Prepared For: Aetna 2019 2nd qtr Savings Plus

Nassau County, NY 11565

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Health Plan Comparison Report (4L)

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| | 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 | | | | | | | | |
| ndividual/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 | |
| ndividual/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 | | | | | | | | |
| npatient 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 | |
| _ab/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 | |
| Jrgent 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 \$987.37 | | 1 x \$812.99 | | 1 x \$747.46 | | 1 x \$860.65 | |
| EE with Spouse | 0 x \$1,974.74 | | 0 x \$1,625.99 | | 0 x \$1,494.92 | | 0 x \$1,721.31 | |
| EE with Child(ren) | 0 x \$1,678.53 | | 0 x \$1,382.09 | | 0 x \$1,270.68 | | 0 x \$1,463.11 | |
| Family | 1 x \$2,814.00 | | 1 x \$2,317.03 | | 1 x \$2,130.25 | | 1 x \$2,452.87 | |
| Monthly Cost | 2 \$3,801.37 | | 2 \$3,130.02 | | 2 \$2,877.71 | | 2 \$3,313.52 | |
| Annual Cost | \$45,616.44 | | \$37,560.24 | | \$34,532.52 | | \$39,762.24 | |

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