Prepared For: Aetna 2019 3rd qtr Mid Hudson

Prepared By:

Delaware County, NY 12167

Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)

Effective Date: 07/01/2019

Prepared On: 04/03/2019

SIC: 0000

Report ID: 36322845

	Aetna Gold OAEPO 1000 90% ID: 14041846 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 2800 90% HSA PY ID: 14041843 (HSA) (UCR=N/A)		Aetna Silver OAEPO 2550 70% ID: 14041847 (EPOc) (UCR=N/A)		Aetna Silver OAEPO 3000 70% ID: 14041849 (EPOc) (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 IntDed		15/65/50%/TCS/100 ded T2-4		15/65/50%/TCS/100 ded T2-4	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$2,800/\$5,600 embedded		\$2,550/\$5,100 embedded		\$3,000/\$6,000 embedded	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$6,550/\$13,100 (incl ded)		\$7,900/\$15,800 (incl ded)		\$7,900/\$15,800 (incl ded)	
Co-Insurance	10%		10%		30%		30%	
Office Visits								
Primary Care	\$30 ded waived		10% after ded		\$45 ded waived		\$45 ded waived	
Specialist	\$60 ded waived		10% after ded		\$75 ded waived		\$75 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		10% after ded		30% after ded		30% after ded	
Mental Health Inpatient	10% after ded		10% after ded		30% after ded		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	10% after ded		10% after ded		Lab-\$45 ded waived; X-ray-30% after ded		30% after ded	
Mental Health Outpatient	\$60 ded waived		10% after ded		\$75 ded waived		\$75 ded waived	
Emergency Care								
Emergency Room	\$750 (waived if admitted) ded waived		10% after ded		\$750 (waived if admitted) ded waived		\$750 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		10% after ded		\$90 ded waived		\$90 ded waived	
Single	1 x \$1,073.12		1 x \$947.95		1 x \$897.05		1 x \$872.28	
EE with Spouse	0 x \$2,146.24		0 x \$1,895.90		0 x \$1,794.09		0 x \$1,744.56	
EE with Child(ren)	0 x \$1,824.30		0 x \$1,611.52		0 x \$1,524.98		0 x \$1,482.87	
Family	1 x \$3,058.39		1 x \$2,701.66		1 x \$2,556.58		1 x \$2,486.00	
Monthly Cost	2 \$4,131.51		2 \$3,649.61		2 \$3,453.63		2 \$3,358.28	
Annual Cost	\$49,578.12		\$43,795.32		\$41,443.56		\$40,299.36	

