

	Aetna NYC Community PlanSM \$20 ID: 14025430 (EPO) (UCR=N/A)		Aetna NYC Community PlanSM \$30 ID: 14025431 (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	10/50/50%to\$750/TCS		10/50/50%to\$750/TCS	
Cost Share Information				
Individual/Family Deductible	D-N/A; ND-\$5,000/\$10,000 embedded		D-N/A; ND-\$5,000/\$10,000 embedded	
Individual/Family OOP Limit	D-\$1,000/\$2,000; ND-\$5,250/\$10,500 (incl ded)		D-\$1,000/\$2,000; ND-\$5,250/\$10,5000 (incl ded)	
Co-Insurance	D-N/A; ND-30%		D-N/A; ND-30% after ded	
Office Visits				
Primary Care	D-\$20; ND-30% after ded		D-\$30; ND-30% after ded	
Specialist	D-\$35; ND-30% after ded		D-\$50; ND-30% after ded	
Maternity Prenatal/Postnatal Care	Pre-No charge; Post-refer to carrier		Pre-No charge; Post-refer to carrier	
Chiropractic Care	D-\$35; ND-30% after ded		D-\$50; ND-30% after ded	
Inpatient Services				
Inpatient Hospital	D-\$500/admit; ND-30% after ded		D-\$1,000/admit; ND-30% after ded	
Mental Health Inpatient	D-\$500/admit; ND-30% after ded		D-\$1,000/admit; ND-30% after ded	
Substance Abuse Inpatient	Detox: D-\$500/admit; ND-30% after ded Rehab: D-\$500/admit; ND-30% after ded		Detox: D-\$1,000/admit; ND-30% after ded Rehab: D-\$1,000/admit; ND-30% after ded	
Outpatient Services				
Outpatient Facility	Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray	Lab-D-No charge ND-30% after ded; X-ray-D-\$35 ND-30% after ded		Lab-D-No charge ND-30% after ded; X-ray-D-\$50 ND-30% after ded	
Advanced Radiology	D-\$35; ND-30% after ded		D-\$50; ND-30% after ded	
Mental Health Outpatient	D-\$35; ND-30% after ded		D-\$50; ND-30% after ded	
Substance Abuse Outpatient	Detox: D-\$35; ND-30% after ded Rehab: D-\$35; ND-30% after ded		Detox: D-\$50; ND-30% after ded Rehab: D-\$50; ND-30% after ded	
Emergency Care				
Emergency Room	\$100 (waived if admitted)		\$150 (waived if admitted)	
Ambulance	\$100		\$100	
Urgent Care	D-\$35; ND-30% after ded		D-\$35; ND-30% after ded	
Recovery/Special Needs				
Home Health Care	D-\$20; ND-25% ded waived 40 visits/cal yr		D-\$30; ND-25% ded waived 40 visits/cal yr	
Skilled Nursing	D-\$500/admit; ND-30% after ded		D-\$1,000/admit; ND-30% after ded	
Durable Medical Equipment	50%		50%	
Single	1 x \$579.56		1 x \$576.60	
EE with Spouse	0 x \$1,159.13		0 x \$1,153.21	
EE with Child(ren)	0 x \$985.26		0 x \$980.23	
Family	1 x \$1,651.75		1 x \$1,643.32	
Monthly Cost	2 \$2,231.31		2 \$2,219.92	
Annual Cost	\$26,775.72		\$26,639.04	

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