Prepared For : Aetna 2015 4th qtr Mid Hudson region Delaware County, NY 12167

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

Health Plan Comparison Report (4L)

 Prepared On : 7/17/2015
 Report Id : 28792092

 Effective Date : 10/01/2015
 SIC : 0000

In-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkOut-NetworkIn-NetworkIn-NetworkOut-NetworkIn-NetworkI	Aetna Silver OAEPO 3000 70% ID: 14025426 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2000 60% ID: 14025423 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2000 80% ID: 14025424 (EPOc) (UCR=N/A)		Aetna Gold OAEPO 1000 90% ID: 14025420 (EPOc) (UCR=N/A)		
Drug Card 1050/50%/kd\$750/TCS 1050/50%/kd\$750/TCS 1050/50%/kd\$750/TCS 1050/50%/kd\$750/TCS Cost Share Information individual/Family Deductibile \$1,000/\$2,000 embedded \$2,000/\$4,000 embedded \$2,000/\$4,000 embedded \$3,000/\$5,000 embedded Individual/Family DoPL Limit \$4,000/\$8,000 (ind ded) \$6,600/\$13,200 (ind ded) \$5,500/\$11,000 (ind ded) \$6,600/\$13,200 (ind ded) Individual/Family DOPL Limit \$4,000/\$8,000 (ind ded) \$6,600/\$13,200 (ind ded) \$5,500/\$11,000 (ind ded) \$6,600/\$13,200 (ind ded) Cohrs Varias 10% 0% 40% 30% 30% Office Varias \$30 ded waived \$50 ded waived \$50 ded waived \$50 ded waived Specialist \$50 ded waived \$20% after ded 40% after ded 30% after ded Ingatient Services 20% after ded 40% after ded 30% after ded Outpatient Facility Refer to Outpatient Surgery Surgery Surgery Liab-S70 ded waived S50 ded waived \$50 ded waived \$76 ded waived Surgery Liab-S70 ded waived Surgery Surgery Surgery Liab-S70 ded waived \$70 ded waived \$70 ded waived \$76 ded waived \$76 ded waived Outpatient Services	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	
Cost Share informatioIndex<									Prescription Drugs
Individual/Family Deducible Individual/Family Deducible S1,000/52,000 embedded S2,000/54,000 embedded S3,000/56,000 (incl ded) S4,000/58,000 (incl ded) S5,000/51,200 (10/50/50%to\$750/TCS		10/50/50%to\$750/TCS		10/50/50%to\$750/TCS		10/50/50%to\$750/TCS	Drug Card
Individual Family OOP Limit 54,000 (knd ded) 56,600 \$13,200 (ind ded) 56,600 \$13,200 (ind ded) 20% 20% 20% 20% 20% 20% 20% 20% 20% 20%									Cost Share Information
Co-Insurance Co-Insurance10%20%40%30%40%Co-Insurance20% \sim 40% \sim </td <td>d</td> <td>\$3,000/\$6,000 embedded</td> <td></td> <td>\$2,000/\$4,000 embedded</td> <td></td> <td>\$2,000/\$4,000 embedded</td> <td></td> <td>\$1,000/\$2,000 embedded</td> <td>Individual/Family Deductible</td>	d	\$3,000/\$6,000 embedded		\$2,000/\$4,000 embedded		\$2,000/\$4,000 embedded		\$1,000/\$2,000 embedded	Individual/Family Deductible
Office Visits Monte Monte Monte Monte Monte Monte Primary Care Specialist \$30 ded waived \$50 ded waived \$30 ded waived \$50 ded waived \$50 ded waived	1)	\$6,600/\$13,200 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,600/\$13,200 (incl ded)		\$4,000/\$8,000 (incl ded)	Individual/Family OOP Limit
Primary Care Specialist\$30 ded waived\$30 ded waived\$50 ded waived<		30%		40%		20%		10%	Co-Insurance
