Prepared For : Aetna 2015 3rd qtr Syracuse region Broome County, NY 13737

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

Health Plan Comparison Report (4L)

 Prepared On : 5/4/2015
 Report Id : 28371674

 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 | | | | | | | | |
| ndividual/Family Deductible | \$1,000/\$2,000 embedded | | \$2,000/\$4,000 embedded | | \$2,000/\$4,000 embedded | | \$3,000/\$6,000 embedded | |
| ndividual/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 | | | | | | | | |
| npatient 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 | |
| _ab/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 | |
| Jrgent Care | \$75 ded waived | | \$75 ded waived | | \$75 ded waived | | \$75 ded waived | |
| Single | 1 x \$527.45 | | 1 x \$450.00 | | 1 x \$459.13 | | 1 x \$436.66 | |
| EE with Spouse | 0 x \$1,054.90 | | 0 x \$900.00 | | 0 x \$918.27 | | 0 x \$873.31 | |
| EE with Child(ren) | 0 x \$896.67 | | 0 x \$765.00 | | 0 x \$780.53 | | 0 x \$742.32 | |
| Family | 1 x \$1,503.23 | | 1 x \$1,282.49 | | 1 x \$1,308.53 | | 1 x \$1,244.47 | |
| Monthly Cost | 2 \$2,030.68 | | 2 \$1,732.49 | | 2 \$1,767.66 | | 2 \$1,681.13 | |
| Annual Cost | \$24,368.16 | | \$20,789.88 | | \$21,211.92 | | \$20,173.56 | |

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 I 14025425 (HSA) (UCR=N/ | PY ID: Bronze OAEPO 5000 | Aetna Bronze OAEPO 5000 60% ID: 14025416 (EPOc) (UCR=N/A) | | a 100% HSA PY ID: \) (UCR=N/A) | Aetna Bronze OAEPO 3500 60% HSA PY ID: 14025413 (HSA) (UCR=N/A) | |
|------------------------------|--|--------------------------------|---|---|--------------------------------------|---|--|
| | In-Network Out-Network | etwork 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 | | | | | | | |
| 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 | | | 1 | | | | |
| 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 | | | 1 | | | | |
| 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 | | | 1 | | | | |
| 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 \$442.58 | 1 x \$382.27 | | 1 x \$381.81 | | 1 x \$377.93 | |
| EE with Spouse | 0 x \$885.16 | 0 x \$764.53 | | 0 x \$763.62 | | 0 x \$755.87 | |
| EE with Child(ren) | 0 x \$752.39 | 0 x \$649.85 | | 0 x \$649.08 | | 0 x \$642.49 | |
| Family | 1 x \$1,261.36 | 1 x \$1,089.46 | | 1 x \$1,088.16 | | 1 x \$1,077.11 | |
| Monthly Cost | 2 \$1,703.94 | 2 \$1,471.73 | | 2 \$1,469.97 | | 2 \$1,455.04 | |
| Annual Cost | \$20,447.28 | \$17,660.76 | | \$17,639.64 | | \$17,460.48 | |