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Prescription Drugs  Drug Card 15/65/50% T2-4  Cost Share Information Individual/Family Deductible \$5,000/\$10 embedded	5,400 (incl ded)	Out-Network	In-Network  15/65/50%/TCS/100 ded T2-4  \$3,750/\$7,500 embedded \$7,900/\$15,800 (incl ded) 50%	Out-Network	\$5,400/\$10,800 embedded \$6,650/\$13,300 (incl ded)	Out-Network
Drug Card 15/65/50% T2-4  Cost Share Information Individual/Family Deductible \$5,000/\$10 embedded Individual/Family OOP Limit \$7,700/\$15  Co-Insurance 30% Office Visits Primary Care 30% after of Specialist 30% after of Inpatient Services Inpatient Hospital 30% after of Outpatient Services Outpatient Facility Refer to Or Surgery Lab/X-Ray 30% after of Mental Health Outpatient 30% after of Surgery Mental Health Outpatient 30% after of Surgery Mental Health Outpatient 30% after of Surgery  Mental Health Outpatient 30% after of Surgery  Mental Health Outpatient 30% after of Surgery  Mental Health Outpatient 30% after of Surgery  Mental Health Outpatient 50% after of Surgery  Men	0,000 5,400 (incl ded) ded		\$3,750/\$7,500 embedded \$7,900/\$15,800 (incl ded)		\$5,400/\$10,800 embedded	
Cost Share Information Individual/Family Deductible Individual/Family OOP Limit  Co-Insurance Office Visits Primary Care Specialist Inpatient Services Inpatient Hospital Mental Health Inpatient Outpatient Facility Refer to Osurgery Lab/X-Ray Mental Health Outpatient Emergency Care  \$55,000/\$16 embedded \$57,700/\$15 30% after of 30% after of Surgery Agency Care	0,000 5,400 (incl ded) ded		\$3,750/\$7,500 embedded \$7,900/\$15,800 (incl ded)		\$5,400/\$10,800 embedded	
Individual/Family Deductible \$5,000/\$10 embedded Individual/Family OOP Limit \$7,700/\$15 Co-Insurance 30% Office Visits Primary Care 30% after 6 Specialist 30% after 6 Inpatient Services Inpatient Hospital 30% after 6 Mental Health Inpatient 30% after 6 Outpatient Facility Refer to O Surgery Lab/X-Ray 30% after 6 Mental Health Outpatient 5 Mental Health Outpatient 6 Mental Health Outpatient	5,400 (incl ded)		\$7,900/\$15,800 (incl ded)		embedded	
Individual/Family OOP Limit \$7,700/\$15  Co-Insurance 30%  Office Visits  Primary Care 30% after of Specialist 30% after of Inpatient Services  Inpatient Hospital 30% after of Outpatient Services  Outpatient Services  Outpatient Facility Refer to Orgungery  Lab/X-Ray 30% after of Mental Health Outpatient 30% after of Surgery  Mental Health Outpatient 30% after of Mental Health Outpatient 30% after of Surgery  Mental Health Outpatient 30% after of Surgery  Emergency Care	5,400 (incl ded)		\$7,900/\$15,800 (incl ded)		embedded	
Co-Insurance 30%  Office Visits  Primary Care 30% after of Specialist 30% after of Inpatient Services  Inpatient Hospital 30% after of Mental Health Inpatient 30% after of Surgery  Lab/X-Ray 30% after of Surgery  Mental Health Outpatient 30% after of Surgery  Mental Health Outpatient 30% after of Surgery  Mental Health Outpatient 30% after of Surgery	ded				\$6,650/\$13,300 (incl ded)	
Office Visits Primary Care 30% after of 30%			50%			
Primary Care Specialist 30% after of 30% aft					50%	
Specialist 30% after of Inpatient Services Inpatient Hospital 30% after of 30% afte						
Specialist 30% after of Inpatient Services Inpatient Hospital 30% after of 30% afte	ded		50% after ded		50% after ded	
Inpatient Hospital 30% after of			50% after ded		50% after ded	
Mental Health Inpatient Outpatient Services Outpatient Facility Refer to Osurgery Lab/X-Ray Mental Health Outpatient Emergency Care 30% after of						
Outpatient Services Outpatient Facility Refer to Of Surgery Lab/X-Ray 30% after of Mental Health Outpatient Emergency Care	ded		50% after ded		50% after ded	
Outpatient Facility  Refer to Or Surgery  Lab/X-Ray  Mental Health Outpatient  Emergency Care	ded		50% after ded		50% after ded	
Surgery Lab/X-Ray 30% after of Mental Health Outpatient Emergency Care						
Mental Health Outpatient 30% after of Emergency Care	utpatient		Refer to Outpatient Surgery		Refer to Outpatient Surgery	
Emergency Care	ded		50% after ded		50% after ded	
	ded		50% after ded		50% after ded	
Emergency Room 30% after o						
	ded		50% after ded		50% after ded	
Urgent Care 30% after o	ded		50% after ded		50% after ded	
Single 1 x	\$792.10	)	1 x \$734.39		1 x \$648.78	
EE with Spouse 0 x	\$1,584.20	)	0 x \$1,468.77		0 x \$1,297.55	
EE with Child(ren) 0 x	\$1,346.57		0 x \$1,248.46		0 x \$1,102.92	
Family 1 x	\$2,257.49		1 x \$2,093.00		1 x \$1,849.01	
Monthly Cost 2	\$3,049.59	1	2 \$2,827.39		2 \$2,497.79	
Annual Cost	\$3,049.59 \$36,595.08		\$33,928.68		\$29,973.48	