SpecialistS50 ded waivedS70 ded waivedS70 ded waivedS50 ded waivedS75 ded waivedS75 ded waivedInpatient Services10% after ded20% after ded40% after ded30% after ded30% after dedInpatient Hospital10% after ded20% after ded20% after ded40% after ded30% after ded30% after dedInpatient Services10% after ded20% after ded20% after ded40% after ded30% after ded30% after dedOutpatient ServicesVVVVVVVVOutpatient FacilityRefer to Outpatient SurgerySurgerySurgerySurgerySurgerySurgerySurgerySurgerySurgerySurgerySurgerySo ded waivedSto ded waived; X-ray-20% after dedSto ded waivedSto ded waived<									Office Visits
Inpatient Services Inpatient Hospital 10% after ded 20% after ded 40% after ded 30% after ded Inpatient Hospital 10% after ded 20% after ded 40% after ded 30% after ded 30% after ded Mental Health Inpatient 10% after ded 20% after ded 40% after ded 30% after ded 30% after ded Outpatient Services Impatient Surgery Refer to Outpatient 30% after ded 30% after ded 30% after ded Outpatient Facility Refer to Outpatient Surgery Refer to Outpatient Surgery Lab-\$70 ded waived; X-ray-40% after ded X-ray-30% after ded X-ray-30% after ded X-ray-30% after ded \$75 ded waived; X-ray-30% after ded \$75 ded waived X-ray-30% after ded \$75 ded waived X-ray-30% after ded \$75 ded waived \$200 (waived if admitted) ded waived \$75 ded waived		\$50 ded waived		\$30 ded waived		\$40 ded waived		\$30 ded waived	Primary Care
Inpatient Hospital1% after ded20% after ded40% after ded40% after ded30% after ded30% after dedMental Health Inpatient10% after ded20% after ded20% after ded40% after ded30% after ded30% after dedOutpatient Services \sim \sim \sim \sim \sim \sim \sim \sim Outpatient FacilityRefer to Outpatient SurgeryRefer to		\$75 ded waived		\$50 ded waived		\$70 ded waived		\$50 ded waived	Specialist
Mental Health Inpatient10% after ded20% after ded40% after ded30% after ded30% after dedOutpatient ServicesImage: Compatient SurgeryRefer to Outpatient Strengt SurgeryRefer to Outpatient SurgeryRefer to									Inpatient Services
A code of the servicesA code of the		30% after ded		40% after ded		20% after ded		10% after ded	Inpatient Hospital
Outpatient Facility Refer to Outpatient Surgery Refer to Outpatient Lab-\$75 ded waived Refer to Outpatient Surgery Refer to Outpatient Surgery Refer to Outpatient Surgery Refer to Outpatient Sub-\$75 ded waived Refer to Outpatient Sub-\$200 (waived if admitted) ded waived		30% after ded		40% after ded		20% after ded		10% after ded	Mental Health Inpatient
SurgerySurgerySurgerySurgerySurgerySurgerySurgeryLab/X-Ray10% after dedLab-\$70 ded waived; X-ray-20% after dedLab-\$50 ded waived; X-ray-20% after dedLab-\$50 ded waived; X-ray-40% after dedLab-\$75 ded waived; X-ray-30% after dedMental Health Outpatient\$50 ded waived\$70 ded waived\$50 ded waived\$75 ded waivedEmergency Care\$200 (waived if admitted) ded waived\$200 (waived if admitted) 									Outpatient Services
Mental Health Outpatient \$50 ded waived X-ray-20% after ded X-ray-20% after ded X-ray-20% after ded X-ray-40% after ded X-ray-30% after ded Mental Health Outpatient \$50 ded waived \$50 ded waived \$75 ded waived \$75 ded waived \$75 ded waived Emergency Care V Emergency Room \$150 (waived if admitted) ded waived \$200 (waived if admitted) ded									Outpatient Facility
Emergency CareSecond Signed if admitted) ded waivedSecond Signed if admitted) ded waivedSecond Signed SignedSecond Signed Signed SignedSecond Signed Signed SignedSecond Signed Signed Signed SignedSecond Signed Signed Signed Signed Signed Signed SignedSecond Signed Signe						Lab-\$70 ded waived; X-ray-20% after ded		10% after ded	Lab/X-Ray
Emergency Room \$150 (waived if admitted) ded waived \$200 (wai		\$75 ded waived		\$50 ded waived		\$70 ded waived		\$50 ded waived	•
ded waived ded waived ded waived ded waived ded waived Urgent Care \$75 ded waived \$75 ded waived \$75 ded waived \$75 ded waived Single 1 x \$609.57 1 x \$520.06 1 x \$530.62 1 x \$504.64 EE with Spouse 0 x \$1,219.15 0 x \$1,040.12 0 x \$1,061.24 0 x \$1,009.29 EE with Child(ren) 0 x \$1,036.28 0 x \$884.11 0 x \$902.06 0 x \$857.89 Family 1 x \$1,737.29 1 x \$1,482.18 1 x \$1,512.27 1 x \$1,438.23									
Single 1 x \$609.57 1 x \$520.06 1 x \$530.62 1 x \$504.64 EE with Spouse 0 x \$1,219.15 0 x \$1,040.12 0 x \$1,061.24 0 x \$1,009.29 EE with Child(ren) 0 x \$1,036.28 0 x \$884.11 0 x \$902.06 0 x \$857.89 Family 1 x \$1,737.29 1 x \$1,482.18 1 x \$1,512.27 1 x \$1,438.23)					\$200 (waived if admitted) ded waived			Emergency Room
EE with Spouse 0 x \$1,219.15 0 x \$1,040.12 0 x \$1,061.24 0 x \$1,009.29 EE with Child(ren) 0 x \$1,036.28 0 x \$884.11 0 x \$902.06 0 x \$857.89 Family 1 x \$1,737.29 1 x \$1,482.18 1 x \$1,512.27 1 x \$1,438.23		\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	Urgent Care
EE with Child(ren) 0 x \$1,036.28 0 x \$884.11 0 x \$902.06 0 x \$857.89 Family 1 x \$1,737.29 1 x \$1,482.18 1 x \$1,512.27 1 x \$1,438.23	4	1 x \$504.64		1 x \$530.62		1 x \$520.06		1 x \$609.57	Single
Family 1 x \$1,737.29 1 x \$1,482.18 1 x \$1,512.27 1 x \$1,438.23									
Monthly Cost 2 \$2,346.86 2 \$2,002.24 2 \$2,042.89 2 \$1,942.87	3	1 x \$1,438.23		1 x \$1,512.27		1 x \$1,482.18		1 x \$1,737.29	Family
	7	2 \$1 942 87		2 \$2 042 89		2 \$2 002 24		2 \$2 346 86	Monthly Cost
Annual Cost \$28,162.32 \$24,026.88 \$24,514.68 \$23,314.44									•

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)	
	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	
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 \$511.49		1 x \$441.79		1 x \$441.26		1 x \$436.78	
EE with Spouse	0 x \$1,022.98		0 x \$883.57		0 x \$882.51		0 x \$873.56	
EE with Child(ren)	0 x \$869.54		0 x \$751.04		0 x \$750.14		0 x \$742.52	
Family	1 x \$1,457.75		1 x \$1,259.09		1 x \$1,257.58		1 x \$1,244.82	
Monthly Cost	2 \$1,969.24		2 \$1,700.88		2 \$1,698.84		2 \$1,681.60	
Annual Cost	\$23,630.88		\$20,410.56		\$20,386.08		\$20,179.20	

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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 \$432.88		1 x \$431.30		1 x \$428.36		
EE with Spouse	0 x \$865.77		0 x \$862.60		0 x \$856.71		
EE with Child(ren)	0 x \$735.90		0 x \$733.21		0 x \$728.21		
Family	1 x \$1,233.72		1 x \$1,229.21		1 x \$1,220.82		
	2 \$1,666.60		2 \$1,660.51		2 \$1,649.18		
Monthly Cost							

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