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| Prescription DrugsInterviewInterviewInterviewDrug Card10/50/50%105750/TCS10/50/50%105750/TCS10/50/50%105750/TCSIndividual/Family Deductible\$4,000\$8,000 embedded\$5,000\$10,000\$3,500/7,000 embeddedIndividual/Family Deductible\$4,000\$8,000 embedded\$5,000\$10,000\$3,500/7,000 embeddedIndividual/Family Deductible\$6,600\$13,200 (ncl ded)\$6,600\$13,200 (ncl ded)\$6,600\$13,200 (ncl ded)Co-Insurance20%0%\$6\$0% after ded\$0% after dedOffice Visis V V V \$0% after ded\$0% after dedIngatient Hospital20% after ded0% after ded 0% after ded\$0% after dedDupatient FacilitySurgerySurgery\$0% after ded\$0% after dedDupatient FacilitySergerySurgery\$0% after ded\$0% after dedDupatient FacilitySurgerySurgery\$0% after ded\$0% after dedDupatient FacilitySurgery\$0% after ded\$0% after ded\$0% after dedDupatient FacilitySurgery\$ | | Aetna Bronze OAEPO 4000 80% ID: 14025414 (EPOc) (UCR=N/A) | | Aetna Bronze OAEPO 5000 14025415 (HSA | 100% HSA PY ID: | Aetna Bronze OAEPO 3500 50% ID: 14025412 (EPOc) (UCR=N/A) | | |
|---|------------------------------|---|-------------|---|-----------------|---|-------------|--|
| IntDed IntDed IntDed IntDed Cost Share Information IntDed IntDed IntDed Individual/Family Deductible \$4,000/\$8,000 embedded \$5,000\$10,000 non-embedded \$5,500\\$7,000 embedded \$5,500\\$7,000 embedded Individual/Family ODP Limit \$6,600\\$13,200 (incl ded) \$6,250\\$12,500 (incl ded) \$5,000\\$7,000 embedded \$5,000\\$7,000 embedded Cortarrance 20% 0% \$5,250\\$7,2500 (incl ded) \$5,000\\$7,000 embedded \$5,000\\$7,000 embedded Cortarrance 20% \$6,600\\$13,200 (incl ded) \$6,600\\$13,200 (incl ded) \$5,000\\$7,000 embedded \$5,000\\$7,000 embedded Cortarrance 20% \$5,000\\$7,000 embedded \$5,000\\$7,000 embedde | | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network | |
| InddedInddedInddedInddedInddedInddedCost Share Information 4.000 (\$8,000 embedded $$5,000$ \$1,000 non-embedded $$5,500$ \$1,000 mbedded $$5,500$ \$1,200 (incl ded) $$5,500$ \$1, | Prescription Drugs | | | | | | | |
| Individual/Family Deductible Individual/Family Deductible S6,600/\$13,200 (incl ded)\$5,000/\$10,000 non-embedded S6,600/\$13,200 (incl ded)\$5,500/\$7,000 embedded S6,600/\$13,200 (incl ded)Co-Insurance Office Visits20%0%50%Primary Care Specialist 20% after ded20% after ded 0% after ded50% after ded 50% after dedInpatient Services0% after ded 0% after ded50% after ded 50% after dedUngatient Services0% after ded 0% after ded50% after ded 50% after dedOutpatient Services0% after ded 0% after ded50% after ded 50% after dedOutpatient Services0% after ded 0% after ded50% after ded 50% after dedOutpatient Facility | Drug Card | | | | | | | |
| non-embeddednon-embeddedSecond stateIndividual/Family OOP Limit\$6.600/\$13,200 (incl ded)\$6.600/\$13,200 (incl ded)Co-insurance20%0% 50% Office VisitsPrimary Care 525 after ded 0% after ded 50% after dedDiffer VisitsImpatient ServicesInpatient ServicesInpatient ServicesOffice VisitsOffice VisitsOffice VisitsInpatient ServicesInpatient ServicesOffice VisitsOther Health Inpatient20% after dedOffice VisitsOutpatient ServicesOutpatient FacilityRefer to OutpatientSurgeryColspan="4">Cols | Cost Share Information | | | | | | | |
