## Prepared For: Aetna 2017 4th qtr Downstate

New York County, NY 10001

Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 10/01/2017 Prepared On: 08/02/2017

Report ID: 33267724

SIC: 0000

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	Gold Saving Plus OAEPO 1000 90% ID: 14034177		Silver Savings Plus OAEPO 2000 80% ID: 14034178				Bronze Savings Plus OAEPO 4500 60% ID: 14034180	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs		ournemon		ournetwork		ournetwork		ournetwork
Drug Card	20/40/60/TCS/100 ded T2-T4		20/40/60/TCS/100 ded T2-T4		20/40/60/TCS/100 ded T2-T4		20/40/80/TCS IntDed	
Cost Share Information								
Individual/Family Deductible	D-\$1,000/\$2,000; ND-\$3,000/ \$6,000 embedded		D-\$2,000/\$4,000; ND-\$4,000/ \$8,000 embedded		D-\$2,500/\$5,000; ND-\$4,500/ \$9,000 embedded		D-\$4,500/\$9,000; ND-\$6,000/ \$12,000 embedded	
Individual/Family OOP Limit	D-\$3,000/\$6,000; ND-\$6,600/ \$13,200 (incl ded)		D-\$5,800/\$11,600; ND-\$6,600/ \$13,200 (incl ded)		D-\$6,000/\$12,000; ND-\$6,600/ \$13,200 (incl ded)		D-\$6,500/\$13,000; ND-\$6,500/ \$13,000 (incl ded)	
Co-Insurance	D-10%; ND-30%		D-20%; ND-40%		D-20%; ND-40%		D-40%; ND-50%	
Office Visits								
Primary Care	D-\$30 ded waived; ND-\$50 after ded		D-\$40 ded waived; ND-\$50 after ded		D-\$50 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded	
Specialist	D-\$50 ded waived; ND-\$70 after ded		D-\$60 ded waived; ND-\$75 after ded		D-\$75 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded	
Inpatient Services								
Inpatient Hospital	D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded		D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% after ded	
Mental Health Inpatient	D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded		D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% 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	D-10% after ded; ND-30% after ded		Lab-D-\$60 ded waived; ND- \$75 after ded; X-ray-D-20% after ded; ND-40% after ded		Lab-D-\$75 ded waived; ND-40% after ded; X-ray-D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% after ded	
Mental Health Outpatient	D-\$50 ded waived; ND-\$70 after ded		D-\$60 ded waived; ND-\$75 after ded		D-\$75 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded	
Emergency Care								
Emergency Room	\$500 (waived if admitted) ded waived		\$500 (waived if admitted) ded waived		D-20% after ded; ND-Paid as designated		D-40% after ded; ND-Paid as designated	
Urgent Care	D-\$75 ded waived; ND-\$100		D-\$75 ded waived; ND-\$100		D-\$75 ded waived; ND-\$100		D-40% after ded; ND-50% after	
Single	ded waived 1 x \$810.65		ded waived 1 x \$708.71		ded waived 1 x \$684.11		ded 1 x \$576.72	
EE with Spouse	0 x \$1,621.29		0 x \$1,417.42		0 x \$1,368.23		0 x \$1,153.45	
EE with Child(ren)	0 x \$1,378.10		0 x \$1,204.81		0 x \$1,163.00		0 x \$980.43	
Family	1 x \$2,310.34		1 x \$2,019.83		1 x \$1,949.73		1 x \$1,643.66	
Monthly Cost	2 \$3,120.99		2 \$2,728.54		2 \$2,633.84		2 \$2,220.38	
Annual Cost	\$37,451.88		\$32,742.48		\$31,606.08		\$26,644.56	

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

Prepared By: