Prepared For : Aetna 2015 3rd qtr Mid Hudson region Delaware County, NY 12167

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

Health Plan Comparison Report (4L)

 Prepared On : 5/4/2015
 Report Id : 28371608

 Effective Date : 07/01/2015
 SIC : 0000

In-NetworkOut-NetworkPrescription Drugs $10/50/50\%to\$750/TCS$ Drug Card $10/50/50\%to\$750/TCS$ Cost Share Information $10/50/50\%to\$750/TCS$ Individual/Family Deductible $\$1,000/\$2,000$ embeddedIndividual/Family Deductible $\$1,000/\$2,000$ embeddedIndividual/Family OOP Limit $\$4,000/\$8,000$ (incl ded)Co-Insurance 10% Office Visits $$	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)	
Drug Card10/50/50%to\$750/TCSCost Share InformationIndividual/Family Deductible\$1,000/\$2,000 embeddedIndividual/Family OOP Limit\$4,000/\$8,000 (incl ded)Co-Insurance10%Office VisitsPrimary Care\$30 ded waivedSpecialist\$50 ded waivedInpatient ServicesInpatient Hospital10% after dedMental Health Inpatient10% after dedOutpatient ServicesOutpatient FacilityRefer to Outpatient SurgeryLab/X-Ray10% after dedMental Health Outpatient\$50 ded waivedEmergency CareEmergency CareEmergency Room\$150 (waived if admitted) ded waivedUrgent Care\$75 ded waivedSingle1 xStople1 xSingle1 xStople0 xSingle1 xStople0 xSingle1 xStople0 xSingle1 xStople0 xSingle1 xStople0 xSingle1 xStople0 xSingle1 xStople1 x <th>In-Network</th> <th>Out-Network</th> <th>In-Network</th> <th>Out-Network</th> <th>In-Network</th> <th>Out-Network</th>	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Cost Share InformationIndividual/Family Deductible\$1,000/\$2,000 embeddedIndividual/Family OOP Limit\$4,000/\$8,000 (incl ded)Co-Insurance10%Office Visits*********************************						
Individual/Family Deductible \$1,000/\$2,000 embedded Individual/Family OOP Limit \$4,000/\$8,000 (incl ded) Co-Insurance 10% Office Visits Primary Care \$30 ded waived Specialist \$50 ded waived Inpatient Services Inpatient Hospital 10% after ded Mental Health Inpatient 10% after ded Outpatient Services Outpatient Facility Refer to Outpatient Surgery 10% after ded Mental Health Outpatient \$50 ded waived Emergency Care Emergency Room \$150 (waived if admitted) ded waived Urgent Care \$75 ded waived Single 1 x \$594.22 E with Spouse 0 x \$1,188.43 E with Child(ren) 0 x \$1,010.17	10/50/50%to\$750/TCS		10/50/50%to\$750/TCS		10/50/50%to\$750/TCS	
ndividual/Family OOP Limit \$4,000/\$8,000 (incl ded) Co-Insurance 10% Office Visits Primary Care \$30 ded waived Specialist \$50 ded waived npatient Services npatient Hospital 10% after ded Mental Health Inpatient 10% after ded Outpatient Services Dutpatient Facility Refer to Outpatient Surgery 10% after ded Mental Health Outpatient \$50 ded waived Emergency Care \$50 ded waived Emergency Room \$150 (waived if admitted) ded waived Single 1 x \$594.22 E with Spouse 0 x \$1,188.43 E with Child(ren) 0 x \$1,010.17						
Co-Insurance 10% Office Visits ************************************	\$2,000/\$4,000 embedded		\$2,000/\$4,000 embedded		\$3,000/\$6,000 embedded	
Office VisitsPrimary Care\$30 ded waivedSpecialist\$50 ded waivedInpatient ServicesInpatient Hospital10% after dedMental Health Inpatient10% after dedOutpatient ServicesOutpatient ServicesOutpatient FacilityRefer to Outpatient SurgeryLab/X-Ray10% after dedMental Health Outpatient\$50 ded waivedEmergency CareImage: Care state stat	\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,600/\$13,200 (incl ded)	
Primary Care\$30 ded waivedSpecialist\$50 ded waivedInpatient ServicesInpatient Hospital10% after dedMental Health Inpatient10% after dedOutpatient ServicesOutpatient ServicesOutpatient FacilityRefer to Outpatient SurgeryLab/X-Ray10% after dedMental Health Outpatient\$50 ded waivedEmergency CareEmergency Room\$150 (waived if admitted) ded waivedUrgent Care\$75 ded waivedSingle1 xEwith Spouse0 xEwith Spouse0 xEwith Child(ren)0 x\$1,010.17	20%		40%		30%	