| Co-Insurance20%0%0%0%0%0%Office Visits V V V V V Primary Care\$25 after ded0% after ded 50% after ded 0% after ded 50% after ded 0% after ded 0% after ded 50% after ded 0% after ded <td< td=""><td>Individual/Family Deductible</td><td>\$4,000/\$8,000 embedded</td><td></td><td></td><td></td><td>\$3,500/\$7,000 embedded</td><td></td></td<> | Individual/Family Deductible | \$4,000/\$8,000 embedded | | | | \$3,500/\$7,000 embedded | | |
| Office Visits Image: Second | Individual/Family OOP Limit | \$6,600/\$13,200 (incl ded) | | \$6,250/\$12,500 (incl ded) | | \$6,600/\$13,200 (incl ded) | | |
| Primary Care Specialist $$25 after ded$ $0\% after ded$ $50\% after ded$ $50\% after ded$ Specialist $20\% after ded$ $0\% after ded$ $0\% after ded$ $50\% after ded$ Inpatient Services $20\% after ded$ $0\% after ded$ $0\% after ded$ $50\% after ded$ Mental Health Inpatient $20\% after ded$ $0\% after ded$ $0\% after ded$ $50\% after ded$ Outpatient Services $20\% after ded$ $0\% after ded$ $50\% after ded$ $50\% after ded$ Outpatient Services $20\% after ded$ $8fer to Outpatient Surgery$ $8fer ded$ $50\% after ded$ Outpatient Facility Lab/X-Ray $8fer ded$ $0\% after ded$ $0\% after ded$ $50\% after ded$ $8fer ded$ Mental Health Outpatient Surgery $20\% after ded$ $0\% after ded$ $0\% after ded$ $50\% after ded$ 1% Dupper Care $20\% after ded$ $0\% after ded$ $0\% after ded$ $50\% after ded$ $1\% 370.05 Single $1 \times 374.56 $1 \times 373.20 $1 \times 370.55 $5\% after ded$ $0 \times 630.10 Single $1 \times $1,067.51$ $1 \times $1,063.61$ $1 \times $1,063.61$ $1 \times $1,056.35$ Monthly Cost 2 $$1,427.07$ 2 $$1,427.07$ 2 $$1,427.07$ | Co-Insurance | 20% | | 0% | | 50% | | |
| Specialist20% after ded0% after ded50% after ded1Inpatient Services20% after ded0% after ded50% after ded50% after dedMental Heath Inpatient20% after ded0% after ded50% after ded50% after dedOutpatient Services 20% after ded 0% after ded 0% after ded 0% after ded 0% after dedOutpatient FacilityRefer to Outpatient SurgeryRefer to Outpatient Surgery $Refer to OutpatientSurgeryRefer to Outpatient<$ | Office Visits | | | | | | | |
| Impatient Services O% after ded 50% after ded 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 0 8efer to Outpatient 50% after ded Outpatient Facility Refer to Outpatient Surgery Refer to Outpatient Surgery 20% after ded 0% after ded 50% after ded Mental Health Outpatient 20% after ded 0% after ded 50% after ded Mental Health Outpatient 20% after ded 0% after ded 50% after ded Emergency Care 0% after ded 0% after ded 50% after ded Urgent Care 20% after ded 0% after ded 50% after ded Single 1 x<\$374.56 | Primary Care | \$25 after ded | | 0% after ded | | 50% after ded | | |
| Inpatient Hospital20% after ded0% after ded50% after dedMental Health Inpatient20% after ded0% after ded50% after dedOutpatient Services 0% after ded 0% after ded 50% after dedOutpatient FacilityRefer to Outpatient SurgeryRefer to Outpatient SurgeryRefer to Outpatient SurgeryRefer to Outpatient SurgeryRefer to Outpatient SurgeryLab/X-Ray20% after ded0% after ded50% after dedMental Health Outpatient Surgery20% after ded0% after ded50% after dedMental Health Outpatient Emergency Care20% after ded0% after ded50% after dedUrgent Care20% after ded0% after ded50% after ded0% after dedSingle E with Spouse1 x\$374.561 x\$373.201 x\$370.65E with Spouse E with Child(ren) Family0 x\$636.760 x\$634.430 x\$630.10Nonthly Cost2\$1,442.072\$1,442.072\$1,442.072\$1,427.00 | Specialist | 20% after ded | | 0% after ded | | 50% after ded | | |
| Mental Health Inpatient 20% after ded 0% after ded 50% after dedOutpatient ServicesXXXXOutpatient FacilityRefer to Outpatient SurgeryRefer to Out | Inpatient Services | | | | | | | |
