Prepared For : Aetna 2015 3rd qtr New York City region New York County, NY 10001

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

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

Prepared On: 5/4/2015 Re

Report Id: 28371643

SIC: 0000

Effective Date : 07/01/2015

	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 \$667.66		1 x \$569.62		1 x \$581.18		1 x \$552.73	
EE with Spouse	0 x \$1,335.32		0 x \$1,139.24		0 x \$1,162.37		0 x \$1,105.46	
EE with Child(ren)	0 x \$1,135.02		0 x \$968.35		0 x \$988.01		0 x \$939.64	
Family	1 x \$1,902.83		1 x \$1,623.41		1 x \$1,656.37		1 x \$1,575.28	
Monthly Cost	2 \$2,570.49		2 \$2,193.03		2 \$2,237.55		2 \$2,128.01	
Annual Cost	\$30,845.88		\$26,316.36		\$26,850.60		\$25,536.12	

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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)		
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	
Prescription Drugs	III-INCLWOIR	Out-Network	III-Network	Out-Network	III-INGLWOIK	Out-Network	III-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									
Individual/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 \$560.23		1 x \$483.88		1 x \$483.30		1 x \$478.40		
EE with Spouse	0 x \$1,120.46		0 x \$967.76		0 x \$966.61		0 x \$956.80		
EE with Child(ren)	0 x \$952.39		0 x \$822.60		0 x \$821.62		0 x \$813.28		
Family	1 x \$1,596.66		1 x \$1,379.06		1 x \$1,377.41		1 x \$1,363.43		
Monthly Cost	2 \$2,156.89		2 \$1,862.94		2 \$1,860.71		2 \$1,841.83		
Annual Cost	\$25,882.68		\$22,355.28		\$22,328.52		\$22,101.96		

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Cost Share Information Individual/Family Deductible \$4 Individual/Family OOP Limit \$6 Co-Insurance 20 Office Visits Primary Care \$2 Specialist 20 Inpatient Services	In-Network  0/50/50%to\$750/TCS atDed  4,000/\$8,000 embedded  6,600/\$13,200 (incl ded)  0%  25 after ded  0% after ded	Out-Network	In-Network  10/50/50%to\$750/TCS IntDed  \$5,000/\$10,000 non-embedded \$6,250/\$12,500 (incl ded)  0%	Out-Network	In-Network  10/50/50%to\$750/TCS IntDed  \$3,500/\$7,000 embedded  \$6,600/\$13,200 (incl ded)	Out-Network
Drug Card 10. Int  Cost Share Information Individual/Family Deductible \$4 Individual/Family OOP Limit \$6  Co-Insurance 20 Office Visits Primary Care \$2 Specialist 20 Inpatient Services	4,000/\$8,000 embedded 6,600/\$13,200 (incl ded) 0%		\$5,000/\$10,000 non-embedded \$6,250/\$12,500 (incl ded)		\$3,500/\$7,000 embedded	_
Int Cost Share Information Individual/Family Deductible \$4 Individual/Family OOP Limit \$6 Co-Insurance 20 Office Visits Primary Care \$2 Specialist 20 Inpatient Services	4,000/\$8,000 embedded 6,600/\$13,200 (incl ded) 0%		\$5,000/\$10,000 non-embedded \$6,250/\$12,500 (incl ded)	_	\$3,500/\$7,000 embedded	_
Individual/Family Deductible \$4 Individual/Family OOP Limit \$6 Co-Insurance 20 Office Visits Primary Care \$2 Specialist 20 Inpatient Services	6,600/\$13,200 (incl ded) 0% 25 after ded		non-embedded \$6,250/\$12,500 (incl ded)			
Individual/Family OOP Limit \$6 Co-Insurance 20 Office Visits Primary Care \$2 Specialist 20 Inpatient Services	6,600/\$13,200 (incl ded) 0% 25 after ded		non-embedded \$6,250/\$12,500 (incl ded)			
Co-Insurance 20 Office Visits Primary Care \$2 Specialist 20 Inpatient Services	0% 25 after ded				\$6,600/\$13,200 (incl ded)	
Office Visits Primary Care \$2 Specialist 20 Inpatient Services	25 after ded		0%			
Primary Care \$2 Specialist 20 Inpatient Services			10.00		50%	
Specialist 20 Inpatient Services						
Inpatient Services	0% after ded		0% after ded		50% after ded	
•	o /o antor dod		0% after ded		50% after ded	
Inpatient Hospital 20	0% after ded		0% after ded		50% after ded	
Mental Health Inpatient 20	0% after ded		0% after ded		50% after ded	
Outpatient Services						_
	lefer to Outpatient lurgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray 20	0% after ded		0% after ded		50% after ded	
Mental Health Outpatient 20	0% after ded		0% after ded		50% after ded	
Emergency Care						
Emergency Room 20	0% after ded		0% after ded		50% after ded	
Urgent Care 20	0% after ded		0% after ded		50% after ded	
Single	1 x \$474.13		1 x \$472.40		1 x \$469.17	
EE with Spouse	0 x \$948.26		0 x \$944.80		0 x \$938.35	
EE with Child(ren)	0 x \$806.02		0 x \$803.08		0 x \$797.60	
Family	1 x \$1,351.28		1 x \$1,346.34		1 x \$1,337.15	
Monthly Cost	2 \$1,825.41		2 \$1,818.74		2 \$1,806.32	
Annual Cost	\$21,904.92		\$21,824.88		\$21,675.84	