Specialist\$50 ded waivedInpatient ServicesInpatient Hospital10% after dedMental Health Inpatient10% after dedOutpatient ServicesOutpatient FacilityRefer to Outpatient SurgeryLab/X-Ray10% after dedMental Health Outpatient\$50 ded waivedEmergency CareEmergency CareEmergency Room\$150 (waived if admitted) ded waivedSingle1 x\$594.22E with Spouse0 xE with Child(ren)0 x\$1,010.17						
Inpatient Services Inpatient Hospital 10% after ded Mental Health Inpatient 10% after ded Outpatient Services Inpatient Outpatient Facility Refer to Outpatient Surgery Lab/X-Ray 10% after ded Mental Health Outpatient \$50 ded waived Emergency Care Inpatient Emergency Room \$150 (waived if admitted) ded waived Urgent Care \$75 ded waived Single 1 x \$594.22 Et with Spouse 0 x \$1,188.43 Et with Child(ren) 0 x \$1,010.17	\$40 ded waived		\$30 ded waived		\$50 ded waived	
npatient Hospital 10% after ded Mental Health Inpatient 10% after ded Dutpatient Services 10% after ded Dutpatient Facility Refer to Outpatient Surgery Lab/X-Ray 10% after ded Mental Health Outpatient \$50 ded waived Emergency Care 10% Emergency Room \$150 (waived if admitted) ded waived Jrgent Care \$75 ded waived Single 1 x \$594.22 E with Spouse 0 x \$1,188.43 E with Child(ren) 0 x \$1,010.17	\$70 ded waived		\$50 ded waived		\$75 ded waived	
Mental Health Inpatient 10% after ded Dutpatient Services Image: Constraint of the service						
Dutpatient Services Dutpatient Facility Refer to Outpatient Surgery .ab/X-Ray 10% after ded Mental Health Outpatient \$50 ded waived Emergency Care ####################################	20% after ded		40% after ded		30% after ded	
Outpatient Facility Refer to Outpatient Surgery Lab/X-Ray 10% after ded Mental Health Outpatient \$50 ded waived Emergency Care Emergency Room \$150 (waived if admitted) ded waived Urgent Care Single 1 x \$594.22 EE with Spouse 0 x \$1,188.43 EE with Child(ren) 0 x \$1,010.17	20% after ded		40% after ded		30% after ded	
Surgery Lab/X-Ray 10% after ded Mental Health Outpatient \$50 ded waived Emergency Care Emergency Room \$150 (waived if admitted) ded waived Jrgent Care \$75 ded waived Single 1 x \$594.22 EE with Spouse 0 x \$1,188.43 EE with Child(ren) 0 x \$1,010.17						
Mental Health Outpatient \$50 ded waived Emergency Care \$150 (waived if admitted) ded waived Emergency Room \$150 (waived if admitted) ded waived Jrgent Care \$75 ded waived Single 1 x \$594.22 EE with Spouse 0 x \$1,188.43 EE with Child(ren) 0 x \$1,010.17	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Emergency Care \$150 (waived if admitted) ded waived Emergency Room \$150 (waived if admitted) ded waived Urgent Care \$75 ded waived Single 1 x \$594.22 EE with Spouse 0 x \$1,188.43 EE with Child(ren) 0 x \$1,010.17	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	
Emergency Room\$150 (waived if admitted) ded waivedUrgent Care\$75 ded waivedSingle1 x \$594.22EE with Spouse0 x \$1,188.43EE with Child(ren)0 x \$1,010.17	\$70 ded waived		\$50 ded waived		\$75 ded waived	
ded waived Jrgent Care \$75 ded waived Single 1 x \$594.22 EE with Spouse 0 x \$1,188.43 EE with Child(ren) 0 x \$1,010.17	1					
Single 1 x \$594.22 EE with Spouse 0 x \$1,188.43 EE with Child(ren) 0 x \$1,010.17	\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived		\$200 (waived if admitted) ded waived	
EE with Spouse 0 x \$1,188.43 EE with Child(ren) 0 x \$1,010.17	\$75 ded waived		\$75 ded waived		\$75 ded waived	
EE with Child(ren) 0 x \$1,010.17	1 x \$506.96		1 x \$517.25		1 x \$491.93	
	0 x \$1,013.92		0 x \$1,034.50		0 x \$983.86	
Family 1 x \$1,693.52	0 x \$861.83		0 x \$879.33		0 x \$836.28	
	1 x \$1,444.84		1 x \$1,474.17		1 x \$1,402.00	
	2 \$105190		2 \$100140		2 \$1,002,02	
Monthly Cost 2 \$2,287.74 Annual Cost \$27,452.88	2 \$1,951.80 \$23,421.60		2 \$1,991.42 \$23,897.04		2 \$1,893.93 \$22,727.16	