| Outpatient ServicesImage: Constraint of the service of | Inpatient Hospital | 20% after ded | | 0% after ded | | 50% after ded | | |
| Surgery< | Mental Health Inpatient | 20% after ded | | 0% after ded | | 50% after ded | | |
| Surgery< | Outpatient Services | | | | | | | |
| Mental Health Outpatient20% after ded0% after ded50% after dedEmergency Care $1 \times 1 \times 1,067.51$ Emergency Room20% after ded0% after ded50% after dedUrgent Care20% after ded0% after ded50% after dedSingle1 x \$374.561 x \$373.201 x \$370.65E with Spouse0 x \$749.130 x \$746.390 x \$741.30E with Child(ren)0 x \$636.760 x \$634.430 x \$630.10Family1 x \$1,067.511 x \$1,063.611 x \$1,056.35Monthly Cost2 \$1,442.072 \$1,436.812 \$1,427.00 | Outpatient Facility | | | | | | | |
| Emergency Care 20% after ded 0% after ded 0% after ded 50% after ded Urgent Care 20% after ded 0% after ded 0% after ded 50% after ded 50% after ded Single 1 x \$374.56 1 x \$373.20 1 x \$370.65 EE with Spouse 0 x \$749.13 0 x \$746.39 0 x \$741.30 EE with Child(ren) 0 x \$636.76 0 x \$634.43 0 x \$630.10 Family 1 x \$1,067.51 1 x \$1,063.61 1 x \$1,056.35 Monthly Cost 2 \$1,442.07 2 \$1,436.81 2 \$1,427.00 | Lab/X-Ray | 20% after ded | | 0% after ded | | 50% after ded | | |
| Urgent Care 20% after ded 0% after ded 0% after ded 50% after ded Single 1 x \$374.56 1 x \$373.20 1 x \$370.65 EE with Spouse 0 x \$749.13 0 x \$746.39 0 x \$741.30 EE with Child(ren) 0 x \$636.76 0 x \$6634.43 0 x \$630.10 Family 1 x \$1,067.51 1 x \$1,063.61 1 x \$1,056.35 Monthly Cost 2 \$1,442.07 2 \$1,436.81 2 \$1,427.00 | Mental Health Outpatient | 20% after ded | | 0% after ded | | 50% after ded | | |
| Urgent Care 20% after ded 0% after ded 50% after ded 50% after ded Single 1 x \$374.56 1 x \$373.20 1 x \$370.65 EE with Spouse 0 x \$749.13 0 x \$746.39 0 x \$741.30 EE with Child(ren) 0 x \$636.76 0 x \$634.43 0 x \$630.10 Family 1 x \$1,067.51 1 x \$1,063.61 1 x \$1,056.35 Monthly Cost 2 \$1,442.07 2 \$1,436.81 2 \$1,427.00 | Emergency Care | | | | | | | |
| Single 1 x \$374.56 1 x \$373.20 1 x \$370.65 EE with Spouse 0 x \$749.13 0 x \$746.39 0 x \$741.30 EE with Child(ren) 0 x \$636.76 0 x \$634.43 0 x \$630.10 Family 1 x \$1,067.51 1 x \$1,063.61 1 x \$1,056.35 Monthly Cost 2 \$1,442.07 2 \$1,436.81 2 \$1,427.00 | Emergency Room | 20% after ded | | 0% after ded | | 50% after ded | | |
| EE with Spouse 0 x \$749.13 0 x \$746.39 0 x \$741.30 EE with Child(ren) 0 x \$636.76 0 x \$634.43 0 x \$630.10 Family 1 x \$1,067.51 1 x \$1,063.61 1 x \$1,056.35 Monthly Cost 2 \$1,442.07 2 \$1,436.81 2 \$1,427.00 | Urgent Care | 20% after ded | | 0% after ded | | 50% after ded | | |
| EE with Child(ren) 0 x \$636.76 0 x \$634.43 0 x \$630.10 Family 1 x \$1,067.51 1 x \$1,063.61 1 x \$1,056.35 Monthly Cost 2 \$1,442.07 2 \$1,436.81 2 \$1,427.00 | Single | 1 x \$374.56 | | 1 x \$373.20 | | 1 x \$370.65 | | |
| Family 1 x \$1,067.51 1 x \$1,063.61 1 x \$1,056.35 Monthly Cost 2 \$1,442.07 2 \$1,436.81 2 \$1,427.00 | EE with Spouse | | | 0 x \$746.39 | | 0 x \$741.30 | | |
| Monthly Cost 2 \$1,442.07 2 \$1,436.81 2 \$1,427.00 | EE with Child(ren) | 0 x \$636.76 | | 0 x \$634.43 | | 0 x \$630.10 | | |
| | Family | 1 x \$1,067.51 | | 1 x \$1,063.61 | | 1 x \$1,056.35 | | |
| | Monthly Cost | 2 \$1 442 07 | | 2 \$1 436 81 | | 2 \$1 427 00 | | |
| | • | | | . , | | . , | | |

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