28371524 Effective Date : 07/01/2015

SIC:0000

	Aetna Bronze OAEPO 4000 80% ID: 14025414 (EPOc) (UCR=N/A)		Aetna Bronze OAEPO 5000 100% HSA PY ID: 14025415 (HSA) (UCR=N/A)		Aetna Bronze OAEPO 3500 50% ID: 14025412 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/50/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed		10/50/50%to\$750/TCS IntDed	
Cost Share Information						
ndividual/Family Deductible	\$4,000/\$8,000 embedded		\$5,000/\$10,000 non-embedded		\$3,500/\$7,000 embedded	
ndividual/Family OOP Limit	\$6,600/\$13,200 (incl ded)		\$6,250/\$12,500 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	20%		0%		50%	
Office Visits						
Primary Care	\$25 after ded		0% after ded		50% after ded	
Specialist	20% after ded		0% after ded		50% after ded	
Inpatient Services						
npatient Hospital	20% after ded		0% after ded		50% after ded	
Mental Health Inpatient	20% after ded		0% after ded		50% after ded	
Outpatient Services						
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
_ab/X-Ray	20% after ded		0% after ded		50% after ded	
Mental Health Outpatient	20% after ded		0% after ded		50% after ded	
Emergency Care						
Emergency Room	20% after ded		0% after ded		50% after ded	
Jrgent Care	20% after ded		0% after ded		50% after ded	
Single	1 x \$388.79		1 x \$387.37		1 x \$384.72	
EE with Spouse	0 x \$777.58		0 x \$774.73		0 x \$769.45	
EE with Child(ren)	0 x \$660.94		0 x \$658.52		0 x \$654.03	
Family	1 x \$1,108.05		1 x \$1,104.00		1 x \$1,096.46	
Monthly Cost	2 \$1,496.84		2 \$1,491.37		2 \$1,481.18	
Annual Cost	\$17,962.08		\$17,896.44		\$17,774.16	

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