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

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	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)	
Prescription Drugs	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
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	
Individual/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	
Inpatient Services								
Inpatient 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								
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/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	
Emergency Care								
Emergency Room	10% (waived if admitted) after ded		40% after ded		\$200 (waived if admitted) after ded		40% after ded	
Urgent Care	10% after ded		40% after ded		\$75 after ded		40% after ded	
Single	1 x \$498.61		1 x \$430.66		1 x \$430.14		1 x \$425.77	
EE with Spouse	0 x \$997.21		0 x \$861.31		0 x \$860.28		0 x \$851.55	
EE with Child(ren)	0 x \$847.63		0 x \$732.11		0 x \$731.24		0 x \$723.82	
Family	1 x \$1,421.03		1 x \$1,227.37		1 x \$1,225.90		1 x \$1,213.46	
Monthly Cost	2 61 010 04		2 \$1,659,00		2 \$1 656.04		2 \$1,620.00	
Monthly Cost Annual Cost	2 \$1,919.64 \$23,035.68		2 \$1,658.03 \$19,896.36		2 \$1,656.04 \$19,872.48		2 \$1,639.23 \$19,670.76	

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	Aetna Bronze OAEPO 4000 80% ID: 14025414 (EPOc) (UCR=N/A)		Aetn Bronze OAEPO 5000 14025415 (HSA	100% HSA PY ID:	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			·				
Individual/Family Deductible	\$4,000/\$8,000 embedded		\$5,000/\$10,000 non-embedded		\$3,500/\$7,000 embedded		
Individual/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							
Inpatient 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		
Lab/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		
Urgent Care	20% after ded		0% after ded		50% after ded		
Single	1 x \$421.98		1 x \$420.43		1 x \$417.57		
EE with Spouse	0 x \$843.96		0 x \$840.87		0 x \$835.13		
EE with Child(ren)	0 x \$717.36		0 x \$714.74		0 x \$709.86		
Family	1 x \$1,202.64		1 x \$1,198.24		1 x \$1,190.06		
Monthly Cost	2 \$1,624.62		2 \$1,618.67		2 \$1,607.63		
Annual Cost	\$19,495.44		\$19,424.04		\$19,291.56		

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