Prepared For: Aetna 2019 3rd qtr Savings Plus

Nassau County, NY 11565

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Health Plan Comparison Report (4L)

Effective Date: 07/01/2019 Prepared On: 04/03/2019

Report ID: 36322856

SIC: 0000

	Aetna Gold Savings Plus OAEPO 1000 90/70 ID: 14041853 (EPOc) (UCR=N/A)		Aetna Silver Savings Plus OAEPO 3000 80/60 ID: 14041855 (EPOc) (UCR=N/A)		Aetna Bronze Savings Plus OAEPO 4500 60/50 ID: 14041856 (EPOc) (UCR=N/A)		Aetna Silver Savings Plus OAEPO 2800 90/70 HSA PY ID: 14041857 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS IntDed	
Cost Share Information								
Individual/Family Deductible	D-\$1,000/\$2,000; ND-\$3,000/ \$6,000 embedded		D-\$3,000/\$6,000; ND-\$5,000/ \$10,000 embedded		D-\$4,500/\$9,000; ND-\$6,000/ \$12,000 embedded		D-\$2,800/\$5,600; ND- \$4,000/ \$8,000 embedded	
Individual/Family OOP Limit	D-\$3,500/\$7,000; ND-\$6,600/ \$13,200 (incl ded)		D-\$7,200/\$14,400; ND-\$7,400/ \$14,800 (incl ded)		D-\$7,400/\$14,800; ND-\$7,700/ \$15,400 (incl ded)		D-\$6,000/\$12,000; ND-\$6,550/ \$13,100 (incl ded)	
Co-Insurance	D-10%; ND-30%		D-20%; ND-40%		D-40%; ND-50%		D-10%; ND-30%	
Office Visits								
Primary Care	D-\$30 ded waived; ND-\$50 after ded		D-\$45 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded		D-10% after ded; ND-30% after ded	
Specialist	D-\$50 ded waived; ND-\$70 after ded		D-\$75 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded		D-10% after ded; ND-30% after ded	
Inpatient Services								
Inpatient Hospital	D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% after ded		D-10% after ded; ND-30% after ded	
Mental Health Inpatient	D-10% after ded; ND-30% after ded		D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% after ded		D-10% after ded; ND-30% 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-\$75 after ded; ND-40% after ded; X-ray-D-20% after ded; ND-40% after ded		D-40% after ded; ND-50% after ded		D-10% after ded; ND-30% after ded	
Mental Health Outpatient	D-\$50 ded waived; ND-\$70 after ded		D-\$75 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded		D-10% after ded; ND-30% after ded	
Emergency Care								
Emergency Room	\$750 (waived if admitted) ded waived		D-20% after ded; ND-Paid as designated		D-40% after ded; ND-Paid as designated		D-10% after ded; ND-Paid as designated	
Urgent Care	D-\$75 ded waived; ND-\$100 ded waived		D-\$90 ded waived; ND-40% after ded		D-40% after ded; ND-50% after ded		D-10% after ded; ND-30% after ded	
Single	1 x \$1,019.79		1 x \$839.69		1 x \$772.00		1 x \$888.91	
EE with Spouse	0 x \$2,039.57		0 x \$1,679.37		0 x \$1,544.00		0 x \$1,777.82	
EE with Child(ren)	0 x \$1,733.64		0 x \$1,427.46		0 x \$1,312.40		0 x \$1,511.15	
Family	1 x \$2,906.39		1 x \$2,393.10		1 x \$2,200.19		1 x \$2,533.40	
Monthly Cost	2 \$3,926.18		2 \$3,232.79		2 \$2,972.19		2 \$3,422.31	
Annual Cost	\$47,114.16		\$38,793.48		\$35,666.28		\$41,067.72	

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