Prepared For : Aetna 2015 4th qtr Syracuse region Broome County, NY 13737

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

Health Plan Comparison Report (4L)

 Prepared On : 7/17/2015
 Report Id : 28792024

 Effective Date : 10/01/2015
 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 1	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 1	10%		20%		40%		30%	
Office Visits								
Primary Care \$	\$30 ded waived		\$40 ded waived		\$30 ded waived		\$50 ded waived	
, , , , , , , , , , , , , , , , , , , ,	\$50 ded waived		\$70 ded waived		\$50 ded waived		\$75 ded waived	
Inpatient Services								
npatient Hospital 1	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								
	Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Lab/X-Ray 1	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 \$ Emergency Care	\$50 ded waived		\$70 ded waived		\$50 ded waived		\$75 ded waived	
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 \$541.08		1 x \$461.63		1 x \$471.00		1 x \$447.94	
EE with Spouse	0 x \$1,082.17		0 x \$923.26		0 x \$942.00		0 x \$895.88	
EE with Child(ren)	0 x \$919.84		0 x \$784.77		0 x \$800.70		0 x \$761.50	
Family	1 x \$1,542.09		1 x \$1,315.64		1 x \$1,342.35		1 x \$1,276.63	
Monthly Cost	2 \$2,083.17		2 \$1,777.27		2 \$1,813.35		2 \$1,724.57	
Annual Cost	\$24,998.04		\$21,327.24		\$21,760.20		\$20,694.84	

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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								
npatient 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	
Jrgent Care	10% after ded		40% after ded		\$75 after ded		40% after ded	
Single	1 x \$454.02		1 x \$392.15		1 x \$391.68		1 x \$387.70	
E with Spouse	0 x \$908.04		0 x \$784.29		0 x \$783.35		0 x \$775.40	
E with Child(ren)	0 x \$771.84		0 x \$666.65		0 x \$665.85		0 x \$659.09	
amily	1 x \$1,293.96		1 x \$1,117.62		1 x \$1,116.28		1 x \$1,104.95	
Monthly Cost	2 \$1,747.98		2 \$1,509.77		2 \$1,507.96		2 \$1,492.65	
Annual Cost	\$20,975.76		\$18,117.24		\$18,095.52		\$17,911.80	

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	Aetna Bronze OAEPO 4000 80% ID: 14025414 (EPOc) (UCR=N/A)		Aetr 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 \$384.25		1 x \$382.84		1 x \$380.23		
EE with Spouse	0 x \$768.49		0 x \$765.68		0 x \$760.45		
EE with Child(ren)	0 x \$653.22		0 x \$650.83		0 x \$646.39		
Family	1 x \$1,095.10		1 x \$1,091.09		1 x \$1,083.65		
Monthly Cost	2 \$1.479.35		2 \$1.473.93		2 \$1,463.88		
Monthly Cost Annual Cost	2 \$1,479.35 \$17,752.20		2 \$1,473.93 \$17,687.16		\$1,463.88		

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